Shimon Cohen:

Welcome to Doin' The Work: Frontline Stories of Social Change, where we bring you stories of real people working to address real issues. I am your host, Shimon Cohen.

In this episode, I talk with Dr. Dawn Belkin Martinez, who is the Associate Dean for Equity and Inclusion and a Clinical Professor at Boston University School of Social Work. Dr. Martinez explains the Liberation Health Model, which she co-created, as an approach that utilizes a sociopolitical framework for assessment of what is causing problems for people, and intervention techniques to help them live better. She shares the incredibly interesting history of the model, which started in a hospital inpatient psych unit in collaboration with patients and their families. You need to hear the story directly from her, but the model is rooted in a mix of transformative liberatory approaches Brazilian mental health practitioners were using at the time, as well as radical counseling and social work, Black feminism, and Marxist theory that Dr. Martinez, Nelson Ochoa, and colleagues studied together. Dr. Martinez breaks down how to use the model, explaining the assessment process using what is called the Liberation Health Triangle, and intervention tools and techniques, such as deconstructing dominant worldview messages and rescuing the historical memory of change. She shares examples and stories from her own experience applying the model. In addition to the sociopolitical analysis, assessment, and intervention techniques, I love how the model encourages practitioners to engage with clients in ways that feel much more authentic, the transformative approach of action for change once clients feel ready, and how it is deeply rooted in collective liberation. Additionally, it is flexible enough to incorporate various approaches within the model, as long as they are connected to the larger approach. Dr. Martinez and I get into all of this, as well as how to learn more and get involved. I hope this conversation inspires you to action.

Before we get into the interview, I want to let you all know about our episode's sponsor, the University of Houston Graduate College of Social Work. First off, I want to thank them for sponsoring the podcast. UH has a phenomenal social work program that offers face-to-face master's and doctorate degrees as well as an online and hybrid MSW. They offer one of the country's only political social work programs and an abolitionist focused learning opportunity. Located in the heart of Houston, the program is guided by their bold vision to achieve racial, social, economic, and political justice, local to global. In the classroom and through research, they are committed to challenging systems and reimagining ways to achieve justice and liberation. Go to www.uh.edu/socialwork to learn more. And now, the interview.

Hey Dawn, thanks so much for coming on the podcast. I'm a big fan of the work you're doing, and I'm just really glad that we're finally getting to connect and get you on here.

Dr. Dawn Belkin Martinez:

Thank you so much Shimon, and I just want to say the same. I have been following your work for a long time. We share a lot of your podcast here at the School of Social Work at BU, and I'm hoping to continue our work together.

Shimon Cohen:

Absolutely. Yeah, and I'm using liberation health stuff in the work that I do with my co-instructor, Charla Yearwood. So I'm really excited to have you on here and get into this Liberation Health Model. I think it's

really revolutionary and can just help people in our field, and related fields really need this. So let's just jump right in with, what is the Liberation Health Model?

Dr. Dawn Belkin Martinez:

So the Liberation Health Model is a sociopolitical form, developed for social work, for social work practice. But of course, it could be used by anyone in public health, or community organizing, or any of the other mental health professions.

But what it is, is a model of practice that involves both a sociopolitical assessment of what's going on with the person. So I'm trained as a clinical social worker, so people come to see me. I have a small practice. Usually something's going on in their life. It's not going well. They want some help, they want some therapy. And this Liberation Health Framework is a sociopolitical assessment frame, which assesses the personal, and the ideological, cultural factors, and the institutional factors influencing their life, and influencing their problem and the relationship with the problem.

And then I think most importantly, it's a method. It's a direct method of practice, interventions that are very specific around sociopolitical types of techniques and interventions that an individual can become involved with. With their family, with their community, with the larger place that they're living.

Shimon Cohen:

So I know we're going to get into a lot of how it functions and how to use it, as best we can, obviously, on a podcast episode. Because it could be its own series, really, breaking it down. But let's talk about how it was created, because you've let me know that it's an interesting story the way this came about.

Dr. Dawn Belkin Martinez:

Yes, it is a very interesting story. Because the Liberation Health Framework and method was created alongside of the people that are the most directly impacted by mental health issues. And I can tell you the story. It's kind of a cool story because I was working... Before I started working in academia, I was a family therapist. I'm trained as a family therapist. And I worked in a very large hospital in Boston. And I was the chief social worker on the inpatient psychiatry unit, responsible for supervising and providing family therapy.

And one of the things this hospital frequently did, which is pretty typical of most big, large teaching hospitals, was to administer consumer satisfaction surveys for patients and their families. And in the case of ours, it was mostly the family that was filling out the consumer satisfaction survey, because many of the patients were younger. And then the hospital would compare and contrast each department in how satisfied the patients were.

