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Social Justice in Clinical Social Work: A Qualitative Analysis

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A fundamental tenant of social work is a focus on the environmental factors that contribute to individual problems (Code of Ethics, n.d.). Clinical social workers strive to incorporate person-in-environment theories to help elicit and support change in individuals and groups. However, behavioral sciences have historically focused on individual functioning through lenses such as psychoanalysis and behaviorism (Turner, 2017). As micro practice focuses on individuals and groups, it takes intention and knowledge of systems on the part of clinicians to successfully utilize clinical modalities that incorporate social justice. If social workers are to succeed in reaching the field's wider goals of equity and justice, it is imperative that clinicians feel prepared to utilize these perspectives in direct service capacities. In order to evaluate whether social workers are competent in incorporating social justice into their work, there is a need to explore this topic in depth.

LITERATURE REVIEW

Past research has investigated the scope of social justice and systems theories in current clinical work. Cook (2015) showed the effectiveness of implementing social justice framework programs for school counselors, highlighting that awareness of privilege and systems helped clinicians empathize with their clients' lived experiences. Social workers currently in the field have demonstrated knowledge and awareness of the importance of social justice in micro level clinical work (McLaughlin, 2015). Interventions such as Narrative Therapy have been shown to be effective in removing pathology from the individual client to the wider systems of power that oppress them (Combs, 2012). There is also room for growth, as other social workers have struggled to connect social justice work at the micro level to the wider goals of social justice in a macro sense (O'Brien, 2011). Supervision, which entails meetings with a licensed social worker

on a frequent basis, has been identified as an opportunity for clinicians to receive support and instruction on integrating systems theories in their direct practice work (Hair, 2015).

Research Question

Although research to date has shown that social workers understand the importance of social justice and systems theories (McLaughlin, 2015), there is a need for continued exploration of the role of social justice in current clinical work. As some clinicians struggle to connect clinical work with social justice as an overarching goal (O'Brien, 2011), it is worthwhile to investigate how social workers' incorporation of social justice in clinical practice could be used as a model for the field as a whole. Whether it is through specific clinical modalities (Combs, 2012), or social justice trainings for clinicians (Cook, 2015), resources are out there for clinicians to start applying social justice in their work.

The researcher found it challenging to find qualitative studies that took a more in-depth look at what social justice looks like in practice. Past studies with large sample sizes are beneficial because they offer large-scale trends, but topics such as the specifics of how social justice is incorporated in practice may benefit from a more nuanced approach. This study aims to build off of previous research by conducting qualitative interviews with social work clinicians. The research question is: "How do social work clinicians integrate social justice when working with clients?"

METHODS

Setting:

This study took place in Seattle, Washington, with five of the interviews being conducted over the phone. One interview was conducted in-person at a coffee shop in Seattle.

Sample:

Six clinicians were interviewed for this research study ($N= 6$). Of the six, four were based in Washington state and two were based in Montana. Demographic information was collected using an online survey that contained open-ended responses for all questions, and can be seen in Table 1. A sample demographic survey can be seen in Appendix A.

Table 1:
Participant Demographic Information

Race/Ethnicity	n	%	Ability	n	%
White/Caucasian	6	100%	Able-bodied	5	83%
			Neurotypical/Chronic Illnesses	1	17%
Sexual Orientation	n	%	Gender Expression	n	%
Heterosexual	3	50%	Male	2	33%
Queer	2	33%	Female/Femme	4	67%
Queer/Pansexual	1	17%			

Recruitment:

The intent for this research study was to interview five clinicians. The researcher used convenience sampling through professional and academic networks to identify and recruit social work clinicians who were amenable to participating in the study. Ultimately, six clinicians were enrolled in the research study. Prior to participating in the interview, clinicians were asked to review and sign a consent form, which can be seen in Appendix B.

Study Design and Methodology

This study utilized qualitative methods of data collection. Since the subject of social justice in clinical settings is multi-faceted and nuanced, the study incorporated semi-structured interviews to explore the topic in depth. There were broad themes and topics of interest that the researcher posed to the interviewees, but there was ample room for the interviewer to be flexible

and conversational (Rubin & Babbie, p. 233). There were two main areas of focus that helped guide the interview:

1. The clinician's view of social justice, and how they view its application in clinical settings
2. The clinician's perspective on how social justice is addressed in the field of social work as a whole.

For a list of potential topics that were used in the interviews, see Appendix C.

Interviews were recorded using an mp3 recording device, and each file was immediately transferred to a password-protected computer after recording was completed. Interviews were transcribed by the researcher using an online service that slowed the audio down to manageable levels of speed. The transcripts were typed without any identifying information, and the audio files were deleted once transcription was completed.

