Perspectives on Social Work

The Journal of the Doctoral Students of the
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Graduate School of Social Work

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From the Editors
Peter A. Kindle, MA, MDiv

While walking through the exhibit hall at this year's meeting of the Society for Social Work and Research, I stumbled upon the tenth volume (2004) of *Advocates' Forum*, the doctoral student journal of the School of Social Service Administration (SSA) at the University of Chicago. SSA merged into the University of Chicago about 75 years before our program was started here at the University of Houston, but I took pride in the knowledge that *Perspectives on Social Work*, in some small way, was part of a larger movement toward encouraging student scholarship. With this issue, the first of our third year, the doctoral students at the University of Houston Graduate School of Social Work are demonstrating a commitment to professional development of which we can be proud. A quick scan of our newest section – The C.V. Builder – shows even more clearly that the doctoral students are on the move.

Obviously, the successes of *Perspectives on Social Work* rely on the hard work of student author's, and this issue is no exception. Nicole Willis and Brett Needham reflect on their personal experience as dual-degree students and develop a theoretical frame of stage progressions through the dual-degree curriculum. Moisés Próspero conducts a traditional literature review comparing the costs and benefits of prevention versus treatment programs, and Gary Norman provides a synthesis of two practice theories that are often seen as mutually incompatible, showing how apparent contradictions are resolved in a person-in-environment harmony.

This issue ends with a contribution from our new Managing Editor, Amy Russell, who's extensive review of Dr. Brené Brown's book, "Women and Shame: Reaching Out, Speaking Truths, and Building Connection" should produce a few more sales. And for those nearing the end of course work, the Surfer's Report suggests a few Internet resources for grants and fellowships.

With this issue we bid farewell to the last of the founding editors of *Perspectives on Social Work.* Manuel Zamora has been an active, committed, and valuable part of the editorial staff, contributing articles, book reviews, and an outstanding Surfer's Report (Fall 2004) on policy web sites that every policy student should consult. Working with Manuel has been a pleasure because of his professionalism and insight on navigating the sometimes troubling waters of the doctoral program. The remaining editors wish Manuel good fortune as he nears completion of his dissertation.

Save This Date!

March 31, 2005

First Doctoral Social Work Student Research Symposium
Today's Research – Tomorrow's Practice

Presented by
Perspectives on Social Work
The GSSW Doctoral Student Journal
and
The University of Houston, Graduate School of Social Work

Free registration and lunch!! Low Cost CEUs!

UH Athletics/Alumni Center, 8:00 am to 3:00 pm.

Registration details will follow soon.
www.sw.uh.edu/

The C.V. Builder

Perspectives on Social Work congratulates the following doctoral students on their accomplishments

Sheree Ahart lectured at the University of St. Thomas Fall 2004 on "Women in Business" and will be doing the same this spring also. She will also be lecturing on "Substance Abuse Support Services" at the Texas Conference of School Social Workers February 2005.

Tristen Amador has been working for Hospice Care Team, Inc., earned her LMSW in 2004, and recently began teaching as an adjunct for the University of Houston-Clear Lake. She presented "A Scale to Assess the Effectiveness of a Title IV-E Training Program" with Patrick Leung at the 50th Annual Program Meeting of the Council for Social Work Education.

David Aurisano will be lecturing at the 8th World Congress of Stress, Trauma, & Coping in Baltimore, MD, this February. He will present on "Responding to Suicide in the Community."

Barbara Brandes presented a Doctoral Research Seminar titled "Airfare and Tuition, $2,400. Personal Expenses and Souvenirs, $400. Learning About Social Work in China: Priceless" for the University of Houston, Graduate School of Social Work.

Banghwa Lee Casado received a doctoral fellowship in New Hartford Doctoral Fellows in Geriatric Social Work 2004 and administered a dissertation project entitled "The Effects of Appraised Caregiver Burden on the Utilization of Home and Community-Based Formal Care among Primary Caregivers of Older Americans: Integrating the Health Behavioral and Caregiving Appraisal Models."

Peter Kindle had three articles accepted for publication. "A Comparative Analysis of Adoptive Family Functioning in Gay, Lesbian, and Heterosexual Parents and Their Children" with Stephen Erich and Patrick Leung was accepted by the *Journal of GLBT Family Studies*; "Perceptions of Social Support Among Homosexual and Heterosexual Adopters" with Stephen Erich was accepted by *Families in Society*; and "Self-reflective Helping: Foucaultian Insights on Helping and Power Dynamics" was accepted by the *Journal of Human Behavior in the Social Environment*.

Gary Norman was invited to sit on the UH Women's Resource Center's (WRC) Advisory Board beginning 2005. The role of the Advisory Board is to be a consultant on programming and planning issues for the UH WRC for on-campus and off-campus activities.

