Critical Race Theory: Opportunities for Application in Social Work Practice and Policy

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Critical race theory (CRT) provides a framework for examining power structures that maintain racial inequities and developing strategies for action and change. Though social work acknowledges racial disparities and the role of racism when identifying and attempting to ameliorate social problems, the profession has not fully incorporated CRT. This article introduces CRT, articulates its alignment with social work's professional mission and values, describes its central tenets, and applies the tenets to racial disparities within three areas of practice particularly relevant for social work: child welfare system involvement, receipt of public assistance, and access to mental health treatment. CRT's broader implications for social work practice are identified and discussed.

IMPLICATIONS FOR PRACTICE

- In order to effectively serve a diverse set of clients, social workers need knowledge and skills articulating the role of race, racism, and power and how they operate in the United States; critical race theory (CRT) provides such a framework.
- Awareness of the CRT tenets and their application in specific areas of practice can educate social workers in targeting questions and dialogue both within themselves and with colleagues and supervisors about the role of race in social work practice and policy, which can in turn lead to social action and change.

Racial disparities in the United States remain persistent and pervasive. Despite advances in reducing overt racism and discrimination, covert and institutional racism continues to operate through policies and practices embedded within social structures, systems, and institutions that systematically reflect and produce racial inequality. This is evidenced by racial disparities in child welfare system involvement (Hill, 2006), public assistance use (Gooden, 2007), and mental health treatment access (Snowden, 2003). Advancing racial equality requires understanding and awareness of the relationship between race, racism, and power. Critical race theory (CRT) provides an important framework that social workers can use to recognize, analyze, and change power dynamics that maintain institutional racism and reinforce racial inequality. Despite alignment with social work's mission and values, CRT has not been fully embraced by social work educators, researchers, or practitioners. Nascent literature addresses CRT's utility to inform and advance the field (e.g., Abrams & Moio, 2009; Ortiz & Jani, 2010), yet work focused on its substantive application to social work practice is needed.

The social work profession strives for social justice and acknowledges the importance of understanding race and racism when studying and working to ameliorate social problems. Social workers are also trained in culturally competent practice. Therefore, we should be well positioned to address racism's role in maintaining social problems that disproportionately impact people of color. However, there is concern that some educational approaches (e.g., multicultural perspective) do not explicitly address race, which inhibits comprehensive understanding of ways in which power, privilege, history, and one's own position impact broader social structures and institutions (Constance-Huggins, 2012). Achieving social justice involves acknowledging racism and moving beyond didactic information toward dialogue and action that challenges, and ultimately changes, the status quo. This requires knowledge of structures and systems that sustain racial inequality and limit opportunities for people of color, as well as exposure to action-oriented strategies to challenge and dispel institutional racism. CRT provides an opportunity to extend social workers' existing knowledge into dialogue and action for social change through direct examination of the relationship between race, racism, and power. Further, the framework's action-oriented approach emphasizes the connection between practice, education, and research.

In this article, we introduce CRT, describe its central tenets, and apply the framework to racial disparities within three areas of social work practice. Though CRT is applicable to people of color across racial and ethnic groups, our applications focus on disparities affecting African Americans; these applications demonstrate the utility of CRT for social work professionals.

Critical Race Theory (CRT)

The CRT movement seeks to study and transform the relationship between race, racism, and power, and, in contrast to traditional civil rights movements, questions the foundations of the liberal order (Delgado & Stefancic, 2012). Therefore, civil rights issues are

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leaves African Americans susceptible to oversight and control, including child welfare system involvement.

Critique of liberalism. Ignoring racial realities advances the assumption that child welfare system intervention is neutral, therefore perpetuating the notion that racial disproportionality in the system is due to weaknesses and deficits of individual families (Sarri & Finn, 1992). For example, the Multi-Ethnic Placement Act of 1994 (MEPA; Pub. L. 103-82), a so-called colorblind policy prohibiting child welfare agencies from considering race, color, or national origin in many foster care and adoption decisions, was advanced as a way to prevent African American children from languishing in foster care due to a lack of same-race adoptive homes. Yet, despite MEPA's implementation in 1994, large numbers of African American children continue to move through the system from year to year awaiting adoption (Sargent, 2011). The CRT framework asserts that needs of children of color are not being met because of child welfare policies that ignore race (Sargent, 2011). King (2011) contends MEPA and similar laws removing race from placement decisions distract from the child welfare system's disproportional impact on African American families.

