FAITH-BASED PRACTICE: DIVERSE AND ECLECTIC APPROACHES TOWARD SOCIAL JUSTICE

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Abstract

Drawing from eclectic approaches and with the aim of social justice, a generalist social worker utilizes faith-based practices in the following fields: child welfare, health, mental health, developmental challenges, and income maintenance. Case examples examined include representations of population groups based on race, ethnicity, sexual orientation and country of origin. Social problems discussed include poverty, homelessness, domestic violence, and the challenges of advocacy toward social justice and spiritual development.

Objectives

Participants will:

1. Review basic professional requirements of competencies in:
    a. Spirituality
    b. Fields of social work practice
    c. Population groups
    d. Social problems
2. Examine applied case examples of social justice through utilization of:
    a. Micro- mezzo- exo- macro-systems
    b. Social treatments, i.e., cognitive behavioral, psychosocial problem-solving, crisis intervention theory and research-based knowledge
    c. Diverse organizational structures of voluntary, proprietary, and public social agencies/organizations
3. Articulate ways to improve applied spirituality and social justice in other areas of faith-related practices

Introduction

The *Social Work Dictionary* defines social justice as:

"…an ideal condition in which all members of a society have the same rights, protections, opportunities, obligations, and social benefits. Implicit in this concept is the notion that historical inequalities should be acknowledged and remediated through specific measures. A key social work value, social justice entails advocacy to confront discrimination, oppression, and institutional inequalities" (Barker, 2003).

Reflecting a commitment to social justice, the Council on Social Work Education (2008) requires that educational institutions show diversity "…including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation".

Beginning definitions of **spirituality** are transcendence with God/gods (Hodges, 2003, 2004, 2006). Philip Sheldrake's (2012) contemporary definitions: "Spirituality concerns what is holistic…a fully integrated approach to life…from the Greek word *holos*-the spiritual'…a quest for meaning in life as a response to the decline of traditional religious or social organizations" (pp.*4-6).* Themes of spirituality are articulated from O'Brien's meaning and purpose of life, traditions, rituals, myths, prayer, meditation, contemplation, suffering death, and paths to enlightenment or salvation (1991)

Generalist social workers must be prepared to work in and with various (a) **fields of practices** (e.g., aging, child welfare, corrections, developmental challenges, health, income maintenance, mental health); (b) **population groups** (e.g., adolescent pregnancy/parenthood, juvenile offenders, military personnel and their dependents); (c) **social problems** (e.g., substances, HIV/AIDS, violence in individuals, families, local and global communities). Generalist social workers are also trained in diverse **psychosocial treatment** approaches toward **social justice:**

- **Crisis intervention** services seek to stabilize the crisis situation and connect individuals or groups to needed support services (Parad & Parad, 1990; Lindeman, 1944; Roberts, 2011).
- **Cognitive behavioral therapy** favors short-term work (Emery, 1985; Beck, 1995; Gambril, 1997). The focus is on the present, and the aim is to modify or replace distorted cognitions or unwanted behaviors in a discrete and goal-oriented fashion.
- **Rational emotive therapy** is not concerned with *why* but attempts to determine *which* thoughts and behaviors are dysfunctional and *how* to change them (Ellis & Grieger, 1997; Fanger, 1997; Gambrill, 1997; Ellis & McLaren, 1998; Skinner, 1953; Walsh, 2011)
- **Spiritually modified cognitive behavior therapy** derives spiritual precepts from the client's spiritual world view (Hodges, 2006).
- **Ecosystems perspective** is drawn from ecological and system theory, and integrates systems composed of people and their physical-social-psychological-spiritual-cultural environments, systems in which each part impinges on every other part. Levels of social systems include (1) **microsystems,** where the immediate, face-to-face focus of concern is on individuals and families; (2) **mesosystems,** where links are drawn between individuals, families (including

extended families); (3) **exosystems,** integrates other settings that do not normally include families, groups, or organizations but impact their well-being; (See Figure 4); and **macrosystems,** where lifestyles, socio-economic resources, spiritual, and cultural beliefs and value systems impinge on one another (Bandura, 1977; Bronfenbrener, 1979; Germain, 1991; Gitterman & Schulman, 1993; Gordon, 1969; Queralt, 1996; Zastrow & Kirst-Ashman, 2008).

