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The Pursuit of Social Justice: Narratives from Clinical Social Workers

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The Pursuit of Social Justice:
Narratives from Clinical Social Workers

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial Fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

Clinical social workers today face increasingly complex social justice issues. An ongoing discourse around the principle of social justice in clinical social work is critical in order for the clinical social work profession to meet its' social justice goals. Studies indicate the importance of having a conceptual framework of social justice to effectively apply social justice to practice, and the need for continual reevaluation and creation of new methods of applying social justice in clinical practice. This study obtained data from a purpose sample (n = 6) of licensed clinical social workers in a range of mental health settings. Semi-structured interviews produced qualitative data regarding participants' demographics, their conceptualizations of social justice, and ways that they applied social justice to clinical practice. The findings support previous research that suggests that a conceptual framework is necessary for effective social justice interventions in clinical social work. Participants in this study linked the pursuit of social justice with increasing access to resources, as well as a non-pathologizing, person-in-environment perspective. Participants also indicated that the principle of social justice is a source of pride for the social work profession and should be preserved and encouraged. Future research to explore more creative and effective interventions to further social justice goals in the social work profession, as well as an examination of barriers to the pursuit of social justice in clinical social work, is recommended.

Introduction

For the vulnerable, disenfranchised and impoverished members of our society and those who align with them, the challenges of the modern world are immense. In the United States, we live in apparent abundance and wealth, and yet there are many people who struggle for adequate housing, proper nutrition, and healthcare. This is evident by the state of our social services, many of which are underfunded and overburdened. For those who work with the neediest members of our society, it is obvious that things are not getting better for the poor. As the impact of many years' exploitation of our natural environment threatens our resources, there are likely to be more challenges and conflicts to come. In light of this, the pursuit of social justice is an urgent and relevant topic.

For clinical social workers, the dialogue around social justice is especially pertinent. The pursuit of social justice is embedded in the historical, philosophical and ethical foundations of the social work profession. The NASW Code of Ethics includes social justice as one of the core principles of social work, and for many, this principle is what distinguishes it from other therapeutic professions (NASW, 2008).

If clinical social work is to fulfill its goal of pursuing social justice, it is essential to discuss and critically examine the role of social justice within the profession. To meet the pressing needs of the people being served in a rapidly changing world, collaborative efforts and creative interventions are necessary. The purpose of the present research paper is to bring the voices of clinical social workers to the table, and to examine how they conceptualize social justice within their practice. Information will be gathered from interviews with clinical social workers. In addition, this project will address implications

for social work and explore ways in which social justice can be understood and applied within clinical social work.

Literature Review

The present study will examine how clinical social workers conceptualize the pursuit of social justice in their practice using a semi-structured interview method. Literature relevant to this topic from the disciplines of social work, social theory and philosophy were reviewed. The literature revealed a lively discourse on the topic of social justice in social work.

A large segment of the available literature delves into the historical and theoretical roots of social justice in social work and attempts to create a framework for a social-justice oriented social work practice. (Bell, 2012; Finn & Jacobson, 2003; Galper, J. 1980; Garcia & Van Soest, 2006; Marcuse, H., 1932; Marcuse, H. 1964; Vodde and Gallant, 2002). Although relatively sparse, there are also several quantitative and qualitative studies relevant to the research question (Carey & Foster, 2011; Clark, J. 2005; Deegan, 1999; Enros, 2005; McLaughlin, A. M., 2009; Kim, 2008). A segment of the literature on this topic also includes personal narratives, testimonials and case examples, which bring narrative and voices to this body of literature (Brown, R., 2005; Rice & Mary, 2009; Rose, S., 2000)

Conceptualizing Social Justice

Access to Resources. Social justice is frequently defined in the literature as the just distribution of resources, including shelter, clothing, food, dignity and respect, for all members of a society (Holscher & Bozalek, 2012; McLaughlin, 2011). This basic understanding of social justice includes the concept that all people should have their essential human needs met, enough to survive and live with respect and dignity. Some

would expand this definition to include a number of other resources, including psychological well-being and self-fulfillment.

It is generally understood that some members of our society have more access to resources and a safety net, and other members have limited or restricted access to resources and no safety net. The latter group is generally considered to be the poor, marginalized and disenfranchised members of our society. There are some who accept this as the way of the world, a view that is "premised on the positivist view of the social world as a single, objective and ultimately knowable reality" (Finn and Jacobson 2003, p.61). Most of the social work literature goes beyond this basic understanding of social justice, encompassing the deeply rooted systemic problems and power dynamics at the root of social inequality.

Context. It is difficult to understand why there are some people in our society who have access to resources and others who do not without acknowledging the context of the society in which we live. The structure of our society is often interpreted in the literature as a contributor to the devaluation of human life and, at its core, antithetical to social justice (Maschi, Baer & Turner, 2011). From this perspective, the problems facing individuals within this society are essentially due to the failings of an unjust system and "the resultant unequal access to means and resources of social and economic production," rather than defects within the individuals themselves (Finn and Jacobson, 2003, p.61).

Power. The relational dynamics of power are relevant whenever we discuss social justice. Examining power involves looking at who has control over and access to the things we need to survive and create meaning in life. Who gets to define what is "normal" and what is not? Whose story gets told in the mainstream media? How do

certain views and understandings of reality become part of dominant public discourse, and whose narrative gets left out? Who is considered “deviant” and what is considered pathology? Language can be a significant tool of exclusion and repression (Finn and Jacobson, 2003).