And what happened where I worked was that we actually scored very low in the consumer satisfaction survey. And parents were... Remember this is on the inpatient psychiatry unit. So that comes with a lot of dominant worldview messages of what parents are doing or not doing.

So parents reported in the consumer satisfaction survey that they felt judged, that they felt people didn't really think they were good parents, that they didn't work with them, that they made mistakes, and were not eager to continue follow up based on their experience.

And my department took that really seriously, took this feedback seriously. And it was really interesting because at the time, the medical director of the department was a white, cisgendered, older psychiatrist. He certainly wasn't involved in any kind of alternative movement around mental health. And he's trained as an analyst.

But he was very concerned that the families were not happy. And he said to me, "Do you have any ideas about what we can do, and what sorts of interventions we could make here on our inpatient psychiatry unit?"

And at that time, I had just gotten back from Brazil and trained with people from the Paulo Freire Institute, and were doing a lot of organizing and alternative mental health response in Porto Alegre, Brazil, and had an amazing experience there.

And I was already looking for something, because I was an activist way before I was a social worker. So I was already looking for something to add to the psychodynamic training that I received, because I felt like it was important, but it also left out a lot of really crucial factors in how people relate to the world, and how they see themselves, and how the world relates to them.

So following the trip to Brazil, I talked with a really good friend of mine who was in the same graduate program, Nelson Ochoa. And I said, "You know what? I'm thinking we could do something that is similar to what they're doing in Brazil and look at different systems and theories and conceptual frameworks, and think about how we can apply them here to our practice here in the Boston area." Because of course Porto Alegre is a very different context than Boston.

So at that point it was just a few social workers, so maybe three or four of us. And we started doing a lot of reading together, looking at conceptual frameworks. We spent a lot of time reading the work of Antonio Gramsci, Paulo Freire, Ignacio Martín-Baró, our own radical rank and file social worker Bertha Capen Reynolds, the Combahee River Collective, Black feminist movements. And we sort of put together a model that we thought would address the holistic picture of what people are experiencing.

And then, I think the cool part of the story is that because I was working on this inpatient psychiatry unit, we tested out the model with the families that were interacting with the staff and experiencing having their children hospitalized. And the families were our best teachers, because we went through about five or six different tools to develop our assessment tool. Because the families would say, "This is too complicated," or, "I'm not going to fill out all these boxes," or, "The Bronfenbrenner model makes sense, but I'm not going to do all that."

So we came up with this assessment tool, which we call the triangle, our triangle of analysis that we use with everybody. And then again, with the people most directly affected, the families that had their loved ones on the unit, we developed the interventions which were around deconstructing dominant worldview messages, introducing new information, rescuing a historical memory of change, which I can talk about in a little bit.

But in my opinion, that's the coolest thing about the model is I like to say that it wasn't developed in a lab, it wasn't developed in somebody's head. It was developed with the community at the front and center.

Shimon Cohen:

Yeah, it's incredible because it was like all these things had to come together at the right time. You were in that position, the surveys had been bad. If the surveys weren't bad, this maybe never would've come to be. Right? And then you have to have leadership that wants change, and is invested, and lets you do something. Because especially in an inpatient psych, I mean this is way out there, right? To bring in sociopolitical instead of just the problem residing, right? They just need medication, right?

Dr. Dawn Belkin Martinez:

Yeah. And I remember it was really funny because we started using it, and surprise, surprise, the consumer satisfaction scores went right up. People were very happy. And our medical director was

interviewed on some radio program, and they were sort of getting into the theory and talking about Antonio Gramsci, who was a Marxist. So I'll never forget, he said something to the effect of, "Well, I don't say I really understand that much about the theory, but I do know that the families are really happy and our scores are really high. So I'm very happy to introduce this model on our service."

Shimon Cohen:

Yeah, it's really interesting. It's a great story. Thank you for sharing that. So as you shared the story, you kind of got into some of this. But I just want to ask other ways this model, the Liberation Health Model is different from the medical model or just other kind of problem... So much of how we're trained as clinicians, and I think beyond just clinical too for social work, is we get trained to see problems. But often, where the problem resides then is often what's up for debate, I guess in a way. I mean you talked about a little bit that it's sociopolitical, and you've got this triangle, but maybe you can start getting into a little bit more of what that looks like.

Dr. Dawn Belkin Martinez:

Sure. So it's a very specific method that we used. It's an assessment intervention, that involves people identifying first, what's getting in the way of their optimal level of functioning, what's getting in the way of them living the life they want to live.