- **Psychosocial intervention** addresses the **person/s, problem/s, place/s, and processes** of aiding people to help themselves (Perlman, 1957, 1972).

The case examples in the next part of this paper incorporate the following *organizational bases,* which are used for delivering an array of social services in America:

- *Voluntary organizations* - also called sectarian, faith-based, sacred, charity supported eleemosynary, religiously-affiliated, not-for-profit organizations – were the forerunners in providing resources for the poor and needy. Funded by contributions, client fee-for-services, and tax dollars, these organizations are operated and governed by –among others- faith-based religious organizations, i.e. churches and congregations (Boddie, 2011; Singletary, 2005; Garland, 1992, 2008).
- *Proprietary organizations* – also called private, entrepreneurial, free-enterprise, and for-profit organizations – must make a profit to maintain solvency. Fee-for-services from consumers, grants and contracts from governments and philanthropic organizations, realtors, correctional institutions, and private equity funds are examples of proprietary social service providers.
- *Public agencies and organizations* – also called secular, citizenship-based, tax-based, welfare, social security organizations – are not-for-profit organizations, sponsored by governments and funded primarily by public taxation (Holland, 1993).

Applied Case Examples

The following vignettes represent people who have diverse social problems. They are aided to help themselves through varied treatment approaches by social workers who draw from selective and eclectic counseling. They are further facilitated by various human service agents who are affiliated with diverse helping organizations.

Crisis Mental Health

In the case described below a client is in a life-threatening crisis, and the social worker utilizes the treatment modalities of **crisis intervention** services to stabilize the crisis situation and connect individuals or groups to needed services (Parad & Parad, 1990; Lindeman, 1944; Roberts, 1991, 1995, 2011).

As director of mental health services, a social worker was taking his turn for after-hours emergent services. He took the phone with him as he left the regular business of directing a voluntary agency which served a population base of 250,000 residents in five counties. Characteristic of people who work with those who experience emotional crisis, the emergency phone rang at 2:00 a.m. awakening the

social worker from REM sleep. He sat on the bed as he quickly oriented himself, reached for a writing instrument, and lifted the phone to announce, "This is mental health services."