The Application of Social Justice in Social Work

The Development of Critical Consciousness. A significant theme in the literature is the concept of critical consciousness as part of the pursuit of social justice in social work. This includes a critical examination of society as a whole, the agencies in which one operates, the practice of critical self-reflection, and the fostering of critical consciousness in coworkers and clients. Developing a critical consciousness requires going beyond the positivist view of reality and engaging in dialogue. It means "questioning taken-for granted assumptions about reality, considering multiple interpretations" (Finn & Jacobson, 2003, p. 65).

Deconstructing Power and Hegemony. The development of a critical consciousness allows one to make connections between the individual problems of clients and the sociopolitical reality in which we operate (Maschi, Baer, Turner 2011; Rice Mary 1989). There is a risk of "blaming the victim" for personal problems when we fail to acknowledge the role of oppression, privilege and power in the society in which we live (Garcia & Van Soest, 2006). Part of developing a critical consciousness is being able to engage with questions about power. This includes questioning who has power in a given situation, how is it being produced and legitimized, and how to does it impact one’s own clinical social work practice? (Finn and Jacobson, 2003).

The social work profession itself is not free from power dynamics, and these should be questioned similarly. According to Garcia and Van Soest (2006), the social work profession mirrors the power structure of the United States. The profession has its own language of inclusion and exclusion and a discourse that often reflects the dominant discourse of society. Swenson (1998) suggests it is important for social workers to examine these power dynamics that occur within their own profession. Rose (2000) describes his own questioning of his agency:

I asked serious questions: Why weren't clinical social workers actively participating in social movements and in legally constituted demonstrations against racism, poverty and social injustice? Why were staff meetings and staff development consumed by internal dynamics and devoid of dialogue about the events occurring just outside of our office doors? (p. 405).

Self-Reflection. Part of developing a critical consciousness is to engage in self-reflection. This includes the acknowledgement of one's own privilege and a continual reflection on one's own practice (Garcia and Van Soest, 2006; Swenson, 1998). Sakamoto and Pitner (2005) suggest that social workers critically examine power dynamics within client relationships and in their profession. This means examining your own power in the relationship, how you are shaped by certain dominant ideologies and how these ideologies influence the way you view the client. For instance, in a reflection about questioning power in his own clinical practice, Rose (2000) came to a realization that just by assuming the role of therapist, there existed "the illusion of ownership of meaning of another person's experience through the delegated power to interpret it" (405).

Fostering Critical Thought in Others. Galper (1980) suggests the idea that fostering critical consciousness in others, including our coworkers and clients, is a part of

pursuing social justice. Raising awareness of internal conflicts has the potential to lead to social change. Swenson (1998) suggests that helping clients to externalize problems and understand them within a larger context, rather than feel that they are to blame, may help them exercise influence over them and thus feel empowered to change.

Structural Change. A perspective present in the literature is that change at a structural level is necessary if the aim is to achieve social justice in social work. From that perspective, overturning a system in which social justice cannot exist is a necessary consideration for a social justice-oriented social worker (Marcuse, H., 1932).

Transforming Systems. The unjust structures of our society make it difficult to work for social Justice (Garcia and Van Soest, 2006; Maschi, Baer and Turner, 2011). As mentioned previously, the capitalist system is often described as being dehumanizing and oppositional to social justice. There are some thinkers who believe it is necessary for social workers to think outside the logic of our current system in order to be able to transform and create new systems that are more just (Finn and Jacobson, 2003).

Political Action. To meet social justice aims, some believe that social workers should generally take a more active role in shaping policy rather than adapting to policy (MacKinnon, 2009). Clinical social workers should actively integrate political commitments into their work (Galper, 1980).

Increasing Access to Resources. Political action and social change are frequently discussed in the literature; however, these tactics are not always deemed realistic or practical for social workers who need to address the real and urgent needs of their clients. A number of methods described in the literature show how social workers can work for social justice within the profession by going outside the box and being creative.

One way to work within the system is to advocate for clients within agencies by bringing up the legitimate needs of clients to the agencies and organizing within the agency to provide more adequate resources for clients, or helping clients navigate the system (Galper, 1980; McLaughlin, 2011). Carey and Foster (2011) conducted a mixed methodology study to examine how social workers promote social justice within their practice through what he refers to as "small scale acts of resistance" as ways to get clients more connected to resources. Some of the methods included spending more time with a client than was allowed, exaggerating client needs in assessments and referrals, confronting agency management about policies, and whistleblowing. Social workers also use language creatively to help clients get better services. For instance, social workers may learn the medical jargon of a hospital setting in order to gain more access to resources and more effectively advocate for clients (Enros, 2005).

Empowerment as Social Justice.

Just Practice Theories. According to the literature, social justice extends beyond material resources and basic needs to include mental health resources (Dean, 1998; Galper, 1980; Maschi, Baer & Turner, 2011; McLaughlin, 2011). This opens up a psychological component to social justice that can include mental health, creativity, security, self-actualization, and spirituality. Some argue that the relief of certain psychological barriers may help clients cope with the negative impact of social injustice, and internal psychological change could possibly lead to sociopolitical change. A number of practice theories used by clinical social workers that are described as being social justice-oriented in the literature, including ethnic sensitive practice, cultural context model, feminist practice theory, restorative justice, narrative therapy, critical

theory, strengths perspective, just therapy, mutual aid and empowerment practice (Dean, 1998; Maschi, Baer & Turner, 2011; Swenson, 1998; McLaughlin, 2011).