And for me as a family therapist, that could take a long time to flesh out. Because if you've got five people in the room and everybody thinks it's something else... And often people because of our individualistic culture here will blame other people. "It's my mother, it's my brother, it's my sister."

So the Liberation Health social worker first works to flesh out an externalized vision of the problem, something that's not located in a person. So it could be something like depression or communication problems. We work with people to externalize what it is that's getting in the way of them living in their preferred life. And that's really the first step.

And once we do that, we start with our problem analysis. It's probably my favorite part of the assessment process, which is the Liberation Health Triangle. And in that, we actually have a triangle that we do with people, that we complete with people. And whether it's on Zoom or in person, it involves putting the identified problem in the middle of the triangle.

So let's suppose you've been working with a father and a daughter. And the initial understanding of the problem is, "My dad's a jerk," or, "My daughter doesn't listen," we will have worked with you to externalize what it is that's going on that's getting in the way of you and your daughter doing well. And that might be communication. That might be communication. So if we identify communication, that goes in the middle of the triangle.

And then the first part of that is in identifying the personal factors that influence the problem. That's pretty easy for people to do because I think that's the medical model. So if there's any history of loss, or any history of trauma, or any kind of medical illness, or psychiatric illness, or conflict, or all of those sorts of things. Typical medical model, that goes on the P part of the triangle.

The second part of the triangle is much more challenging for people, because a lot of times, they're not used to thinking this way. So we'll talk about dominant worldview messages. We use the word culture, which we're probably going to change in the next edition of the book, because culture for us is not the food you eat or what you wear. It's what Antonio Gramsci talked about, the dominant worldview messages that we are exposed to that influence how we think about things.

So we might ask questions about gender, and the kinds of messages we get about how cisgendered men are influenced to communicate. Or we might ask questions about individualism, this sort of the

dominant worldview message that if you have a problem, you're supposed to take care of it on your own.

Or you might ask questions about race, racism, and how racism has impacted your understanding of communication, what you've experienced in your school, things like that.

So all of these, what I would say isms, sexism, racism, classism, individualism, professionalism, all of those kinds of questions are part of the analysis of the sort of cultural piece on the triangle.

And then finally, the institutional factors. And when we think about institutions, we think about buildings, right? Systems. So the housing system. Capitalism. It's like there's no living wage under capitalism. The education system, the healthcare system, the justice, "justice" system. And all of those different factors are what influence your experience of the problem. That is very different than the medical model, which probably for the most part only focuses on the personal factors influencing the problem.

And then what I would say, even with the ecological frame that social work has, it's a conceptual framework. And it doesn't go beyond that. Oftentimes, it's just about understanding the ecological factors, but it's not around intervening around these ecological factors.

And this is a very big piece of Liberation Health, the intervention around these cultural and institutional factors. So what we like to say in Liberation Health borrowing from Paulo Freire and Augusto Boal, is that our method of practice addresses the cop in the street, the external factors, and the cop in your head. The cop in your head that has internalized all of those oppressive messages.

Shimon Cohen:

Yeah, I love it because... We've talked about this, but I also got into social work through activism. And I think some of it got trained out of me as I was trained... I'm actually not opposed to CBT. I think there's aspects of CBT that when it goes deep enough and really looks at what you're talking about about these larger dominant cultural mess... Because if someone has a core belief, it's like well, what formed that?

Dr. Dawn Belkin Martinez:

Right.

Shimon Cohen:

So if it gets connected to those bigger... There's some overlap with that part. But the part about the institutions, and then I'm very interested to hear what you have to say about interventions. Because even with a lot of these counseling frameworks, for lack of a better term, it's always still like, "But I can only control me." Which in some ways is true in a way. But we know when we unite with other people, we can create change. So let's go into that with the interventions. How do you approach that?

Dr. Dawn Belkin Martinez:

Yeah, so that's great. So again, that's a really big difference between the Liberation Health Method and more traditional ecological frames. It's very focused on the doing, addressing the cop in the street and the cop in your head.

So we identify four different categories of interventions that we engage with. And the first one is just identifying the dominant worldview message. If you think this is, I don't know... Let's take this dad. And he was behaving in a certain way. And those behaviors were very much based on dominant worldview messages around gender, and how men are supposed to communicate, and men are supposed to behave.

The first step is really understanding that... getting, so what is the dominant worldview message about men, and how they're supposed to behave, and how they're supposed to communicate, and how do you think that that's affected you? So that's the first step. It's identifying the dominant worldview message.

The second step is deconstructing that message. Deconstructing it, taking it apart. And that can be really hard when people have believed something for 40 years or 50 years. "I'm just supposed to behave this way as a man. That's what men do, they man up." So on and so forth.