"I want to die!" replied the caller with slurred speech. Recognizing that the client had some reservations about not wanting to live or he would not be calling for help the social worker asked, "Can you tell me why you want to end your life?" Client: "I'm gay, my friends and family do not understand me and I want to end it all." SWer: "I don't want you to die and I'm here to assist you." The client was breathing deeply and was slow in speech but finally said, "I've taken some pills and I'm going to die." Without divulging whether or not someone would immediately visit to aid him, the social worker asked the client if he could give the address from which he spoke. Client: "No, I don't want to give you my address. I want to die!" and there was a thump which sounded like a body hitting the floor.
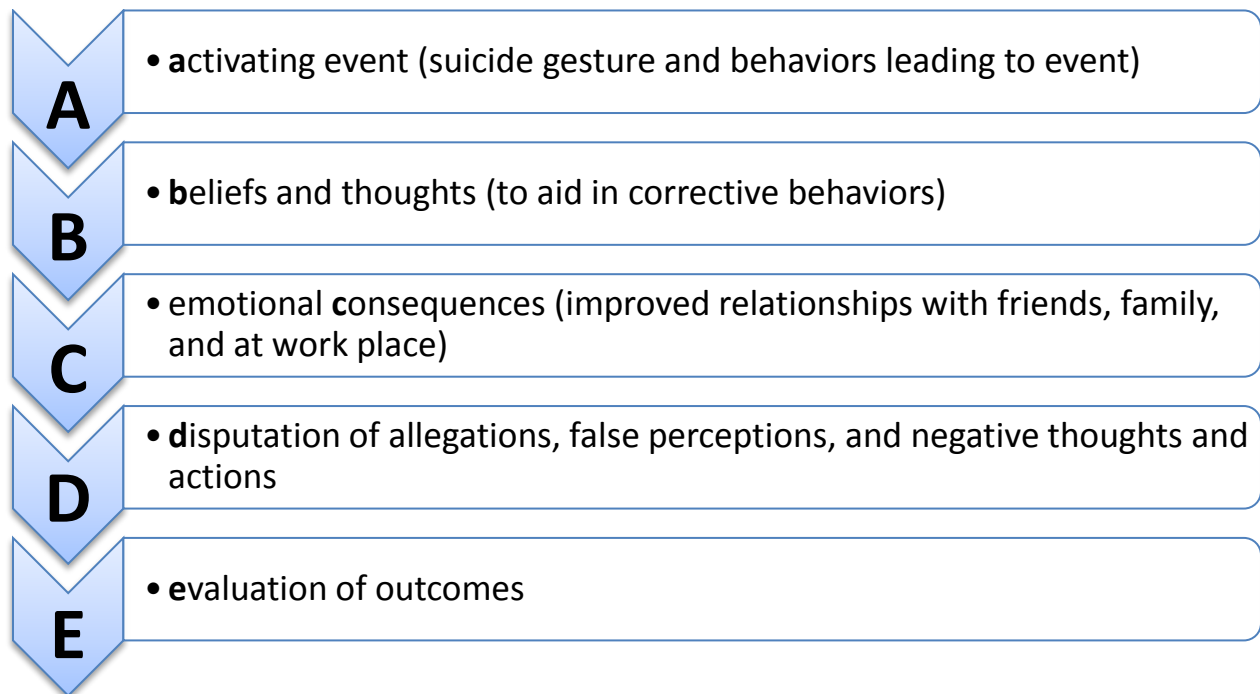
The social worker maintained phone contact, switched to another line, called the police, asked them to trace the call as a medical emergency, and an ambulance was sent to deliver the person to the emergency room. The social worker alerted the ER to expect the client, attempt to stabilize him and admit him to the psychiatric unit where a psychiatrist and the social worker would further assist him the next day.

After assessment of this suicide gesture by a psychiatrist and the social worker, the client was released with limited prescriptions of psychoactive medications and a schedule for out-patient follow-up talk therapy. As a provision of hospital release, the client promised to keep his appointments for therapy and not to kill himself.

The follow-up treatment modality that the social worker utilized was **rational emotive therapy**. The format is as follows with additional descriptors noted for this particular client:

- A – **a**ctivating event (suicide gesture and behaviors leading to event)
- B – **b**eliefs and thoughts (to aid in corrective behaviors)
- C – emotional **c**onsequences (improved relationships with friends, family, and at work place)
- D – **d**isputation of allegations, false perceptions, and negative thoughts and actions
- E – **e**valuation of outcomes (Emery, 1985; Beck, 1995; Ellis & Greiger, 1997; Ellis & McLaren, 1998).

Figure 1: Rational Emotive Therapy

A
- **a**ctivating event (suicide gesture and behaviors leading to event)

B
- **b**eliefs and thoughts (to aid in corrective behaviors)

C
- emotional **c**onsequences (improved relationships with friends, family, and at work place)

D
- **d**isputation of allegations, false perceptions, and negative thoughts and actions

E
- **e**valuation of outcomes

After some five weekly psychotherapy sessions and a graduated decrease in medication, the client was released from focused therapy with the option to return for limited follow-up therapy.

This gay client rejected offers to discuss his **spiritual development**. He represented an anecdotal example of one of the three in ten who reported that they felt unwelcome in a house of worship. The Pew Center's study released on June 13, 2013 found that prominent faiths were unfriendly to gay, lesbian, and transgender Americans. The vast majority reported that Islam (84%); the Mormon church (83%), the Roman Catholic church (79%), and evangelical churches (73%) were unfriendly. 40 percent considered Jews and non-evangelical Protestants unfriendly or neutral toward gays and lesbians. However, the gay rights group GLAAD recently reported that relations between the religions and gay communities have improved (Banks, 2013).