Language and Power. Another common theme found in the literature was the use of language in social work practice. The use of language is important in considering how social justice is applied in clinical social work practice. Language, being so intimately linked to power and oppression, can undermine an individual's sense of self. The pathologizing language of the medical model often perpetuates stereotypes, exclusion and repression. This can be dehumanizing and disempowering for people seeking services (Dean, 1998; McLaughlin, 2011).

The language used within agencies can often be constricting and limiting for clients. One way social workers can alleviate this is to press for new definitions that are grounded in a client's socio-political reality. This involves continuously questioning definitions used by agencies, and examining how an agency uses language with their clients (Galper, 1980). Clinical social workers' encouragement of clients to tell their stories is as a tool of empowerment, creating a counter narrative outside of the dominant sphere (Dean, 1998; McLaughlin 2011). This way of using language with clients "draws attention to human agency, the capacity to act in the world as an intentional, creative, meaning-making being" (Finn and Jacobson, 2003, p.409), rather than clients submitting to the labels and narratives already provided by the dominant sphere.

Knowledge and Power. Social work research is another avenue through which clinical social workers pursue social justice. Through research and education, critical consciousness can be brought to the public sphere in order to "speak truth to power" (MacKinnon, 2009). Social workers can be more publicly engaged and help make

research more accessible to those outside the professional domain. To promote social justice in social work research, it is important to expand our knowledge base to include experiential knowledge, stories embodied by our clients, and our own stories - give narratives (Bell, 2012). Knowledge serves the interests of those in power (Gallant and Vodde 2002). Exposing this as a topic for social work research may help make knowledge useful to those not in power.

Conceptual Framework

This qualitative study of how clinical social workers conceptualize and apply social justice in their practice will be examined through the lens of critical theory. Critical theory, as addressed above, examines the power dynamics present in society and how resources are distributed (Marcuse, 1964). Critical theory sees society as split into two groups, the privileged and the underprivileged, which are engaged in a conflict over resources. The privileged group has an incentive to maintain the status quo and therefore benefits from the oppression of the non-privileged group. The critical theory perspective assumes that problems experienced by an individual should not be blamed on the individuals themselves, but that they should be viewed within the context a dehumanizing economic system that continuously objectifies them. This framework assumes that institutions themselves have a stake in maintaining the status quo, and therefore must be challenged in order to realize social justice.

According to MacKinnon (2009), all social work should be based in critical theory. To realize social justice, social workers must seek to affect some kind of social, economic, political or cultural change, practicing in ways that further a society without domination, exploitation and oppression. It is a duty of social work social justice goals to conflict with current hegemony, bring inequalities to light, and challenge existing structures.

Operating from this framework, social justice as a concept goes beyond the just distribution of material resources to include psychological resources, such as mental health, self-actualization, self-respect, and a sense of dignity and worth. Therefore, the pursuit of social justice can be promoted within the mental health field can be

demonstrated by small acts in daily practice. The place where ethos and praxis come together to promote social justice does not necessarily need to be social revolution, but can include small acts, such as the way clients are treated or how language is used.

Methodology

Research Design

This study was conducted using a qualitative method. The qualitative method was used for this research paper because part of the purpose of the study was to acknowledge the voices of clinical social workers as they describe how they conceptualize and apply social justice in their practice. Licensed clinical social workers with at least one year of experience working in a clinical setting were asked to participate in a semi-structured 30-45 minute interview.

Sampling

The target population for this study was licensed clinical social workers who have at least one year of experience in a clinical setting. This population was chosen for this study because the purpose of the study is to examine how clinical social workers conceptualize the pursuit of social justice. It was anticipated that proportionately, the sample in this study may include more women than is proportionate to the general population, as there is a disproportionate number of clinical social workers who are female.

Demographics

A total of six licensed clinical social workers participated in this study. The sample included two males and four females. The participants were all employed as licensed clinical social workers in a range of mental health settings. Three of the participants worked in private practice settings, two of the participants worked in community-based settings, and one participant worked in both private practice and a community-based mental health setting. Participants ranged in age from 28 to 65 years.

Protection of Human Subjects

No coercion was involved in the recruiting of participants for this study because no relationship existed between participants and the primary researcher. Participants had a choice whether or not to contact the primary researcher to participate in the study, and were made aware that they could withdraw at any time during the study. Participants were informed about the study, including the procedures, the risks and benefits, and its' confidential and anonymous nature. Participants were given a consent form to sign before participating in the study. The data collected from the interviews were kept in a secure facility and on a locked computer to ensure confidentiality. The interview transcripts were reviewed for identifying information, and any data that could possibly identify the participants was deleted. All consent forms, identifying information, and interview transcripts and recordings will be destroyed on May 30th, 2014.

Data Collection

Participants were recruited in Minnesota within the Twin Cities metropolitan area by the primary researcher through a general informational letter. The primary researcher distributed this letter to contacts within the Twin Cities area who have access to clinical social workers within their professional network. The letter was given these secondary contacts. The letter included the primary researcher's contact information for potential participants to contact the researcher if they wished to participate in the study. Persons interested in participating in the study contacted the researcher on the phone and interviews were arranged at an agreed upon location.