So that deconstruction is sometimes quite tedious, because you kind of have to slog through it and pull out different threads of what people say, and help to see this who benefits when you think this way. So when you think that men are not supposed to share their feelings, because if you do, you're kind of not being a guy, who benefits from that? Who loses, who gains? So that deconstruction is a really important piece of things.

And then finally, the third step is introducing new information. There's lots of ways that men can behave. There's lots of ways that men can communicate. One of the cool things about social media is that you don't have to work very hard to find people doing these kind of introducing new information interventions. And you just go on the web together and you say, "Wow, here's this dads group that's doing all this. This is amazing." They sort of rejected the idea that men have to be silent, and not communicate, and not talk about their feelings.

And then finally the last step... And it's not sequential. I'm just talking about them as four steps. Activism as a therapeutic intervention, acting in the world. And we believe that we need to change. It's not enough to change the cop in your head. We need to change the material conditions in the world. And so that means getting involved in organizing.

There's been a number of studies that indicate activism and organizing is actually a therapeutic intervention, because you're working in a collective. You're working with other people that feel the same way you do. You're gaining skills, you're getting confidence in your worldview, all these sorts of things.

So that's a big piece of it. And so as liberation health practitioners, that is a large component of what we do. We're involved in the world, around union organizing, around housing justice, around creating this alternative mental health crisis response model in Boston. So that's just as much of what we do as the sort of cop in the head stuff.

Shimon Cohen:

And are the folks that you're working with, clients, participants... I mean I know there's different terms. People. So let's say you're going to do some housing justice work and housing organizing, because obviously that's going to be an issue that's really stressing people out. I mean, that's enough to cause a whole host of problems, right? Housing. Are you then showing up together at different organizing activities?

Dr. Dawn Belkin Martinez:

Yes, we do. We have a very strong presence. We have a banner, so it's easy to find us. I will say, and I think this is fair to share, that when people are beginning in the process, often the activism is the last piece of things, because they're just at a place where they don't have a lot of energy. They're usually feeling bogged down by the identified problem.

And the first thing is really, I find working on the cop in the head really is important, right? Because it sort of liberates you to have more energy that you can get involved in other things.

Now there are people that right away, "Hey, when's that rent control rally? I want to go." But I would say that's not common. And lots of times, people need a little bit of the cop in the head work before they're able to get out and become an activist in the different ways that you can be an activist. And we don't see activism in a narrow method. We see lots of different ways that you can do activism.

And I just wanted to pick up, I really appreciate what you said about CBT. Because another cool thing about liberation heath is we don't see it as a standalone intervention. We see it as something you can do in conjunction with other kinds of treatment modalities. And a colleague of mine here at BU now who teaches as an expert in CBT, is now teaching the CBT triangle along with the Liberation Health Triangle at the same time.

Shimon Cohen:

That's really cool. Yeah, a colleague of mine, Charla, I don't know how she would exactly describe it, but she uses some ACT therapy approaches, but also liberation health, but also her own kind of stuff that she wants to write up at some point, because it's really interesting what she's doing.

One thing that I want to bring up is for a clinician to do this work, there's already had to be a lot of cop in the head work. Because what you're saying, just the piece... And this is the part that I think was so drilled into me in school and even reinforced in social work in the community. Because you don't want to lose your job. You got to have that job. And then I was faculty, and it was again, reinforced is this very separated...

Which if I want to name the dominant cultural ideology, it's white middle class or white upper middle class approaches, hetero approaches that we can just be separate from clients. And then it would be actually some dual relationship, to do community work together. Which to me, it's really problematic that that's being mostly trained.

So how do you address that part as you're training people and teaching students about this? And I'm just wondering the response you get around that type of stuff.

Dr. Dawn Belkin Martinez:

Yeah, that's probably the most common pushback we get. I mean, not so much anymore just because I think the world is so desperate. People are a little bit more open-minded. But certainly when we began giving presentations, especially in hospitals, it would often be more traditional mental health providers. Psychiatrists, psychologists, and social workers too, quite frankly, that would say, "You're not supposed to talk about these sorts of things. You're not supposed to bring up capitalism in the session for the young man that has an impulse control problem." And what's interesting about that is that of course we're always bringing up things that we think are important and the clients may not have thought about it. That happens all the time. It's just when you start doing it with politics, it's counter-hegemonic as Gramsci would say. And so then you get, "Why are you doing this?"

But lots of times, people would ask about people's spiritual practices, or they would ask about... I mean, when I worked in the hospital, providers were constantly bringing up medication all the time before a client had even thought about something like that. And they were like, "Why are you asking me about medication?"