Analysis:

All of the completed transcripts were completely reviewed twice, with noteworthy quotes highlighted or bookmarked. After each of the transcripts were looked over, a coding guide was created that contained themes consistent throughout two or more of the interviews. Using Dedoose, an online qualitative software, the transcripts were thoroughly coded using the coding guide. A complete coding guide can be seen in Appendix E.

Ethical Considerations:

Ethical considerations were minimal given the unobtrusive nature of this qualitative investigation. However, it was possible for the clinicians to inadvertently reveal the identities of their clients when speaking about their clinical work (Code of Ethics, n.d.). To avoid any issues with confidentiality, the clinicians were briefed on the nature and purpose of the interview, and

were asked to keep the same level of confidentiality as they would with any other non-client. The clinicians were told they were free to not answer questions for any reasons. Audio files were transferred from the mp3 recorder to a password-protected computer, then deleted from the recorder.

RESULTS

Social Justice is incorporated in clinical work through identity, privilege, and oppression. The majority of the clinicians interviewed believed that social justice is a crucial part of their direct practice. In particular, themes of identity, privilege, and oppression were highlighted as both underlying modalities to conceive of therapy, and topics to bring up explicitly in interventions with their clients. One clinician succinctly summarized her approach as saying to her clients, “[your pathology] is not you, this is you reacting in a normative way to these systems of oppression.” This is reflective of a recurring theme of clinicians exploring social identities to help clients contextualize their experience and move away from individual pathology to a more holistic view of one’s experience.

Several clinicians noted that a healthy degree of self-reflexivity was important in their integration of social justice in direct practice. As one clinician said in a past session with a client of color: “Let’s recognize that I’m a white therapist helping you explore your biracial identity. You might have feelings about that and that might feel OK or it might feel awkward.” For these practitioners, social justice is not something to pursue for clients alone; it requires active engagement and reflection from the clinician’s side as well.

Social Justice is not applicable in direct clinical work. Some clinicians interviewed believed that there is a clear distinction between social justice and direct practice. One clinician noted that “social justice is in the background work and not in direct practice.” Another said that

their idea of social justice applies more so to macro and mezzo-level social work than in direct therapy. These clinicians appeared to operate from the viewpoint that social justice has broader importance in the field of social work, but that there was little they could do in a one-on-one session to actualize social justice with their clients.

It is interesting to note that the clinician who most strongly stated their belief of the importance of social justice in clinical work was the only heterosexual man in the sample. While there is a myriad of possible factors that could inform an individual's appreciation of social justice, one potential interpretation is that this clinician may have not experienced oppression or marginalization in his life. This is in contrast to most of the other clinicians, who gave specific instances of experiencing oppression themselves or from someone close to them.

Socially-just business practices. All of the clinicians who were interviewed stated lowering the financial barrier to low-income clients as a way to incorporate social justice into their work. A consistent theme was the belief that financial barriers should not impede an individual's ability to seek treatment. One clinician started seeing a family using the daughter's insurance, and eventually decided to see the family members individually. The mother was on Medicaid, and the clinician agreed to see the mother for \$25 a session because he felt it was unethical to renege on their previously agreed-upon fee. Some clinicians conceived of sliding-scale rates in even grander terms of social justice:

Being in private practice where you only charge full rate and that's a high rate, and that's all you do, then sure, you're only serving people who are wealthy. But you yourself can be an income rate distributor, [so] why not charge full rate fees for people who can afford it, then turn around and provide services to somebody else for \$30?

Dissatisfaction with the professional and academic aspects of social work: Many of the clinicians had frustration with the social work field in general. They noted the uncomfortable

dual-relationship that social workers have of being a profession and socially-just practitioners. As one clinician noted: "... social workers used to be 'rabble-rousers', but the pendulum has swung the other way." This was mirrored in disappointment with how Masters of Social Work programs operate- one clinician noted that the schools were "teaching [them] one thing and doing another", while another said that students don't learn the clinical modalities necessary to become effective clinicians.

There was a wide range of frustrations discussed throughout the interviews, ranging from issues of compensation and benefits to diversity and inclusion. However, underlying these issues was the belief that the social work field *can* and *should* push itself to be better. The clinicians' dissatisfaction with the field can be viewed as a strength rather than a weakness, in that it portends a willingness to deny the status-quo to strive for equity and social justice. When asked about how social work compares to other helping professions in these capacities, one clinician said social work was "light-years ahead".