During the interviews, the researcher first described the research study to the potential participant and explained the requirements for participation in the study. The

researcher then informed the potential participant about confidentiality, the voluntary nature of the study, and any risks and benefits that may occur as a result of participating in the study. The consent form was given to the potential participant and reviewed. The potential participant was then asked a series of open-ended questions to make sure that he or she understood what participation in the study would involve. A semi-structured interview that lasted approximately 45 minutes was used to gather data from participants. Questions focused on demographics, how they defined social justice, and ways they felt social justice principles applied to their practice.

Data Analysis

The interviews with participants in this study were audio recorded and transcribed by the researcher. The transcriptions were then analyzed by coding to identify similar meanings and themes.

Findings

The themes from the semi-structured interview focused on participants' level of confidence in applying social justice principles, how social justice was conceptualized, and how the participants applied social justice principles to practice.

Conceptualizing Social Justice

One significant theme that emerged from this study was the level of confidence and enthusiasm expressed by participants when they discussed the concept of social justice. Participants also addressed the themes of access to resources and treatment of the individual as part of how they conceptualized social justice.

Level of confidence. Two of the six participants, or 33.33 percent of the sample, did not feel confident discussing how they conceptualized social justice or how it applied to their clinical social work practice. These two participants, though they agreed to participate in the study, appeared hesitant and unsure about discussing the topic of social justice. These participants expressed concern that they would not have anything to contribute to a study about social justice in clinical social work. These participants were able to define social justice, but initially did not see the pursuit of social justice as part of their role as a clinical social worker. As one participant stated:

I don't think of myself as being an activist in my clinical practice. I do that outside of my practice.

For these participants, the pursuit of social justice was viewed as an activity that took place outside of their clinical practice. To these participants, the term "social justice" initially evoked concepts of political protest and radicalism. As one participant observed:

Therapists tend to stay away from direct interventions about social justice...I'm not very radical in my practice and mostly stay focused on mental health. But in the world, I speak out politically when possible.

As the interviews progressed, both of these participants seemed to change their views in regards to how social justice connected to their clinical practice and developed a more expansive view of social justice. One participant observed:

Well... I suppose social justice is in the background whenever I am challenging long-held but unexamined beliefs.

The remaining 66.66 percent of participants were well versed on the topic of social justice and became enthusiastic while discussing social justice and how it integrates into their clinical practice. These participants viewed social justice and clinical social work practice as inseparable concepts. As one stated:

I think every time we do anything, and that includes diagnosing somebody, we do that with a sense of social justice. What does it mean, how much do we inform the client, how much do we advocate for the client in the system.

These four participants expressed the view that the pursuit of social justice is a hallmark and source of pride for the social work profession. According to one participant:

A lot of people just assume you're a psychologist if you tell them you are a therapist, and I really make it a point of saying, well, actually I'm a social worker.

These participants viewed social justice not just as a characteristic of the profession, but an obligation. In the words of one participant:

It is the responsibility of a social worker to make sure we always associate what is social justice, how do we practice it, and it is really not an option. It is something that proudly sets us a part from other professions and we should embrace that.

For one participant in the study who expressed being strongly committed to the pursuit of social justice in both her professional and personal life, she admitted to feeling

that at times the social work profession did not enable her to pursue the "right" kind of social justice:

From my background, it felt like a major nose-dive. I actually felt that becoming a social worker was actually compromising my social justice aims in some ways. But I felt it was a more practical way to do work that was along those lines and to make money and have a career and all that.

Access to resources. Analysis of the data revealed that a frequent conceptualization of social justice among participants was the idea that social justice is measured by accessibility to adequate resources. As one participant stated:

Social justice is...equality for all, equal rights, equal access to resources.

For three of the participants or 50 percent of the sample, this concept directly informed their own clinical practice and the clients they served. As one of the participants stated:

Social justice means taking note and recognizing who in society has less access to resources than other people do, whether it be because of race, poverty, sexual orientation or age, and working on the side of the people who don't have access because of these factors.

Another participant discussed access to resources when they stated:

It [social justice] relates to my practice because I see first hand the people who really don't have a shot. They're confined by their background, by growing up the way they did, by not having the same values that general society has, they're confined by having conditions, mental illness... they're being closed out, they're marginalized... sometimes it's a racial thing, people on Indian reservations are definitely marginalized.

Treatment of the individual. A second core concept brought up by all of the participants, or 100 percent of the sample, was the idea that social justice is directly correlated to how an individual is treated. This was described as respect for human dignity and not discriminating against people based on gender, race, sexual orientation, age, or any other difference is oppositional to social justice goals. As one of the participants stated:

I believe in people's dignity... not putting them in a box and then using that box to prevent them from getting services.

For two participants, or 33.33 percent of the sample, this concept was rooted in their religious beliefs. These participants evoked the message of the Sermon on the Mount and the Beatitudes as a guide post for how they conceptualize social justice:

I strongly believe that we are all brothers and sisters, and that we should treat everyone with respect, and be non-judgmental and compassionate.

Social Justice in Practice.