Implications for practice. CRT provides tools social workers can use in practice. First, child welfare workers need to be aware of colorblind approaches and policies that ignore the unique experiences of families of color, as well as aspects of cultural competence that may result in making false assumptions about clients, thus perpetuating racial inequalities. Given the racial demographic realities of child welfare workers and clients, it is particularly important for workers to be open to listening to clients and learning about their lived experiences. Child welfare workers can directly ask clients what concerns they may have about working with a professional of a different race and about their past experiences interacting with someone of that race; during this discussion, workers can actively listen and respond accordingly (Lee, 2010).

Further, social workers need to be conscious of their privileged status which interacts with structural forces, particularly the cross-cultural nature of their relationship with clients. Social workers must recognize how race and racism contribute to their clients' experiences, as well as the ways Whiteness affords privilege and power to view an issue through a lens that supports society's dominant narrative. The CRT framework can aid workers in asking critical questions about race and how it may impact their interactions with clients. These questions—posed in self-reflection, consultation with peers, or during supervision—may include: "Who benefits from the current arrangements? Who is excluded or penalized?" (Nybell & Gray, 2004, p. 24). Given the role of race in child welfare workers' decision making, considering these questions may increase workers' awareness of their own culture and experiences as well as their own biases, including broad generalizations or stereotypes of a client's culture or ethnicity. Ultimately, workers can use this insight to analyze and inform their practice decisions. These questions can also be used to frame dialogue with colleagues who recognize structural inequalities in child welfare, but lack a framework to articulate the effects on clients.

Racial Disproportionality in the Public Welfare System

Temporary Assistance for Needy Families (TANF), which replaced Aid to Families with Dependent Children in 1996, is the largest public welfare program providing direct cash assistance to supplement a family's income on a monthly basis (Martin & Caminada, 2011). Applying CRT to TANF is appropriate for several reasons. First, African Americans are overrepresented on welfare rolls; they account for 12% of the nation's population but make up 36% of welfare recipients (U.S. House of Representatives, 2008). This share is similar to that of Whites (38%) but significantly higher than other racial minority groups. Second, African Americans receiving welfare have worse outcomes when compared to Whites. Cancian, Meyer, and Wu (2005) found that African Americans rely on TANF for a longer period of time than Whites and are more likely to return after an initial spell on TANF.

Social workers are uniquely placed to examine and address the effects of race and racism within the public welfare system. From its inception, the social work profession was intrinsically involved with programs assisting people in need (Rank & Hirschl, 2002). The profession's association with settlement houses centered on recognizing and addressing unmet need created by economic, demographic, and policy change (Koerin, 2003). Currently, social workers are often the ones administering and implementing welfare programs and policies (Rank & Hirschl, 2002). Finally, across areas of practice, social workers often serve clients whose financial needs are not adequately met by welfare or the labor market (Taylor & Barusch, 2004).

Racism as ordinary. CRT maintains that racism is endemic, permeating through our customs and policies (Delgado & Stefancic, 2012). This assertion helps illuminate ways current welfare policies disadvantage African Americans and maintain racial hierarchy. Rather than assuming the benevolence of a policy, CRT views it within the context of broader power relations (Williams, 1987). The pervasiveness of race and racism is evident when examining the forces behind welfare reform. One of the most salient arguments from proponents of reform was a moral outcry against

welfare recipients. Despite the fact that only 10% of recipients received welfare for more than 10 years (Bane & Ellwood, 1996), welfare was couched as an issue of dependency and a moral hazard. Welfare recipients were portrayed as being lazy, immoral, sexually irresponsible, and cheats (Appelbaum, 2001). African Americans bore the heaviest weight of the attacks on moral deficiencies of the poor, and were more likely than their White counterparts to be socially constructed this way (Williams, 1987). Welfare was also viewed as a "Black program" as the number of African Americans receiving benefits increased (Neubeck & Cazenave, 2001). This "darkening" of the rolls made welfare politically vulnerable and fueled moral attacks on African American mothers. Schram (2005) asserts that if welfare was viewed as a White program, there would be less political and public backlash. CRT's tenet of racism as ordinary supports the negative construction of (Black) welfare recipients.