Summary

The clinicians reported a spectrum of attitudes towards social justice in clinical practice, ranging from no relationship between them to a practice that is fundamentally informed by social justice. Although the researcher did not think of business practices as a way to practice social justice in the creation of the interview guide, it became clear very early on that lowering financial barriers to treatment is common practice throughout the field. There was a consistent presence of dissatisfaction with the status quo of the social work field, with a bevy of ideas on how to increase the efficacy and prevalence of socially-just practices in clinical work. Data is summarized in Table 2 in Appendix E.

DISCUSSION

The purpose of this study was to investigate how social work clinicians incorporate social justice into their clinical practice. Six social work clinicians in Washington and Montana were interviewed using a semi-structured interview format, and were asked to reflect on any social justice application in their clinical practice, as well as their perceptions of the social work field. Qualitative software was used to perform thematic analysis of the interviews, and key themes were culled from the data.

In terms of incorporating social justice into their practice, the clinicians had a range of responses. On one end, many of the clinicians reported social justice as a key factor in their practice, both in how they view their work in a general sense and how explicitly it is brought up as a topic of conversation in their work with clients. Their practice reflected a rejection of the premise of clinical work as residing strictly within the bounds of the individual; rather, they operated from the understanding that individuals' lived experiences are inexorably tied to social identities and the wider systems of privilege and oppression that ground our lives. On the other side of the spectrum, some of the clinicians' reported a clear distinction between social justice and clinical work. They understood social justice as an over-arching value that shows up more in micro and mezzo-level practice rather than something that is applicable in clinical settings. This finding is congruent with previous research that showed that social workers apply social justice in clinical practice (McLaughlin, 2015).

Although there were variations in how social justice was viewed in clinical settings, all of the clinicians interviewed stated that lowering financial barriers for their clients was an integral part of their work. Offering sliding-scale fees, flexibility with scheduling and payment options, and "massaging" insurance restrictions to serve the needs of the client rather than the insurance

companies were examples listed that served to help clients get the service they need. An interesting result from this analysis is that while many of the clinicians identified these as a practical application of their social justice lens, other clinicians did not make an explicit connection between alleviating financial limitations and incorporating social justice into their practice. While it is possible that the interview style and priming of the question contributed to this discrepancy, another interpretation is a lack of awareness of the pervasiveness of socially-just practices available to clinicians in their direct practice.

Pervasive dissatisfaction with how the social work field and its academic partners are handled were evident throughout the interviews. There were clear tensions between the competing agendas of social work as a profession and as a vocational medium through which oppression can be addressed. An interesting finding through this analysis was an apparent association between the clinicians' level of conviction for social justice in clinical practice and their dissatisfaction of the social work field's status quo.

These results are concurrent with previous research that found social justice as an important part of developing healthy relationships with clients in social work practice (Cook, 2015). The explicitness of social justice in clinical work mirrors previous research done on therapeutic modalities that incorporate identity and person-in-environment models into work with clients. (Combs, 2012). Alternative explanations for these data could include potential variance of the kinds of content and questions between interviews, and the nature of the sampling method for the interviewed clinicians.

Strengths and limitations

One strength for this research methodology was the iterative nature of the interview questions. The content of the questions, sequencing, and pacing of the interviews were improved

after each interview, which meant that progressively better data was collected as the research study went on. The use of high-quality audio captures of the interviews and powerful qualitative analysis software resulted in valuable data. One limitation of this study methodology is the lack of generalizability of the research sample. The small sample size and the generally narrow geographical scope of the recruited clinicians means that the results are unlikely to be reflective of the social work field as a whole. The results of this research study would have been more powerful if quantitative data were captured from the clinicians, which would have increased the amount of data used in analysis. Another limitation is the homogeneity of the racial/ethnic makeup of the sample. All of the interviewed clinicians were white/Caucasian- as members of a dominant group, their lived experiences could have influenced their perception of the applicability of social justice in clinical work. A more racially diverse sample would have been beneficial for the study's external validity.

Implications

The results of this research study suggest a need for social work clinicians, social work programs, and agencies to take a more active role in explicitly incorporating social justice in training and clinical applications. This is reflected in past research that showed how some social workers struggle to connect clinical practice with social justice (O'Brien, 2011). In order to provide the highest level of care, social workers need to be versed in the theoretical underpinnings of socially-just clinical work. Continuing education trainings have been shown to be effective in increasing the capacity of clinicians to incorporate social justice in clinical practice (Cook, 2015). Social work programs need to make sure that the way they are teaching students are congruent with the values they espouse, and must integrate concrete clinical skills with the proper systems-level lens to enact socially-just work in clinical practice.

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