Participants in this study discussed a range of social justice applications used in their clinical practice. Some participants had more difficulty than others in thinking of how they integrated social justice into their practice, but eventually all participants could describe at least two different applications they used in their clinical practice which they felt contributed to the pursuit of social justice. Analysis revealed six core categories: increasing accessibility, using a holistic perspective, encouraging client empowerment, advocating for clients, engaging in politics, and education.

Accessibility. Providing services that were accessible to underserved clients was the most frequently mentioned application of social justice among all participants in the study. All of the participants discussed the accessibility of their services to clients. This included making decisions about what insurance to accept, whether to have a sliding fee scale for services, what agency to work for, or the location of a private practice office.

The participants that worked in community mental health settings discussed making the choice to work at agencies that allowed them to be able to see underserved clients. According to one participant:

I have the benefit of being at an agency where we can do a sliding fee. A lot of places don't have that option.

Being able to accept sliding scale fees from clients, being able to see uninsured and undocumented clients, and intentionally working with populations that are more likely to be disenfranchised, such as victims of violent crimes, were important considerations.

Three participants, or 50 percent of the sample, described feeling more limited in regards to providing access for clients, particularly when it came to dealing with insurance carriers. Despite the limitations from insurance companies, these participants discussed making it a priority in their clinical practice to see clients who were on Medicare and Medical Assistance as a way of increasing access to disenfranchised clients. One participant makes this point when he/she states:

I try to use in my practice what values I have, and one of those would be access and equal treatment for everyone. I think we stereotype people in private practice and say, oh they only see the "worried well" who can afford to come, and I've been really intentional not to do that. I certainly see people who have insurance like Blue Cross, but it's been really important to me to see people on Medicare and people on Medical Assistance.

One participant in private practice discussed the concept of accessibility in terms of choosing the physical location of her private practice:

Location was really important, to be accessible, to have an elevator, to make sure that people with any kind of hurdle that might limit them to getting services, that that would be non-existent.

Three participants, or 50 percent of the sample, recognized that in their work with clients, therapy alone did not suffice. Part of the work includes advocating for their clients and helping them get the resources they need. For participants who worked in community-based clinics, it was not uncommon for them to work directly with clients to help them get connected to resources:

It's kind of hard to work on a psychodynamic issue and trauma issues with a 45-year old when they don't have a home. You're homeless, and you're staying in a shelter if you're lucky, at the same time you're scared to death because you are so traumatized already with PTSD, and there might be other things, like borderline depression or anxiety... and now you take your paranoia, which is supposed to keep you safe, and you are supposed to be in a room with 50 to 200 other people? And sleep on a mat? And sleep well? That doesn't happen. So as professionals we have to advocate on those issues.

Two of the participants 33.33 percent of the sample, who worked in private practice acknowledged that there was sometimes a need to connect clients with additional resources, but interpreted it as more of something that they did on the side rather than an integral part of their clinical work with clients:

There would be times when clients are getting the short end of the stick from the system, like the legal system, or landlords, and then I would direct them towards resources that I knew about or to other people, but I didn't see that as something that I would do as a clinician.

The other participant who worked in private practice saw connecting her clients to resources as an essential part of her job:

You know, and they often actually take more work because you're working with a lot of collateral contacts, whether it's trying to help them, if they are trying to get a job, connect to a job program. I just saw a client this morning, who I always ask: 'Are you getting enough to eat?' And if she's not, then I help connect her to a place where she can access a food shelf. She goes to a drop-in center and if she's really not doing well, I'll call them.

Using a holistic perspective. Seeing the client as a whole person, or using a holistic lens, was described by all participants as common application of social justice.

One participant made this point by stating:

The point of that is to see the person as a whole, and their experience as a whole, which is a very social work method as opposed to a psychology thing.

Another participant described it by stating:

I think for everybody who comes, each time they are here, trying to really see them, to really see them as a person and value them, and acknowledge strengths that they have.

A holistic perspective was interpreted by participants as trying to understand the client in his or her environment. This was expressed by one participant in the following manner:

I think the work that we do as a profession is more holistic, which means it is more abstract, and it can be more complicated, we don't just give the simple answers... its not just the deficit of what's wrong with you, we include more of the comprehensive holistic approach, the person in environment, and what fits for one person can be very different for another...how does a client fit in their environment, and, if they don't, how do we support them to find a better fit?

In the words of another participant:

I think person in environment is key, and I don't like when people get pathologized due to their life circumstances, that's really what drew me to social work. I hope that we can keep that as a focus with social work, because with insurance and having to diagnose people in order to get services, we are at risk for forgetting that we really are people in environment. And a lot of people I work with don't have pathology, or don't have individual problems, they are just in a really bad situation.

Another participant described the importance of considering what resources the client does or does not have access to by stating:

So while the individual is important, it's important for me to know the whole context and it has to do with, do you have a good support system, do you have finances, a roof over your head and food to eat, and do you have access to that?

A significant theme that arose within this category of taking a holistic perspective was the importance of resisting the pathologizing of a client. A participant who worked with clients who have been traumatized stated the importance of acknowledging a client's situation described it in the following way:

A particular behavior that they may be exhibiting or a reaction they may be having is not a pathology, and something that can be isolated or diagnosed, but

something that is most likely connected to the trauma they've experienced. And being able to see their trauma reactions and PTSD symptoms as adaptations to really difficult situations they've been through rather than as pathologies is crucial.