Moisés Próspero has had the article "The Role of Perceptions in Dating Violence Among Young Adolescents" accepted for publication by the *Journal of Interpersonal Violence,* and will be presenting "Strategies for Gender and Ethnic Minorities in Overcoming Barriers to Professional Advancement" at the 85th Annual Meeting of the Southwestern Social Science Association.

Leslie Raneri accepted a position as a Public Health Analyst at the U.S. Department of Health and Human Services in the Office of Adolescent Pregnancy Programs in August 2004. She completed her Masters in Public Health in International and Family Health, with a concentration in Behavioral Sciences, from the University of Texas-Houston Health Science Center in December 2004. Her MPH thesis, entitled "Risk and Protective Factors for Repeat Adolescent Pregnancy in a Tri-ethnic Sample," examined predictors of adolescents becoming pregnant with a second pregnancy within 12 and 24 months of a first live birth.

Amy Russell presented as a panel participant at the 2004 NASW/TX Annual Conference on Legislative Advocacy and also displayed a poster presentation at the conference on "Aggression Replacement Training. "

Nicole Willis has been invited to screen her video, "Dis Connected: Incarceration, Mothers and Their Children at the 12th Annual Women of Color Film Festival.

The Cost Effectiveness of Prevention Programs
Moisés Próspero, MSW, MBA

Prevention programs appear to be the first cut when financial resources become scarce. This philosophy is contrary to the ever-growing literature that reveals the effectiveness of prevention programs and their cost-effectiveness as compared to treatment programs. Although prevention programs usually do not produce immediate outcomes, they can produce long-term results that easily outperform the temporary findings in treatment interventions. This paper will provide a literature review of evaluations of the effectiveness of prevention programs and review cost-benefit analyses conducted on prevention programs from a variety of fields.

Effectiveness of Prevention Programs

Several studies have found that prevention programs have moderate effects on children's behavior (Anderson et al., 2003; Coie et al., 1993; Gorey, 2001; Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999; Kazdin, 1991; MacLeod & Nelson, 2000; Nelson, Westhues, & MacLeod, 2003; Olweus, 1994; Walker et al., 1998). For example, The Bullying Prevention Program, which is an early intervention program, included individual, family, and school participation to reduce bullying in elementary and middle school (Olweus, 1993). Schools first assess the level of bullying to raise the school's awareness and to develop their plan of involvement. Schools form a bullying prevention coordinating committee to oversee the intervention plan. Teachers hold classroom meetings to discuss bullying and enforce rules of intervention plan. If an antisocial behavior is observed, staff discussions are held with bullies, victims, and parents of involved students. Olweus (1989) conducted an evaluation of The Bullying Prevention Program using a quasi-experimental design with approximately 2500 students in the fourth, fifth, sixth, and seventh grades. The study found that after 20 months after the intervention, bullying problems were reduced by more than half for both boys and girls across all grade levels. Additionally, reductions in general antisocial behavior were higher in the second year as compared to the first, such as vandalism, fighting, drunkenness, theft and truancy.

Some prevention programs focus on changing the environment to produce a more caring atmosphere in schools rather than an authoritative one. The Child Development Project promotes cooperative learning and self-control that creates an environment where students actively participate in classroom decision-making (Battistich, Schaps, Watson, & Solomon, 1996). Interactive homework assignments with parents encourage the families to be involved with the schools and become part of the education process. Significant reductions in delinquent behaviors, including weapon carrying, skipping school, and vehicle theft, were reported in an evaluation that covered 24 schools throughout the United States (4,500 third- through sixth-grade students).

In a more comprehensive approach, Nelson et al. (2003) conducted a comprehensive meta-analysis investigating the long-term effectiveness of prevention programs for preschool children of disadvantaged families. The study found that preschool prevention programs have moderate positive effects on children's cognitive, social, emotional and parent-family relations in preschool, K-8, and high school. That is, prevention programs that were emplaced in preschool still were effective when children reached high school and beyond. Although the effects were stronger in preschool, the study also found that longer prevention interventions provided greater impact for children.

With the understanding of the effectiveness of prevention programs, several governmental officials and agencies have supported and encouraged the use of prevention programs. For example, a report by the U.S. Surgeon General recommended that children's mental health should focus on prevention rather than on treatment (U.S. Department of Health and Human Services, 1999). In a report to Congress, the Institute of Medicine (1994) stated that prevention research would play a significant role in addressing mental health disorders, even if treatment has not been successful. In addition to the effectiveness of prevention programs, government officials, agencies, and the public may not be aware of the cost-benefits that prevention programs elicit. Below is a limited review of the cost effectiveness of prevention programs.