Interest convergence. CRT suggests that White elites shape policies that serve their self-interest and consequently ignore the experiences of people of color. TANF employs sanctions for noncompliance, meaning recipients' financial benefits are reduced or terminated for failure to meet mandatory work requirements. Gooden (2007) purports that these punitive sanctions disadvantage people of color, as historical legacies and contemporary effects of race might impact their ability to find jobs. Welfare recipients of color are more likely than Whites to be sanctioned and to receive heavier sanctions (Gooden, 2007). Consistent with CRT's tenet of interest convergence, it could be argued that if welfare was conceived of and understood as a program for and used by Whites, there might not be heavy sanctions for noncompliance. The heavy focus on sanctions emphasizes the personal deficiencies of welfare recipients. This serves the self-interest of the dominant group, as it distracts attention from businesses that stand to benefit from welfare recipients' low-wage labor (Sanger, 2003).

Implications for practice. CRT offers a powerful tool for social workers administering public welfare programs. CRT encourages social workers to examine the role they and their agencies can play in both perpetuating and addressing racism. Although discussion of racial disparities within agencies is often framed as a societal problem beyond their scope (Gooden, 2007), CRT, highlighting the pervasiveness of racism in all aspects of life including agency operation, suggests racial disparities and racism can and should be examined at the organizational level. The CRT framework encourages social workers administering public welfare programs to ask themselves critical questions about individual and agency practice, such as if there are racial differences in the types and frequencies of sanctions given to welfare recipients. Exploring this issue may lead social workers to examine their own biases as well as contextual forces such as discrimination and neighborhood unemployment rates in relation to identified racial disparities. This awareness may lead social workers to reevaluate and change the frequency and intensity of sanctions they impose on clients. Social workers can also use this increased awareness and understanding to dialogue with colleagues and advocate for change in agency policies and procedures around sanctions. Social workers may encourage their agencies to join the National Association of Social Workers (NASW) in their support of social welfare policies devoid of punitive measures.

Racial Disparities in Access to Mental Health Treatment

African Americans experiencing mental illness are significantly less likely to receive mental health treatment than their White counterparts (U.S. Department of Health and Human Services [DHHS], 2001; Snowden, 2003). When African Americans access specialty mental health care, they attend fewer sessions and are more likely to stop treatment prematurely when compared to Whites (Sue, Zane, & Young, 1994). African Americans are also less likely to receive guideline-concordant care for mental health problems (see Wang, Berglund, & Kessler, 2001). Racial disparities in access to mental health care leave African Americans untreated or improperly treated (Snowden, 2003), which is unacceptable given the pervasive and debilitating nature of mental illness. Whereas some posit class drives these racial disparities, evidence reveals that African Americans' disparate access to treatment persists after adjusting for differences in socioeconomic status (DHHS, 2001). Other work suggests available treatment is not appropriate for African Americans, as it does not address their perceptions of mental illness or the relationship between discrimination and mental health (e.g., Pascoe & Smart Richman, 2009; Williams & Williams-Morris, 2000).

Social workers are the leading providers of mental health services in the United States (Weissman et al., 2006). Though trained to view human behavior in relation to the social environment, the majority of masters-level social workers concentrate in interpersonal (micro) practice, having limited exposure to macro practice. Further, mental health interventions commonly focus on individual-level change to address presenting symptoms. Therefore, social workers providing mental health services may not have opportunities to fully develop skills necessary to assess the role of race, racism, and power in their practice and work environment. CRT offers social workers a tool for examining racial disparities in mental health treatment from a macro lens.

Unique voice of color. Viewing racial disparities in access to mental health treatment through the CRT framework suggests the unique voice and experiences of people of color have been ignored and undervalued. Prior to seeking treatment, African Americans have more favorable attitudes toward mental health services than Whites; however, after seeking care, African Americans have less favorable attitudes toward services when compared to Whites (Diala et al., 2000). This indicates current treatment models may not be responsive to ways in which people of color understand and experience mental illness and, therefore, limit treatment engagement and adherence. Most mental health interventions are designed and tested via university or lab settings where most participants are upper- and middle-class Whites (e.g., Trusty, Davis, & Looby, 2002). As a result, interventions are likely normed to White, upper- and middle-class experiences with mental illness. There is a strong movement toward developing culturally competent mental health treatment, and strides have been made to culturally adapt and test interventions among people of color that were initially developed and tested for Whites (Miranda et al., 2005). The CRT lens suggests that the mental health system has not adequately solicited or incorporated the authentic voice of people of color, and that to develop and deliver acceptable, effective mental health treatment, it is imperative to listen to and understand their perceptions.