Contemporary social workers would also include in their psychosocial treatment a discussion that some people inherit a predisposition to elect a homosexual identity by genetic influences of our DNA (Collins, 2006, 2010).

Some social agencies and religious leaders have attempted to change gay people to straight sexual orientation. In a recent article in *Christian Century*, Exodus International, a group known as "the oldest and largest Christian ministry dealing with faith and homosexuality, announced in June 2013 that it is shutting its doors". Exodus president Alan Chambers apologized to the gay community for many actions including "reparative theories" that were designed to enable gays and lesbians to become straight through prayer and counseling. "I am sorry we promoted sexual orientation change efforts and

reparative theories about sexual orientation that stigmatized parents," said Chambers in his apology (Bailey, 2013).

A United State appellate court recently affirmed a California law banning the psychotherapeutic treatment that seeks to turn gay youth straight, the so-called "gay aversion therapy". The 9th United States Circuit Court of Appeals found that "…California lawmakers properly showed that the sexual orientation change efforts were outside the scientific mainstream and have been rejected for good reason" (Lovett, 2013). This California decision may lead to a national-level socio-legal prohibition for psychotherapists to attempt to change sexual orientation. The issue this raises for social workers is how to continue to aid men and women to work through their sexual identity.

Child Welfare: International Adoption

During the 1950s as America enacted the Great Society legislation to improve the lives of the poor, public schools were becoming more judicious in maintaining accurate records of enrolled children. As schools applied grants from state and national governments, a number of minority and poor students qualified for support services: school lunches, textbooks, transportation services, teaching assistants and other services to improve education outcome (U. S. Department of Education, Elementary and Secondary Education Act, 1965 as amended).

One fourteen year old male foster child was an example of the public school system's focus on documenting birth records. We'll call this child Harry. He lived with his foster parents in a small mid-western village and performed with above-average grades at the local public school. When his foster parents were asked to present Harry's birth certificate they reported that, although Harry had lived with them since infancy, they had no record of his birth.
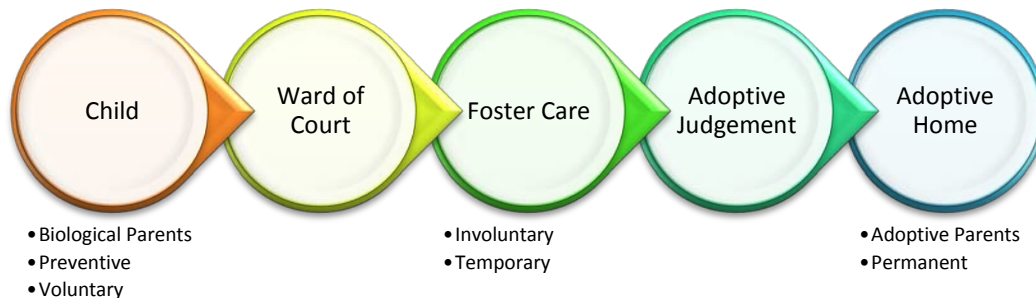
The county judge called upon the child welfare social worker to aid the foster parents in acquiring Harry's birth certificate. The foster parents were Caucasian and Harry's skin color was olive and his black hair was curly. When asked the circumstances of Harry's placement with them, his foster parents reported that they first discovered him on a table in a bar in New Orleans. They developed a positive relationship with Harry as they returned to the bar, where Harry's biological mother was working as a cook. A wonderful Creole cook, Harry's mother reported to them that she had no child care for Harry. After learning that Harry's biological father was a British naval officer away at sea, they agreed to take Harry to live with them. As time went on, the ability of Harry's biological mother to afford child care had not improved, and Harry had continued in independent foster care for thirteen years.

