CSUDH

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CRITICAL RACE PRAXIS:

A GUIDE FOR CRT-INFORMED SOCIAL WORK PRACTICE

Critical race theory (CRT) is an analytical framework that examines how race and its intersections with other markers of identity are social constructions that lay the groundwork for the systemic and institutional oppression of marginalized groups. Thus, the application of this theory into practice (praxis) helps social workers identify, examine, and address racism at all levels (interpersonal, institutional, structural) and across micro, mezzo, and macro practice. CRT has many tenets, which are not written or discussed in a standardized way. This handout includes the tenets that the CSUDH Master of Social Work program curriculum covers. This is not a complete list of the application of the CRT in social work but provides a few illustrative examples.

Tenet	Questions to Identify Tenet in Context	Implications of Tenet for Practice	Examples of Analytical Application
Racism as Ordinary and Pervasive **(Includes Whiteness as Property)**	● How are racism and other forms of oppression normalized or hidden in this context? ● How does white supremacy culture or Eurocentric values shape norms, practices, or institutional policies in this context? ● How can I help myself and other people to identify racism in all its forms (interpersonal, institutional, structural)? ● How are Whiteness and proximity to Whiteness rewarded or assumed to be rewarded in this context? ● How are commonplace statements or actions (racial microaggressions) communicating hostile, derogatory, or negative racial slights and insults?	● Acknowledging race and racial differences rather than ignoring them is recommended. ● Critical self-reflection, along with awareness of color-evasive racism, and the historical legacy of racial inequity is needed to identify racism. ● Behave in ways that are not complicit in upholding Whiteness or White supremacy culture. ● Recognize and address microaggressions that target BIPOC and other historically marginalized groups.	● Use of the tenet to critically examine how mental status exams pathologize forms of eye contact that are within certain BIPOC cultural norms because they do not conform to Eurocentric forms of communication. ● Apply tenet to explain how drug laws, which are normalized, contribute to the criminalization of BIPOC even if a policy or public discourse does not explicitly mention race. ● Apply tenet to engage in discussions or dialogues that acknowledge racism or help people to understand racism.
Race (and other social identities) as a Social Construct	● In what ways am I attributing personal traits and social disadvantages to a person or group's race-ethnicity as a fixed biological or cultural characteristic? ● How are social constructions of identity (e.g., race-ethnicity, gender, class) shaping how we perceive clients, colleagues, or	● Challenge the notion of "race as a marker of biology." ● Recognize how clients are socially constructed, racially, and otherwise ● Intervene using the cycle of socialization at all levels of practice, including	● Recognizing when researchers attribute health disparities to individual characteristics, cultural deficits, or "race-based biology" instead of social inequities. ● Use of tenet to examine how

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	community partners in this context? ● How does my language (verbal, non-verbal) and behaviors, or interactions contribute to the racialization of others?	macro-practice in various institutional settings and cultural spaces (e.g., schools, DCFS, media).	dominant ideas of the "nuclear family" are influenced by cisheteronormative, middle-class, and Eurocentric values.
Differential Racialization	● How has a racial-ethnic group's sociohistorical experience been characterized based on the dominant society's needs? ● What are the consequences of that characterization and how has that shifted across time and other contexts? ● How do racialized characterizations impact inter-group and intra-group dynamics?	● Explore how racialized depictions of groups shift over time and split BIPOC solidarity. ● Explore how racism may manifest differently for different groups and across contexts. ● Promote horizontal collaboration and focus on root causes (e.g., White supremacy).	● Apply tenet to examine how Asians have been represented as a model minority and yet are attacked for COVID-19. ● Use tenet to examine how Middle Eastern people are exoticized, viewed as harmless until they were portrayed as Muslim terrorists resulting in racial profiling by I.C.E and TSA officers.
Interest Convergence	● Does the dominant group benefit from this reform or policy change? Why or why not? ● How would including arguments that identify benefits or the interest of those in power influence the probability of reform occurring? ● Will this reform that integrates the interest of the dominant group provide significant, incremental, or no change for marginalized/target populations? How should this inform the next action steps?	● Make transparent the reasons for and resistance to reforms. ● Emphasize the impact of no reform on non-dominant social identity groups (e.g., race, gender, class). ● Advocate for reform or social change by considering the language and interests of those in power. ● Identify the root cause of resistance to the reform or social movement under consideration?	● Use of tenet to explain when companies decry anti-Black racism only when many consumers express interest. ● Consider applying the tenet to formulate an advocacy platform to expand the gender categories on agency forms by indicating to supervisor(s) that making this change will improve intake procedures and help meet the organizational mission to serve a diverse population.
Critique of Liberalism	● How am I assuming that people are born onto and navigate an equal playing field in this context? ● Am I emphasizing individual behavior, actions, or merits without considering institutional or societal barriers? ● Is this practice, policy, or institution only focused on individual outcomes? If so, how might this be detrimental to clients or community members?	● Highlight fallacy of meritocracy, equal opportunity" and individualism. ● Question and critique sole focus on individual outcomes. ● Identify patterns across individual experiences to identify the root causes of disproportionality or disparities.	● Application of tenet to critique the assumption that clinical practices treat racial groups equally or have similar outcomes. ● Using tenet to question whether a client's "non-compliance" or lateness to appointments may be due to systemic barriers (e.g., access