Interest convergence. Research consistently demonstrates the negative effect of perceived discrimination on the mental health of people of color, yet this relationship has not been adequately addressed in treatment (Pascoe & Smart Richman, 2009). CRT posits that failure to sufficiently incorporate African Americans' experiences with discrimination and oppression into mental health treatment may be the result of interest convergence: that treatment acknowledging and addressing the negative relationship between discrimination and mental health has not been prioritized because it would not benefit Whites. It may even force Whites to acknowledge that racism and their own privilege likely contribute to psychiatric distress among African Americans. Interest convergence can also be applied to the delivery method of mental health services. Though less likely than Whites to receive formally established mental health services, African Americans commonly use culturally sanctioned coping strategies and rely on informal systems of care (e.g., family, church) to address mental health needs. However, compared to many interventions that benefit more Whites than African Americans, little attention has been paid to learning from culturally sanctioned coping strategies, or working with and assessing outcomes of informal systems of care, as again this may offer less benefit to Whites.

Implications for practice. Social workers providing mental health services can use CRT in practice to elicit the mental illness and treatment perspectives of consumers of color and to address the relationship between racism, discrimination, and mental health. Mental health care often includes psychoeducation, where clinicians provide consumers with information and research on their diagnosis during an early treatment session. Social workers can incorporate information and research on the effect of discrimination on mental health as part of psychoeducation, demonstrating awareness of and acknowledging the impact that racism has on mental health. This can serve as a starting point to engage in dialogue with consumers of color focused on their understanding of mental illness and treatment expectations in relation to the information and research presented. Social workers can ask consumers how the information reviewed during psychoeducation relates to their own experiences, offering a natural opportunity for consumers of color, who may find the information relevant, to open up and share. Social workers would then incorporate consumers' perspectives into treatment plans. For instance, the approach to treatment would differ for a consumer experiencing depression from job loss due to routine downsizing and a consumer experiencing depression from job loss due to discrimination from a racist supervisor. Social workers can share this approach to psychoeducation with colleagues to start dialogue that could potentially change their agency's standards of practice.

Additionally, social workers with awareness and understanding of CRT can actively engage with communities of color to learn more about culturally sanctioned coping strategies and informal systems of care often preferred by people of color. Establishing trust and gaining entry into a community requires a long-term commitment; however, social workers, individually or with agency support, could begin by reaching out to informal providers and learning about community-identified needs, looking for opportunities to participate in community events, or offering free mental health screening and education in nontraditional mental health settings.

Discussion

Racism is ingrained in American society. Though more covert, institutional racism continues to produce and maintain racial disparities within many areas relevant to social work practice, including the child welfare, public welfare, and mental health service systems. Persistent racism in society restricts progress of people of color who are denied opportunities and not provided access to resources necessary for upward mobility.

This is particularly salient given that racial minorities will become the numerical majority group by 2043 (U.S. Census, 2012). Racism embedded and perpetuated within institutions, structures, and systems has significant implications and cannot be ignored. Social workers are well positioned to address racism and its effects given their work with oppressed populations and commitment to social justice. However, resources to recognize and address institutional racism in practice are limited.

CRT provides a framework for understanding the relationship between race, racism, and power, particularly ways in which racism affects social work practice. CRT complements and enhances social workers' existing strengths by offering a lens for recognizing and remedying racism that permeates American social institutions, structures, systems, customs, and policies. We view our application of CRT to racial disparities within areas of social work practice as a first step toward encouraging and challenging social workers to examine ways in which their own actions and policies within their agencies and organizations may perpetuate racial disparities.

We also view these applications as a way of encouraging social workers to engage in critical dialogue within and across disciplines that may result in social action. When working to achieve social justice, Gil (1998) describes the importance of dialogue and reflection focused on structural forces influencing day-to-day life. Understanding CRT and applying it to personal practice and agency policy has the potential to facilitate awareness among social workers regardless of area of practice or status, as well as support dialogue that may develop into critical consciousness through self-reflection and dialogue in peer consultation and supervision.

Finally, applying CRT to social work practice provides an opportunity to bolster the profession's commitment to social justice. Social workers have an ethical obligation to clients, colleagues, themselves, the profession, and broader society to challenge injustice and pursue social change (NASW, 2008). CRT supports this charge by drawing attention to racial injustice in a so-called postracial America and providing an analytic, action-oriented framework for recognizing and mitigating institutional racism. We encourage social work practitioners, educators, and researchers to embrace CRT and explore ways in which this lens may improve self-awareness, increase dialogue related to structural forces that perpetuate racial disparities and inequality, and encourage movement from dialogue toward social action and change.

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