So what I would sort of say is that we're always bringing up things that we think are important, and that this isn't any different than that. This is just bringing up something that's not hegemonic in the current mental health mainstream.

And I was trained very psychodynamically, I was taught you're never supposed to really say anything about yourself. You're just supposed to just validate and reflect back. And even if someone asked you a question, you were supposed to ask them why they asked you it.

And that I think is one way to do the work. And it reflects a particular set of beliefs, and values, and norms. And those are dominant. They're currently dominant.

But what I would say is that asking questions, like the work of Ignacio Martín-Baró, and Paulo Freire, and Bertha Capen Reynolds, it's becoming an opening right now to sort of say that this is not forbidden, this is not wrong. It's important to ask about racism to this young kid that has the anger management problem, right? Because that's a factor. That's just as much of a factor about why he might be clocking people as what happened in his home. Or I would go further and say what happened in his home is related to legacies of racism, classism, so on and so forth.

So people are made by society. People are created by these dominant worldviews. And unless you're addressing them, you're missing in my mind, two thirds of the picture. So we try to communicate that in our classes here with my colleagues, but it hasn't been easy. And I was asked to leave a job for doing that.

I do think it's getting a little bit easier just because how so much the world is changing and that people are starting to question taken for granted assumptions that they've had about mental health, and what constitutes good mental health for right now.

Shimon Cohen:

Yeah. I think historically, there's always been people within communities doing healing work and political organizing together. I mean, it goes way back.

And so more contemporary, which isn't so contemporary anymore, but I always think about the Black Panther Party and the Young Lords. And they got alternative medicine in hospitals in New York, and the Panthers were doing sickle cell testing, and along with policing the police, and community self-defense, and free breakfast, and all this.

So it's really only been this top down, really a white European approach to mental health and social work that's been imposed really. "This is the way to do it," when all these other... I don't want to say all people of color because that's not accurate, but a lot of communities of color, Black folks, Indigenous folks, Brown folks, Latinx, have always been doing this.

Dr. Dawn Belkin Martinez:

There's concealed stories among many different groups of people, and over a long period of time of this kind of work being done. And even within social work, I mean, Bertha Capen Reynolds started out as an analyst, and then she got involved in trying to change systems, and challenging oppressive capitalist policies. And then she was fired from Smith for doing that. And now of course, they have a scholarship to her name.

But there've always been people in many different areas that have been doing this work. And I think a really key component of the work is rescuing the historical memory of change. How do we let people know this is not new? As you said, the Panthers are not new, the Young Lords are not new. The work of Paulo Freire is not new. And how do we take those stories that have been hidden and concealed, and bring them to light so that people can feel inspiration and hope when thinking about what healing really looks like?

Shimon Cohen:

100%, 100%. So when you've used this with folks, I know you're kind of giving a maybe hypothetical story of the father and the daughter, which I'm sure that type of scenario happens all the time. Especially I think back to that inpatient unit you were talking about. It's like, what does some of this look like? If you could just share more about what some of this kind of ends up looking like.

Dr. Dawn Belkin Martinez:

So I was thinking about what case to share, and I think I'll share a case that we've written about, just because we had the permission to do that. But this was someone that was... This was a long time ago, so I think I'd probably do things very differently. But even then, was hospitalized on our inpatient psychiatry unit for self-harm behavior. A lot of self-harm behavior. And engaged in different, unusual ways to seek help. And so when the person was admitted to our hospital and had this history of 13 or 14 other hospitalizations, a lot of judgements are made and people talk about people in a way that reflects the medical model.

Shimon Cohen:

Can we name some of those? Because I want folks who are listening... For example, the term frequent flyer. That's a horrible thing to call a human being. What does that mean? Someone who's what abusing the system? Because when this person needs help, who wants to really be institutionalized? So I just think it's important for us to name some of this stuff too. So students who hear supervisors and professors say some of these terms, they're like, "Wait, this is really what"... Because people pick up and start repeating the things that they hear.

Dr. Dawn Belkin Martinez:

Yeah, I agree with that. And also, I just think using language, thinking about the Panthers leading by example. So using the language that we want to use is really important too. But you're right. I mean, somebody like this was called a frequent flyer and a borderline personality disorder. And lots of different negative terms that I think... I think that there's a of a lot of internalized depression that leads to people doing stuff like that.

So anyway, we had just started putting into place our Liberation Health Method. And the first thing that we did was to talk to this person and identify what it was that was preventing them from living the life that they wanted to live. And one of the things that they said was they felt like they had sort of a lump of pain inside of them that was interfering in everything.