A psychosocial assessment by the social worker indicated that Harry had positive relationships in this foster home: he was an above-average student, had bonded well and addressed his foster parents as "Dad" and "Mom", wanted to remain with his foster parents, maintained good social relationships with mixed racial and ethnic neighborhood children, and was in good health.

To complete this social investigation, the social worker and a local ad litem attorney visited New Orleans and located the biological mother. She confirmed that she had agreed to place her son with foster parents, volunteered maternal history, terminated her parental rights and specified that Harry's foster

parents become his adoptive parents. The biological mother reported that she no longer had relationship with or knowledge of the biological father but had heard that he continued his career as a British naval officer. Great Britain social services located the father, who agreed to terminate his parental rights and volunteered a paternal history for Harry (See Adoption Process, Figure 2).

Figure 2: Adoption Process

Child
• Biological Parents
• Preventive
• Voluntary

Ward of Court

Foster Care
• Involuntary
• Temporary

Adoptive Judgement

Adoptive Home
• Adoptive Parents
• Permanent

Harry was adopted by his foster parents, and his birth record was submitted to the schools. He eventually became a skilled tradesman with support from adoptive parents.
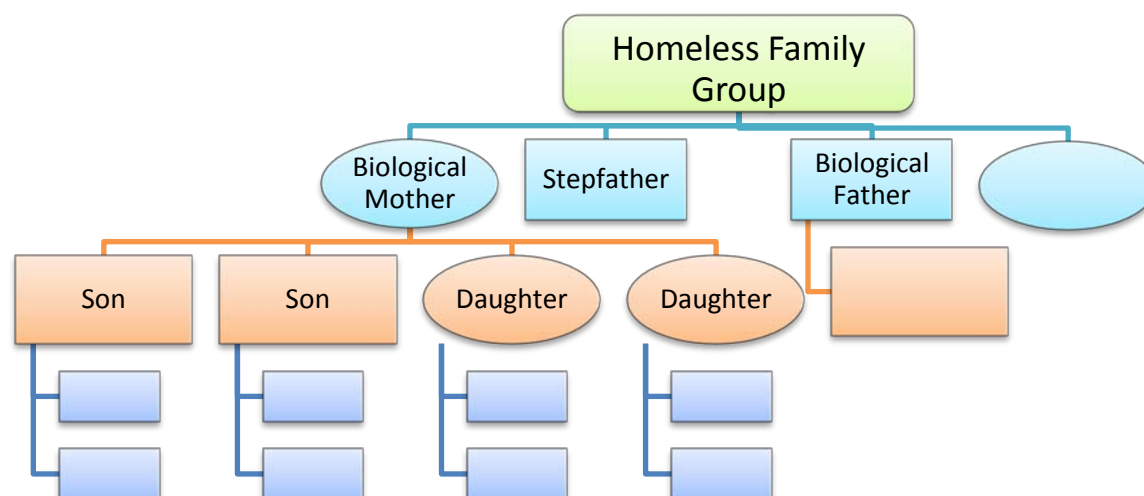
The primary tool for achieving **social justice** in this case was the **psychosocial** approach (Perlman, 1957, 1972):

- Person (Harry, independent foster/adoptive parents, biological parents)
- Problem (birth record for Harry, permanency planning for Harry, biological parents, foster/adoptive parents)
- Place (mid-western United States, New Orleans, LA, Great Britain)
- Process (psychosocial and applied ecosystems concepts)
- Evaluation (extant and statistical accomplishments of above)

Ecosystems, Crisis Intervention and Spiritually Modified Cognitive Behavioral Approaches toward Social Justice for Homeless

Christian social services to help a homeless family group emerged from a small church with no designated staff member specializing in social services. The primary responsibility for aiding this group was with the church's Missions Committee, which spearheaded local, national, and international Christian mission activities. This committee included a social worker who assessed the group's needs in terms of housing, food, employment, physical and mental health, transportation, education, and spiritual services. The church then allocated $1500 for the committee to link the family to needed services (see Ecosystems map, Figure 4 & Holland (2010) Church social work for a homeless family http://www.nacsw.org/Proceedings2010.html).