One participant described taking into consideration how a client's marginalization in society impacts their mental health as follows:

Looking at people who have been victimized often because of their gender or social status and recognizing the ways that that victimization has impacted their functioning is not a pathology, but a reaction to something unjust they have experienced.

Empowerment and Meaning-Making. The concept of empowerment was another theme that surfaced through analysis of the data. One participant discussed empowering his clients to share their stories with the community:

Some of them really want to share their views, and share their stories. So we can empower them with ways they can do that, which may mean going to a committee meeting or to the Capitol.

Another participant described empowerment as informing their clients about their rights. As he/she points out:

Part of it is saying, you deserve better. Saying, you do deserve, you do have a right, to get a good night's sleep. You have a right to feel safe. You have a right to be fed, to have your medical needs met, to be clothed, to have a warm safe place to be. And we embrace that that's not a luxury, that's a right. For a lot of people those needs aren't met, so, employing that approach we have to act on that.

Empowerment was also described by participants as helping clients to not feel like they are the problem, and to give them hope. One participant described this by stating:

If people come in with that pathologizing perspective, we really work at chipping away at that, I say yeah, that's a part of you, but today and tomorrow you can effect change, so I try to give them hope, which is empowering, and I think they can do things to effect change in their lives.

One participant described trying to empower her client and validate her client's experience through therapy:

She was incredibly courageous, this woman who is very marginalized and socially disenfranchised in many ways...I worked with her to try to still validate her experience without the validation of society and these systems...it's a social justice issue that a person who doesn't have power and access can be defeated in court by someone because they do have that power and access. I tried to weave that into therapy, and help her acknowledge that there's a social justice issue there, and acknowledge that it was terrible what happened to her and how the community responded, but also keep the bigger picture of her healing and how she can heal despite this.

Another participant described working with a homeless client, and helping empower him to understand the social justice issues embedded in his situation:

Part of him learning to embrace meeting his own needs, being less self destructive, was embracing these social justice issues. He had to learn to be compassionate towards himself, and now he feels he has a right as much as anyone does. Help him learn how to ask for what he needs how to do it.

Structural Change. Three participants, or 50% of the sample, addressed the role of political activism as an application of social justice in clinical social work practice. One participant stressed that engaging in politics was an ethical responsibility of clinical social workers by stating:

I feel that those of us as social workers have an ethical responsibility to participate in electoral politics and community justice...there's not just room but a need to address macro issues and social justice issues, that's a hallmark of our profession, its that we spend time lobbying at the Capitol, not just for our own profession but for our community and our clients. We bring voices to the Capitol. We bring a perspective that's pretty unique.

Three participants, or 50 percent of the sample, observed the connection between their client's lack of access to resources and the policies of our government. One subject makes this point by stating:

I think we have an absolute responsibility to address the issues. Addressing things like homelessness, food sustenance, all those pieces, they tend to play more to one side than the other, but both sides need to be included.

Another participant addressed that the need for political action in clinical social work, but expressed the difficulty of balancing both a private practice and political activism, stating:

But you can't do it all. You have to pick an arena where you feel comfortable and where you feel passionate, and then trust that other good-hearted people are going to take up the other causes, because otherwise you are going to get burned out and you're going to quit.

Education. Another topic that arose in data analysis was the role of client education as a social justice application. For 50 percent of participants who saw more resourced, middle-class clients in private practice settings, they interpreted helping these clients be less judgmental and accepting of others who are different as a social justice application. One participant described gently challenging the fixed beliefs of a client:

Judgments around abortion, homosexuality, or rigid religious beliefs.... These are tender subjects, so care must be taken, but I will ask about their position, how they came to it, do they know anyone who has experienced such and such. From there, I might introduce alternative concepts for their consideration.

Another participant talked about helping clients to gain more macro understanding of issues such as mental illness:

Talking about all of us as brothers and sisters can help some people be less judgmental towards someone they otherwise would view as different, as the other... If they have a brother who is crippled with mental illness, really severe and persistent mental illness, or even if it's less severe, if it's a cycling depression, they might be judging their brother as lazy or weak or whatever... I help them embrace a more compassionate, less judgmental view...a more social justice view, a more macro view of that, can help make them feel better in their own personal world.

Discussion

The purpose of this study is to examine how clinical social workers conceptualize the pursuit of social justice within their own practice. Participants were asked how they

define social justice, and ways that they apply it to their practice. They were also asked to reflect on and describe experiences in their clinical social work practice that relate to social justice. The reflections, narratives, definitions and ideas that were produced from this study were examined and compared with the research literature on the topic. Future implications for the social work profession were considered in light of this study.

Social justice is one of the core principles of the social work profession. According to this study and the literature, for many social workers, the pursuit of social justice was a point of pride and a distinguishing feature of the profession (NASW, 2008; Galper, 1980). One third of the participants in this study did not feel confident discussing social justice and were concerned that they would not have anything to contribute to a study on social justice. These participants had difficulty relating social justice to social work practice and felt that their own pursuit of social justice took place outside of their work with clients. Two thirds of the sample were enthusiastic and passionate about social justice and how this principle applies to their practice. The former group was made up of clinical social workers working in private practice, and the latter group all worked in community-based mental health settings. These results suggest that the clinical social workers working in community-based settings were more likely to feel confident talking about social justice as it applied to their clinical practice.