And so the first intervention was to stop calling the person by their diagnosis. Because in a hospital, we have rounds every morning. And every morning, one of the residents will say, "This is a 63-year-old Latina woman who is," blah, blah, blah. But with fidelity to our model, we wanted to use patient-first language, or really what the person wanted to be called.

And what they said is what they were experiencing was this ball of nerves. I think it was actually a ball of nerves that was getting in the way of their functioning. And so that's how the person was identified every morning in rounds.

And boy was that a switch. Just from pathologizing the person themselves to saying, "This is a 17-year-old Latina woman that is experiencing a ball of nerves that's getting in the way of her functioning." And that shift of talking about it that way, everybody on the team talking about it that way enabled them to interface with the patient very differently. And I use the word patient only because that's the word that was used in the hospital. Everybody is a patient there. It's not the word I use in my practice.

So from there, we did a triangle. The personal factors, again, very typical medical model stuff. Lots of conflict with the dad who was working in some place in Hong Kong, and would only come back for a couple of days a week. Just a history of anxiety. The mom, daughter, just very typical what I would say, personal factors.

But then we got into the cultural, the ideological factors. And they were incredible, talking with the dad about gender roles. Like I said, the dad had this job where he was in Hong Kong most of the week, actually for sometimes weeks at a time. And he was only home for a couple of days.

And we talked a lot about why he did that. He didn't really like the long commute. It was a very long plane ride and everything, but he felt like he needed to do that to provide for his family. And then the neighborhood he lived in meant that providing for the family was having a big house and having a car.

So we discussed lots of different gender role messaging around tying your value to external things and how men are encouraged to do that. So gender role messaging was huge for the dad and also for the client, because the client had really never seen herself as a typical girl. And like I said, I would do this very differently because this was a time before there was a lot of consciousness about trans issues. And the focus at that point was around sexual orientation.

And she talked about how she had a long history of not feeling like she fit in, not wanting to play with dolls, this whole thing. And we talked about again, messages about what constitutes how can you be who you are and be doing all these different things. And playing with dolls may be something that's not on your radar screen. Does that mean you're less than? And so we got into a lot of gender role messaging stuff with the client in particular.

And also, I have to say the racism that they experienced was a factor that wasn't a big piece of the discussion. It was much more about classism, and individualism, and the gender roles, and heteronormativity, and things like that. So there were all these different factors.

And then we talked about the institutions, and she wasn't a typical learner. And the schools of course cater to one kind of learning. If you can't sit still for six hours at a time, you're made to feel less than. And that was her experience. She felt dumb and things like that.

So there was the schools, there was the sort of capital system with the dad, that was the hospital, that was the mental health treatment. So all these different factors. And getting that on the triangle for her, I mean it was many years ago that we did this. I can still remember her face like, "This is all a bunch of bullshit. This doesn't mean I'm less than," so on and so forth.

And the interventions, which involve, again, identifying the dominant worldview message, deconstructing it, introducing new information, rescuing the historical memory of change, and activism as a therapeutic intervention. Really transformed the family in so many different ways.

For one, the dad decided he didn't need to keep that job in Hong Kong. And he could actually do okay in a smaller house closer to home where he would see his daughter a little bit more. And the daughter got connected with... It wasn't a group at her school, but it was a different school. I'm trying to remember the name. It was a gay-straight alliance. And she got connected to that. And she then through there, got connected with other people that were understanding gender in a way that she did. And she left the hospital, and she did not go back to the hospital, which was pretty amazing because that was her history, and became very involved with this group of people.

And I actually saw her maybe a couple years later. I almost didn't recognize her because she looked so different. She was wearing gendered, male clothing instead of... Different clothing. And her hair was really short, and she was at an animal rights protest. And the only reason... she recognized me, I didn't recognize her. I recognized her from her voice. The voice was the same. And she said, "Hey." She was

excited to see me and things like that. And she says, "Hey, we're going to some building to just talk about the animals. You want to come?"

And I looked at my watch, and I had about a half an hour, and I was like, "Sure." So I had never gone to an animal, and that's just not an area I've been involved in. So I went to pick up a sign, kind of went along with her, and that was that. And I haven't seen her since. And I can say that the work around deconstructing dominant worldview messages, just identifying them and not focusing on the trauma history, which she did have, was transformational for her and turned her into, as Paulo Freire would say, a subject in her own life. Protagonist.

Shimon Cohen:

That's an incredible story. And I'm sure you have just so many others. It's really, really powerful. I hope people listening or reading the transcript are going to want to learn more. So I want to make sure we share that, and I can put links in the show notes on the website. But how can people learn more about the model and if they want to get trained in the model?