Cost Analysis of Prevention Programs

The U.S. spends approximately $33.5 billion a year on preventable adolescent morbidities (Gans, Alexander, Chu, & Elster, 1995). The most serious, costly and widespread adolescent health problems are potentially preventable, such as unintended pregnancy, sexually transmitted infections, violence, unintended injuries, and the use of alcohol, tobacco, and other drugs (Park et al., 2001). Often, adolescent and preadolescent behaviors contribute most to the leading cause of adult mortality and morbidity. Prevention program such as health education, skills training (conflict resolution and decision-making), and public information campaigns to prevent adolescents from participating in risky behaviors can help establish, compliment, or enhance the clinical prevention services. A variety of studies have revealed the cost-effectiveness of the use of preventative services against intervention or treatment services.

The estimate above by Gans et al. (1995) includes only direct medical costs of the total impact of adolescent morbidity and is eclipsed by the Hedberg, Bracken, & Stashwick (1999) study that estimated the costs of preventable adolescent morbidities in excess of $700 billion per year. The results are higher because the authors included adolescents' risky behaviors that exponentially impact the long-term health on adults, such as adolescent smoking, drug use, violence and unprotected sex. The costs include "the value of loss of productivity and workdays due to illness, disability and premature death, legal costs associated with crime and risky behavior, the costs of treating pelvic inflammatory disease and infertility, and societal costs associated with pregnancy and childbirth, tobacco use, obesity, alcohol and drug abuse, injuries and unprotected sex" (p. 139). Even at such a high price for preventable morbidities, other preventable conditions such as depression, diabetes, asthma, dental care, and measles were not included, which would significantly raise the costs of adolescent morbidities. An estimated cost for providing comprehensive clinical preventative services to all 10-24 year olds in 1998 was $4.3 billion. The argument for funding cuts on prevention programs is not fiscally responsible when comparing $4.3 billion in prevention costs versus $700 billion in treatment cost. Although prevention will not prevent all morbidity, it is still a conservative estimate as other preventable conditions such as depression, diabetes, asthma, dental care, and measles were not included in the estimate of treatment, raising the overall costs.

A cost-effectiveness analysis conducted in family planning clinics suggests that age-based screening for chlamydia can prevent costly episodes of pelvic inflammatory disease and result in significant cost savings (Howell, Quinn, & Gaydos, 1998). School-based health centers documented savings of $1.38 to $2.00 for every dollar spent based on estimated reductions of emergency rooms use, lower pregnancies, early prenatal care, and early identification of chlamydia (Brindis, Morales, McCarter, Dorbin, & Wolfe, 1993). Barnett (1996) conducted a cost-effectiveness analysis of prevention programs investigating 27 year-old participants that had participated in preschool prevention programs. The Barnett found that the prevention programs could save over $95,000 per participant, with a return on investment of more than an $8 for every dollar invested. In another study, Cohen (1998) estimated the savings of diverting one child from a life of crime are as high as $1.7 to $2.3 million. Nix (2003) argued that implementation of preschool prevention programs should be considered even if success was limited to one child out of 100.

Conclusion

Greenberg, Domitrovich, and Bumbarger (2001) reviewed several primary prevention programs that have used quasi-experimental or randomized evaluation methods and found that these prevention programs had a moderate impact on reducing symptoms related to mental illness. The authors report that there is still a large need for future research to reveal the most effective and efficient factors related to mental health. The authors made the following recommendations (p. 37):

1. There needs to be more replication of program effects by independent investigators.
2. There needs to be long-term follow-ups to examine stability of program effects.
3. There needs to be an increase in comprehensive follow-up data to chart the developmental processes of program participants in the years after receiving interventions.
4. Greater attention to preventive interventions focused on externalizing disorders (e.g., disruptive behavior disorders), therefore, there needs to be an increase focus on internalizing disorders (e.g., anxiety or depression).
5. Intervention projects should examine effects that interventions might have on individuals with co-morbidity of internalizing and externalizing problems.
6. Outcome measures should include assessment of both externalizing and internalizing symptoms.

7. Focus on the factors in the child (e.g., gender, ethnicity) or environment (e.g., quality of home environment) that might moderate the impact of intervention.
8. There is a need for greater attention to both the measurement of dosage as well as the quality and fidelity of the intervention delivery.
9. Measures of multiple dimensions of outcome are necessary to address multiple problem behaviors (e.g., substance abuse and psychological symptoms).

Finally, Greenberg et al. (2001) report that more studies need to be conducted to evaluate the actual implementation process of prevention programs. Many children and adolescents that have a high probability of suffering from mental illness do not receive therapeutic services until they enter an intervention or treatment system, such a special education or the juvenile justice system.