As the literature suggests, having a conceptual framework of social justice is important in order to apply it in practice. This study revealed two main ways that the participants defined social justice. Social justice was described generally as the fair and equal distribution of resources. There was a shared belief in certain basic human rights, such as food, clothing, shelter. There was also an understanding of the importance of

respect and human dignity as an aspect of social justice. The concept of systemic injustice was briefly mentioned among some participants, but it was not a central focus in the data, as it was in the literature. The literature has a much more rigorous discussion about systemic issues around oppression and power, whereas the data collected from this study was focused more on concepts contained within the system. These results suggest that, compared to the research literature, systemic injustice and oppression did not play as big a role in the conceptualization of social justice for participants in this study.

The main applications of social justice described by participants were: increasing access to resources, political action, and using a holistic perspective. Increasing access to resources for their clients was the most common way described by participants. For the three participants working in private practice, it was not described as being a part of their clinical work with clients. For participants who worked in community-based settings, it was seen as integral to their practice. Participants described increasing access in a number of ways, including choosing physical location of practice, making phone calls, referrals, and choosing to work at an agency that serves impoverished clients.

The use of a holistic perspective with clients was commonly described by participants in this study as a way of applying social justice. This was also described as using the person-in-environment perspective. The ability to view a client within the context of their situation was understood as important because it discourages the pathologizing of clients. This view was supported by the literature (Dean, 1998; McLaughlin, 2011).

Political action was mentioned by several of the participants. For some, it was considered outside of day-to-day clinical practice, and was associated with

"radicalism." Other participants described political engagement as an integral part of their work as clinical social workers, and in some cases a responsibility. In the research literature, there is a lot more emphasis on the idea of social transformation, and the idea that social workers should be a part of creating new systems that are more fair and just, rather than focusing on adjusting their clients to an unjust systems. (Galper, 1980; McLaughlin, 2011).

Strengths and Limitations

This qualitative study involved six participants, which a relatively small sampling of clinical social workers within the Twin Cities metropolitan area. Due to its small sampling size, this study may not be an accurate representation of the licensed clinical social workers in the area.

Implications for Social Work

The lack of confidence in discussing social justice expressed by some of the participants in this study suggests a need for clinical social workers to feel more comfortable discussing the concept of social justice. To be able to have a dialogue about social justice and engage with critical questions about the world in which we live and the social work profession, it is important to feel comfortable with the topic. Perhaps clinical social workers would feel more able to discuss social justice if they had a more experiential knowledge base on the topic.

The development of critical consciousness was prevalent in research literature as an important part of the pursuit of social justice in social work, but was not discussed directly by participants in this study. It was evident that the participants in this study did indeed think critically about issues of social justice, but the development of critical

consciousness was not discussed by participants as a part of the pursuit of social justice. The ability to critically engage in questioning one's own practice, agency, and society as a whole is essential in order for the profession to address social justice issues and come up with creative interventions. Perhaps if clinical social workers had a deeper understanding of critical social theory as a framework for understanding issues of social justice, it would help them to engage critically and with confidence. For clinical social workers coming from a middle class background, working with clients in poverty may be their first exposure to poverty and systemic injustice. To be critical of something one has not experienced is difficult. For a broader range of clinical social workers to be more versed in issues of social justice on a systemic level, perhaps we could consider ways for clinical social workers to have a deeper and more meaningful experience of what it is like for their clients who live in poverty. Also, the space for these types of conversations may not exist within certain agencies or private practice settings. The creation of more spaces and opportunities for clinical social workers to engage in these questions may help to increase their confidence discussing the topic.

The majority of the participants in the study did not consider political action to be a direct part of the pursuit of social justice in clinical social work. It is worth considering how political engagement can this be introduced as an integral part of clinical social work. The participants in this study were focused on working within the system for social justice and meeting the present needs of their clients. However, if as a profession we are committed to pursuing social justice on a systemic level, we need to think about ways we transform and create new systems that are more just and fair for our clients.

All of the participants in this study discussed the importance of having a holistic perspective and considering the person-in-environment when it comes to their clients. Participants had a strong aversion to pathologizing their clients, and felt that maintaining the holistic, person-in-environment view was an act of resistance and integral to the pursuit of social justice for their clients. Participants felt a strong sense of pride in this perspective as a distinguishing feature of the social work profession, but did describe some pressure to diagnose their clients in order to get services. For the future, it is important for clinical social workers to continue to embrace the holistic, person-in-environment perspective a part of their professional identity, as it is a significant part of the pursuit of social justice.

Conclusion

The pursuit of social justice for clinical social workers is an important issue that deserves our attention and criticism in order to keep the discussion alive and relevant.

The complexity of the world in which we live and the challenges faced by the poor makes it important to think of more creative ways to solve the social justice problems of our day. As indicated by this study, the pressure on clinical social workers to diagnose and pathologize their clients creates a real threat to social justice. There is a need to create and maintain support for those clinical social workers who resist that pressure and preserve the holistic, person-in-environment perspective that makes social work unique.

Resources

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Appendix A

January 22, 2014

Kate Cowley

•University of St. Thomas Institutional Review Board

Thank you for your submission of New Project materials for this project. The University of St. Thomas Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of January 22, 2015.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact [REDACTED]. Please include your project title and reference number in all correspondence with this committee.