			to transportation) rather than a personal shortcoming.
Intersectionality	• What systems of oppression (e.g., racism, classism, ableism, cisheterosexism) shape clients' or community members' lives within and outside of this context? • How does the intersection of systems of privilege and oppression shape my positionality (social location in relation to power) in this context? • How does a combination of systems of oppression target various social group identities in this context (e.g., race-ethnicity, sexual orientation, gender, etc.)?	• Identify and assess how compounding systems of oppression shape lived experiences. • Address power and positionality openly in clinical and macro practice. • Acknowledge and affirm multiplicity of identities even within ethnic-racial groups rather than explaining experiences through one marker of identity.	• Use of tenet to examine how transgender women of color face oppression by healthcare providers due to racism, cisgenderism, and sexism. • Consider how a client's multiple social identities and cultural considerations beyond race-ethnicity (e.g., being gender non-conforming, a disability, living in poverty) makes them a target of multiple forms of bias and oppression.
Voices of Color / Counternarratives	• What dominant narratives are evident in this context? • How does the dominant narrative shape perceptions of clients or interactions among people in this context? • How can I center the lived experiences of historically marginalized populations in this context? • How can we surface or generate a counternarrative (e.g., hidden, resistance stories, transformational stories) in this context?	• Decenter dominant narratives and perspectives. • Do own work to read and listen to alternative narratives. • Value multiple ways of knowing. • Make space for and center BIPOC's (and other marginalized group's) lived experiences. • Translate counternarratives into theory and practice.	• Amplifying counterstories of BIPOC in carceral and mental health systems. • Incorporating the language used by clients (vs technical terms) in clinical documentation. • Engage the population of interest or clients as leaders in the healing or transformational process. • Seek authentic program/treatment feedback from clients or constituents. Use that feedback to improve practice.
Related Concept	**Questions to Identify Concept in Context**	**Implications of Concept for Practice**	**Examples of Application**
Brave Space	• How am I prioritizing comfort over a learning edge or constructive conflict? • How can we have controversy with civility? • Am I prioritizing my intent over the impact that my words/actions have on	• Embrace vulnerability to move beyond the idea of "safe space" to grow and challenge ideas. • Build comfort engaging in difficult conversations or decision-making.	• Addressing microaggressions and racist policies in the workplace despite the discomfort • Stopping the urge to defend yourself if you unintentionally offended someone.

	others? ● How does my positionality shape how I navigate difficult conversations?	● Acknowledge one's impact on others, irrespective of intent.	Instead of listening and learning from being "called in" or "called out."
Positionality	● What is my social position, in relation to intersectional power dynamics, in this context? ● In what ways (consciously or not) does my social position influence my professional development and values? ● How do I navigate my privileged identities, which give me power, in this context?	● Evaluate how interlocking systems of oppression (i.e., intersectionality) position you in relation to others. ● Take inventory of which of your social group memberships grant you privileges or oppression, and how. ● Consider how your social position shapes engagement with colleagues.	● If part of a dominant group (e.g., male, White, straight), consider speaking less to make space for others to speak. ● Using one's privilege to be an ally or co-conspirator for clients or colleagues who may be experiencing microaggressions. ● Not assuming similar lived experiences with clients even though you have shared identities.
Critical Reflexivity	● What unquestioned or unconscious beliefs do I hold about myself, other people, and reality? ● How can I step outside of myself to examine reality from alternative perspectives in this context? ● Do my thoughts and behaviors reflect anti-racist and anti-oppressive values?	● Examine the socially constructed nature of reality and one's role in it. ● Unlearning dominant socialization is a life-long process; learn from mistakes and realign with social work values and ethics on a regular basis.	● Create a co-learning community to engage in reflexive practice with peers. ● Engage in self-reflective activities like journaling, autoethnographic inquiry, personal narrative writing.

Handout adapted from Jeff Capps (2020, September 27). *Critical Race Theory Tenets: A Process-Based Guide for Social Work Practice.* In S. Chun Wetterau, R. Cordova, J. Capps, & L. Laguitan (Presenters) Critical Race Theory as a Tool to Dismantle Anti-Blackness in API Communities [Workshop Session]. Asian Pacific Islander Social Work Council. NASW- CA, United States.