Dr. Dawn Belkin Martinez:

Well, the easiest way to learn more about the model is to join our liberation health group. And so we have a website, www.bostonliberationhealth.org. And we have a Facebook group and we also have a listserv. So if you don't do social media, you still can join.

And the great thing about our current historical moment is that we used to have our meetings in person. We still do have in person meetings, but we also have them remotely.

And so for example, on Friday we have monthly meetings. We have a meeting remotely, and we alternate our meetings. We meet monthly except for July and August, we take the summer off. And every other month is a case presentation. So a clinical situation, someone will describe someone or a group of people that they're working with, or maybe it's a systems issue. And we do a triangle together. And then we break down into small groups and talk about liberation health interventions.

So everybody is welcome to that, attend that meeting. And I think that's free. And we can connect with other liberation health practitioners. I know a really good friend of yours has come to our meetings and we've really enjoyed having her and learning from her.

And there's 2,800 people in this group, so you don't need to be on the same time zone. Just need to come and click on your Zoom link at the same time zone as us, which is 7:00.

And then there's the book. We wrote a book on Social Justice in Clinical Practice: A Liberation Health Framework for Social Work. And I'm sure there's ways to access the book that don't involve spending a lot of money.

There's trainings. We go to universities, we go to hospitals, we go to agencies and we train. We have a number of different trainings that we do in the model. And so you can get all that information. There's a training request form on our website. And I think there's a number of articles on our website as well that you can just download. PDFs are free.

Shimon Cohen:

That's awesome. So yeah, I'll put those links on there. And something I wanted to talk about before we wrap up is I think sometimes when people think of social work, they think of... I'm just going to try to put this all out there because sometimes I have a hard time verbalizing this idea. And this is something Charla Yearwood, who I work closely with, talks about a lot.

But for example, this idea of, white people are helping within these disadvantaged communities. So this model... we need liberation health because marginalized people need a model like this.

But this model is liberating for people that are in dominant positions as well, like the father, who also was dealing with some oppressive conditions. Because we all are. I'm not saying it's all the same for everybody. We know it's not. I don't get pulled over because of the color of my skin. I don't worry about that, or being killed by police for that. Sorry, you were going to say something?

Dr. Dawn Belkin Martinez:

Well, what I was going to say is that we all grew up under racial capitalism, and we all were exposed to those toxic ideas 24/7. Right? And so your social location and identity is a factor in how you've experienced those ideas and the institutions that interface with you. But unless your parents just raised you in a bubble and you never left, everybody experiences these toxics ideas. Everybody has the cop in their head, and we all need help. We need each other. We need a collective response to deconstruct that and develop these new stories.

Shimon Cohen:

Yeah. And so many of us who are working within all of these institutions have this too. And so if you're going to try to do something outside of that, or even if someone's like, "My job's so frustrating," whatever, it's like, well, maybe look at why it's frustrating. It's probably tied to some of it. I'd be willing to put money that it's connected. And I don't gamble, but I'd been willing to put money that it's connected to some of this, or the person who's driving you crazy is heavily influenced. And so Charla and I often talk about liberation from whiteness is healthy for white people.

Dr. Dawn Belkin Martinez:

Absolutely

Shimon Cohen:

Yeah. And I think that this model, I want folks who are listening, especially white students or who will be clinicians or just whatever they're doing. Or folks, current practitioners, how to use this with white people, or people that you think are already in these dominant positions that don't maybe want to talk about some of this stuff.

Dr. Dawn Belkin Martinez:

Yeah. So that guy that I just told you about, that family case was a white man. He had internalized what it meant to be a successful white man. And it meant producing for the market at all costs, even at the cost of losing your family.

And so as you said, all of us have internalized these toxic messages. And we need each other to identify them, to deconstruct them, to remember alternative stories. I love the work of so many radical activists that talk about the White Panthers and the... I'm trying to remember the other group. There's tons of radical white groups that have been doing amazing work for a really long time. Joe Hill. We forget. And then I think sometimes students feel like it's not my place, or I'm not being affected by the oppression in the same way, so it's not my place.

And I feel very strongly that A, the people that are the most directly affected need to lead. That's true. Because they're going to have the wisdom and the direct experiences. And our job is not one of charity. It's solidarity. We are affected by these institutions as well. And we can't be free until they're gone.

Shimon Cohen:

Yeah, I love that. And I also think when you have a model, because yours is a model, so you can say to... Because I think what I hear from a lot of white clinicians especially is, "I don't know how to talk about this with white clients." And it's like, but if you say, "Hey, I use this model, and these are the components of the model, so we're going to go through all of them. And this is the model I use. We do this with everybody." Boom. It's like now you know how to talk about it. Because you're not like, "I'm only bringing this up to you because you're white and I already think you're racist," or something. You know what I mean?