Best wishes as you begin your research. Thank you for your work.

[REDACTED] AVP Academic Affairs/IRB Administrator

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of St. Thomas Institutional Review Board's records.

Appendix B

The following questions will be asked during the semi-formal interview:

Experience:

4. What type of settings have you practiced in as a clinical social worker?
5. What type of client populations have you worked with?
6. Do you feel that there are some client populations for which the promotion of social justice is more applicable?
7. Do you provide therapy to clients? If so, what type of practice theories do you implement?

Conceptual Framework:

1. Describe how you conceptualize social justice.
2. How do you relate your concept of social justice to the practice of clinical social work?
3. How important to you is the operationalization of social justice in your clinical social work practice?

Social Justice in Practice:

4. Can you describe any experiences you have had in your clinical work that you feel connects to social justice?
5. Do you feel that you are able to successfully implement social justice in your practice?
6. Describe a situation, without providing any specific details, in which you feel that you were able to implement social justice in your clinical practice.
7. Describe a situation, without providing any specific details, in which you feel that you were not able to implement social justice in your clinical practice.

Other:

11. Is there anything I have not asked that you think is important regarding the operationalization of social justice in clinical social work practice?

Appendix C

Dear [Mr. / Ms. LAST NAME],

I am writing to tell you about a research study being conducted by Kate Cowley, a graduate student at the University of St Thomas/St. Catherine University School of Social Work.

Kate Cowley is conducting a qualitative study to examine how clinical social workers operationalize one of the core ethical principles of social work, social justice, into their clinical practice. I am not a member of her research team, however, I am contacting some of my colleagues to let them know about the research in case they might be interested in learning more.

It is important for you to know that this letter is not to tell you to participate in this study. Your participation is voluntary, and whether or not you participate in this study will have no effect on your relationship with University of St. Thomas, St. Catherine University, or the School of Social Work.

If you are interested in learning more about this study, please contact the researcher, Kate Cowley, by phone at [REDACTED], or by email, [REDACTED]. You do not have to respond if you are not interested in this study. If you choose not to participate in this study, please disregard this letter. If you do not respond, no one will contact you.

Thank you for your consideration.

Sincerely,

[SIGNATURE AND NAME]

Appendix D

CONSENT FORM UNIVERSITY OF ST. THOMAS

**The Pursuit of Social Justice:
Narratives from Clinical Social Workers**
550919-1

I am conducting a qualitative study to examine how clinical social workers operationalize one of the ethical principles of social work, social justice, in their clinical practice. I invite you to participate in this research. You were selected as a possible participant because you are a clinical social worker who has at least one year of experience working in a clinical setting. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Kate Cowley, a graduate student at the School of Social Work, College of St. Catherine/University of St. Thomas, under the supervision of Dr. Colin Hollidge.

Background Information:

The purpose of this study is to examine how clinical social workers implement the ethical principle of social justice in their practice from the perspective of practitioners.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Answer a series of open-ended questions in an audiotaped interview. This interview should last about 30 to 45 minutes. The data will then be transcribed, analyzed and presented. None of the data collected in the interview will be attached to your name.

Risks and Benefits of Being in the Study:

There are several risks to participating in this study. First, I will be asking you to share your experiences working as a clinical social worker in a clinical setting. You will not be asked to share identifying information, and your identity will not be linked to your interview transcript. However, there is still a risk that you could be identified based on the details you provide in this interview, putting your anonymity at risk.

You will not be asked for any information about specific clients or cases. Any identifying information about clients will be removed from interview transcripts. However, there is still a risk that you could reveal confidential client information, putting the anonymity of your clients at risk.

You will be asked in this interview about your personal stance on social justice issues in social work. Social justice is a controversial topic. Although every precaution will be taken to assure that any identifying information is removed from the interview transcript and subsequent published research paper, there is still a risk that you could be identified by the information you provide in this interview. If you are identified from the details you

provide in the interview, your opinions, critique of agency policies or controversial views on social justice could result in negative consequences at your workplace. Additionally, if any measures you took in your workplace to implement social justice went against the policies of your agency, this could be connected to your identity and also have negative consequences.

This study has no direct benefits.

Confidentiality:

The records of this study will be kept confidential. Research records will be kept in a locked file in an office at [REDACTED]. I will be the only person to have access to any identifying information. The audiotaped interview will be transcribed and used in the published research, but will not reveal your identity. I will take every precaution to ensure that any identifying information is removed from the transcript. Any contextual details in the transcribed interview that could be potentially identifying will be changed. The transcription of the interview will not be connected with any identifying information. The audio recording will be deleted after the transcription is completed. All research records related to this study will be destroyed at the completion of this research study on May 10th, 2014.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may choose not to answer any questions that arise in the interview, and you may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas, St. Catherine University, or the school of social work. If you decide to participate, you are free to withdraw at any time without negative consequences. Should you decide to withdraw data collected about you data collected from you in the interview will not be used in this research study.

Contacts and Questions

My name is Kate Cowley. You may ask any questions you have now. If you have questions later, you may contact me at [REDACTED]. You may also contact the advisor for this project, Dr. Colin Hollidge, at [REDACTED]. You may also contact the University of St. Thomas Institutional Review Board at [REDACTED] with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I understand that audio from my interview will be recorded and transcribed.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date