Figure 3: Homeless Family Group

The 17 members of this homeless family group who constituted the focus of Christian social services by this local congregation had experienced a series of negative downward-spiraling economic crises as a result of unemployment. They were evacuated from their rental housing, and because there were young children in this extended family of five households, they were initially accepted into the residences of family members who had apartments. They were never forced to sleep in storm sewers, for example, as portrayed in public media (PBS News Hour, August 10, 2010). As limited living space became overwhelmed, however, two families found space in a faith-based transitional shelter, and it was from here that they desperately sought Christian social services from a local church.

The **ecosystems perspective** was useful in helping this homeless family group to aid themselves. Drawn from ecological and systems theory, the ecosystems perspective integrates systems composed of people and their physical-social-psychological-spiritual-cultural environments, systems in which each part impinges on every other part (Bandura, 1977; Bronfenbrenner, 1979; Germain, 1991; Gitterman & Schulman, 1993; Gordon, 1969; Queralt, 1996; Zastrow & Kirst-Ashman, 2008).
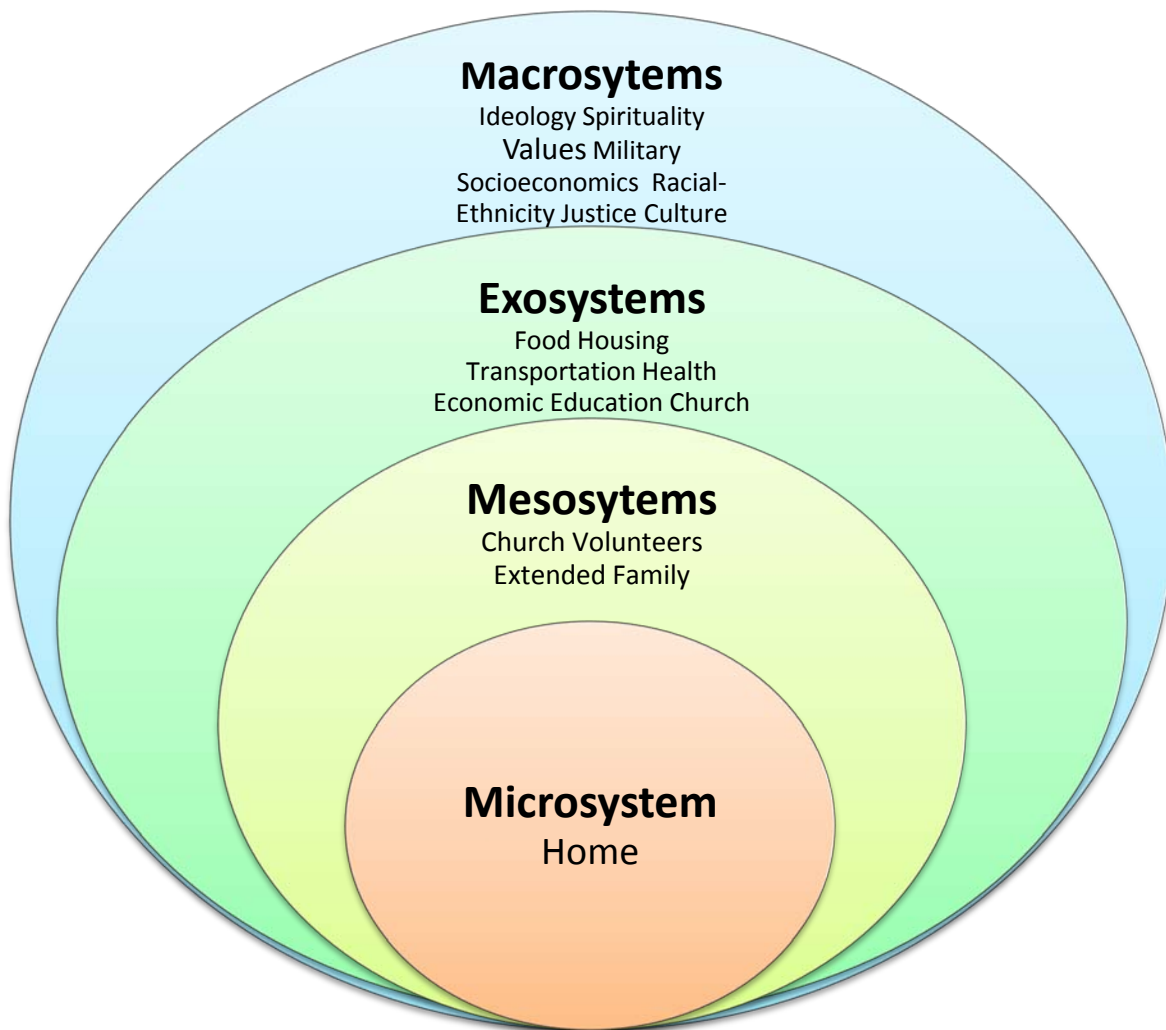
The ecosystems perspective integrates four levels of social systems:

- **Microsystems**, where the immediate, face-to-face focus of concern is on individuals and families (e.g., arranging housing with church members and acquiring apartments for mother, father and two members of the extended family unit)
- **Mesosystems**, where links are drawn between individuals, families (including extended families), the faith-based Christian social agency which provided transitional shelter, employment training, and gaining employment.
- **Exosystems**, where family members were linked to other settings that do not normally include the homeless but impact their well-being (e.g., arranging transportation to court hearings;

testifying on observed quality of parenting at child custody hearings; and retaining a pro bono attorney to represent the mother in her appeal for FICA Disability II (United States, 2008)).

- **Macrosystems**, where lifestyles, socio-economic resources, spiritual and cultural beliefs and value systems impinge on one another (e.g., emotional disabilities and entitlements to mental health services; application for housing, health services, transportation, and food).

Figure 4: Ecosystems of a Homeless Family

Macrosytems
Ideology Spirituality
Values Military
Socioeconomics Racial-
Ethnicity Justice Culture

Exosystems
Food Housing
Transportation Health
Economic Education Church

Mesosytems
Church Volunteers
Extended Family

Microsystem
Home

From the efforts of volunteers from within the church, temporary housing was provided for the mother and father with church members. Volunteer advocates from within the church also helped five

members of this extended family to secure employment, which enabled all five families of this extended group to obtain housing. The father was hired as a certified nursing assistant, which enabled him to move to an apartment; a son and daughter-in-law were employed by a large discount grocery and then were able to rent a subsidized apartment; another son was employed at a large motel and found an apartment; two daughters were employed at a large general merchandise outlet and thus obtained housing for their families.

Housing continued to be a challenge to the macrosystems of these extended families, as they struggled to satisfy the requirements for subsidized housing (U.S. Department of Housing and Urban Development, 2009). The parents were encouraged to keep their application for public housing active by monthly updating their status. The son and daughters were evicted from their housing on two or three occasions as a result of failure to pay rent and other regulative infractions related to public housing entitlements. Intervention by volunteers sometimes delayed evictions but eventually failed to help them retain adequate housing.

Advocates were successful in influencing powerful interest groups who control publically subsidized housing, including banks, builders, real estate agents who managed housing, and others. However, as part of the exosystem of many, this group of housing interest groups are parties to some of the 80% who have government-backed loans at greatly reduced mortgage rates and financed by Freddie Mac, Fannie Mae and the Federal Housing Administration and must be confronted to enable the poor to have adequate and affordable housing (Appelbaum, *New York Times,* August 7, 2013; U. S. Housing and Urban Development Act, 2009).