Dr. Dawn Belkin Martinez:

Yeah. I mean it would be really interesting to have another... So we have a steering committee at Liberation Health, and there were three white people on the steering committee. And it'd be great to have them talk about their experiences using this model, and how comfortable they are, and share stories about how people have been transformed as a result of this work. Yeah.

Shimon Cohen:

We'll do a follow-up. So I think doing more, and like I said, I think liberation health could be its own podcast period, and have so many episodes. But maybe that's a project we'll talk about to work on later. I want to just cover one more thing. I always do this and then the episode keeps going.

But one of the core aspects to me that it seems is necessary to be able to practice this model is to have an understanding of these political factors. And so much of education, period, and especially social work education, even though there's those policy courses, does not cover this. So how do you do that with folks?

Dr. Dawn Belkin Martinez:

Yeah. So that is a great example of how this etiology of white supremacy, and class, and race, and economics has infected our entire school system. So lots of times people, come into social work school and they're shocked to learn the stuff that they learned growing up is just not true. I mean, I don't know if you remember, but there was a group, Simon & Garfunkel, that was from a long time ago.

Shimon Cohen:

No, I know who they are.

Dr. Dawn Belkin Martinez:

Okay. Well, I didn't know. But they have this line. "If I think back on all the crap I learned in high school, it's a wonder I can think at all." And I think that that is really, that's true. And it's nobody's fault.

Shimon Cohen:

They were onto something with that line.

Dr. Dawn Belkin Martinez:

Right? So sometimes people get into this state where they feel really guilty and, "Oh my God, I didn't know this. I feel so bad." And the guilt just immobilizes them. And what we say to people is, "Of course you didn't know this. It's very intentional that you didn't know this. It'd have to be an extraordinary situation for you to know what was really going on because they keep it from you."

And so for us at the School of Social Work, it's really important to be able to present this alternative new information. And it's not new per se, but it's often new to new people.

So for example, we have a module that we did, a three-hour module on structural institutional racism. Every new professor at the School of Social Work has to take that module. They have to do it. It's an online three-hour module. It's free. Anybody can access it anywhere in the world. I can send you the link to it. And that those kinds of things are necessary in order to do this kind of work, because you need to know about these alternative stories. You need to know what you were told, why you were told it, who had benefited. And these concealed stories of change, liberation, and transformation.

Shimon Cohen:

Yeah. In the work that Charla and I do, we often hear, "I never learned any of this. Why didn't I learn?" And we have those conversations. And some of our courses are also... One of them is called Racism Has Always Existed In The United States, and it's this historical perspective–

Dr. Dawn Belkin Martinez:

That's right. The United States has never been without it. That's absolutely true.

Shimon Cohen:

Exactly. It would never exist without it. Right?

Dr. Dawn Belkin Martinez:

That's right.

Shimon Cohen:

And I did an interview with Dr. Deadric Williams. He's at University of Tennessee, Knoxville. And he talked about how race would not exist without racism. They cannot be separated.

Dr. Dawn Belkin Martinez:

That's right.

Shimon Cohen:

And that also is something people really need to understand to be able to do this work, I mean for a lot of reasons, but especially to be able to do this work.

Dr. Dawn Belkin Martinez:

Yeah. I mean, did you ever see... So my interest is in the arts, but The Matrix, did you ever see The Matrix? And you remember when Morpheus has those two pills, that can take the red pill, the blue pill? That's kind of what it's like. You take this red pill. I remember the color. You're going to go down a rabbit hole that you're like, "Whoa."

Shimon Cohen:

Yeah. There's no coming back. Once you start seeing it through that new lens, you're going to start seeing everything through that lens, which is why the powers that be are fighting people learning all this, because they don't want people to see it through that lens.

Dr. Dawn Belkin Martinez:

Yep.

Shimon Cohen:

I want to thank you so much for your time, for coming on here. And thank you so much for everything you do, for bringing us the Liberation Health Model to the world, to the podcast, to the folks listening, reading, following along. And thanks for doin' the work.

Dr. Dawn Belkin Martinez:

Well, thank you for doin' the work because you're part of the multiracial working class movement for our collective liberation. So thank you, comrade.

Shimon Cohen:

Thank you for listening to Doin' The Work: Frontline Stories of Social Change. I hope you enjoyed the podcast. Please follow on Twitter and leave positive reviews on iTunes. If you're interested in being a guest or know someone who's doing great work, please get in touch. Thank you for doing real work to make this world a better place.