In addition to the ecosystems perspective, a **spiritually modified cognitive behavioral** treatment approach was utilized when the mother expressed concern and loss of sleep over her court probation as a result of theft of a tote-a-case of beer from a local grocery. The social worker utilized disputation from **rational emotive therapy** in conjunction with **spiritually modified cognitive behavioral** approaches to suggest that God is love and can aid us to overcome expressed guilt and to continue to satisfy probationary options to incarceration.

Educationally, two members of this extended family participated in higher education. The father retired from the military and received a grant to work toward an associate degree in computer science and nursing. A son completed requirements for General Education Development and received his GED.

The mother was linked with a pro bono attorney to appeal her denial of FICA Disability II based on emotional depression and fibromyalgia (U.S. Department of Health and Human Services, Medicare). The administrative court ruled that she failed to work the required length of time to qualify for Disability II Insurance but she was entitled to FICA XVI Supplemental Assistance (SSI) (U.S. Department of Health and Human Services, 2008).

Child Battering: Social Justice for Developmentally Challenged through Proprietary Social Work

Bill's biological mother died when he was four years of age. His father was a long-distance truck driver. Bill was placed in the care of his sister. At age five, Bill was hit in the head by his brother-in- law with a blunt object when Bill was unsuccessful in herding a cow into a stall for milking.

The child battering caused a subdural hematoma in the back of Bill's head, rending him unconscious for two months. During cranial surgery, a plastic tube was installed from his brain to his bladder to drain excess fluid from Bill's brain, reduce swelling and help him regain consciousness.

Bill was placed in licensed foster family care with a foster mother, foster father and foster sisters who – with guidance by a public child welfare social worker- were persistent in enabling Bill to heal, feel secure, enter school, complete high school and acquire employment in a military dining hall.

The social worker networked with medical, educational, military, religious and social macro-systems to advocate for Bill, and he remained employed for eleven years. He was eventually relieved of military employment when he crashed his automobile while driving with an expired license. After advocacy efforts by Bill, his foster family, and the public social worker failed to reinstate him in employment, he was placed in a work retraining program and a congregate living situation in a developmental services center – a quasi-public/voluntary social service agency. When efforts to place Bill in gainful employment were unproductive, developmental services finally enabled Bill to acquire **disability insurance** through the exo-system of Title II of the Social Security Act (2008) (U.S. Department of Health and Human Services, 2008; Queralt, 1996; Holland, 1993).

Following two years of disability insurance, work training, semi-independent living, and a biological, psychological, social, and medical assessment, Bill failed to meet the qualifications for disability insurance. After an exo-system of evaluations by a proprietary social worker, attorney, occupational psychologist, and psychiatrist, Bill's disability entitlement was successfully reinstated with retroactive payments. To manage these funds, the court appointed the proprietary social worker as Bill's fiduciary guardian. Under this guidance, Bill's mutual fund investments eventually grew to $25,000. Bill received monthly disability payments and his entitlements included handicapped transportation and Medicare health care (United States Department of Health and Human Services, 2008). This assistance allowed him to live independently in publically subsidized **housing** (United States Housing and Urban Development Act, 1998 as amended through 2009) and monitored by a developmental services center.

<div align="center">**Summation**</div>

This paper addressed the distinctive roles of social work: **counseling and facilitation of social services** to aid people toward social justice. Example cases discussed illustrate various **social problems:** emotional illness, homelessness, domestic violence, poverty, developmental challenges, and substitute parenting. Individuals in the examples are aided by voluntary, proprietary, and public social workers and represent **population groups** characterized by sexual orientation, race and ethnicity, religious beliefs and offenders. Social workers in the examples were shown serving people in a variety of **fields of social work practice:** child welfare, international adoption, developmental challenges, emotional and physical health problems, corrections, and income maintenance.

Psychotherapeutic **counseling** approaches by social workers drew from several treatment models: cognitive behavioral (including rational emotive therapy and spiritually modified cognitive behavior), crisis intervention, psychosocial problem-solving, and ecosystems.

Social workers must continue to utilize faith-based and research-based knowledge and skills to aid all members of our society to have the same rights, protections, obligations, and social benefits – **social justice.**

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