Social workers are an essential element in keeping prevention programs on the political, research, and clinical agenda. The Maternal and Child Health Bureau from the U.S. Department of Health and Human Services recommended that social workers should be used to help expand the deliver system of preventative strategies, such as peer counseling, health education, and risk assessment (Parks et al., 2001). Social workers participating in political advocacy for prevention programs should have readily available results from rigorous research studies from a variety of fields, including both effectiveness and cost-benefits of prevention programs. During times of decreased revenues, federal, state, and local officials should not immediately begin cutting prevention programs with the belief that these programs are the most expendable. To the contrary, after reviewing the literature, the benefits of prevention over treatment should be convincing evidence of continued support of prevention programs, especially during a period of scarce resources.

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Person-In-(Dual) Environment: Reflecting on the Dual MSW/PhD Program
Nicole Willis, MSW and Brett Needham, LMSW

Students encounter various obstacles in the process of earning a doctorate, and these obstacles are often voiced in the literature (Brown, 1999; Chan, 2003; Chauvin, Rodenhauser, Bowdish & Shenoi, 2000). Most of the literature on the doctoral student experience is focused on the process of transition- from student to professional, professional to student and even the common familial, financial (Cusworth, 2001) and social (Leatherman, 2000) stressors faced in the process. However, there is a lack of literature on the experience of doctoral students in dual degree programs (Chauvin et al., 2000; Michael & Balraj, 2003). The bulk of existing dual degree literature focuses on *interdisciplinary* programs, with emphasis on administrative challenges such as ownership (Michael & Balraj, 2003), degree recognition cross-nationally (Rauhvargers, Bergan & Davis, 2003), budgetary control and publication credit (Mangan, 2001) and less on challenges faced by the students participating in these programs. The challenges related to intra-disciplinary dual degrees, such as the MSW/PhD dual degree are unique and have not been fully explored in the literature (Michael & Balraj, 2003). Role conflict theory can demonstrate how an intra-disciplinary dual degree such as the MSW/ PhD generates unique challenges. In this article, stages created by these unique challenges and implications for social work doctoral education will be discussed.

Role Conflict Theory: Stages in Intra-Disciplinary Transition

In pursuing dual MSW/ PhD degrees in social work at the Graduate School of Social Work at the University of Houston[1], we have struggled to meet different expectations and goals associated with each program. We also work to balance two different roles during our educational experience: masters' students studying to become practitioners, and doctoral students studying to become academicians. Roles are determined through both the degree and extent of interactions with others, as the expectations that ourselves and others have of us can be found in those interactions (Juneau, 1984; Robbins, Chatterjee & Canda, 1998). According to role conflict theory, our sense of our role(s) can be threatened when there are changing expectations within these interactions. According to Juneau (1984) recognition and exploration of existing conflicts can both minimize conflict and increase learning and professional growth. This article is the means with which our role conflict as (intra-disciplinary) dual degree students can be explored and shared.

The MSW program prepares us for practice, while the PhD program prepares us to become scholars in teaching and research (Proctor, 1996). Brett and I have faced unique challenges in the dual environment; these challenges are described in terms of stages during the dual degree process, as differing academic and role expectations manifested and evolved as we progressed through the program.

The Exploration Stage: Year One

We applied to the dual program after one semester in the MSW program. This was a time for defining long-term goals and gathering information: What is it that I want to do when I get the degrees? Do I want to work exclusively in academia, or combine teaching, research and practice? It is a time for developing networks of social support with other students; fellow students are an invaluable source of emotional and academic support. It is also a time to strategize financially for the long academic road ahead. Finally, it is a time for exploring aspects of the PhD program without the added stress of PhD coursework (for example, observing proposal/dissertation defenses,

becoming familiar with faculty interests and past comprehensive exam questions, and talking with PhD students). Due to the exploratory nature of this year, we call this time period the Exploration Stage.

The Anxiety Stage: Year Two

The second year brings with it new challenges as we take our first steps into the PhD program. PhD policy and research classes are substituted for the required MSW level policy and research requirements. This combination of MSW and PhD classes marks the beginning of the role conflict as we begin functioning in two separate academic environments with each having unique demands, expectations, and goals.

The two programs have some important differences. MSW classes are larger, and focused on group work with the goal of preparing us to become social work practitioners. PhD classes are more intimate and geared towards preparing us to work in academia. Performance in class is a very different experience in the two programs. For example, in an MSW class, one can blend into the background fairly well and not participate in that day's discussion, however, in PhD classes, daily participation is expected. Finally, MSW and PhD level classes are labor and reading intensive, but PhD level work is held to a higher standard, requiring more thorough acquisition, critical integration and rigorous depth of understanding of current research. It is at this point that we start to question our competency. Former students speak of the *Imposter Syndrome,* meaning that we ask ourselves, "How did I manage to get into this program and how long will it be before they find me out?" It is easy to feel intimidated by those experienced students who have had several years of post-MSW practice experience. Combined with the constant, daily shift between MSW and PhD roles and you have what we call the Anxiety Stage.

The Conflict Stage: Summer of Internship Immersion

The summer semester following the second year of classes presents several unique challenges. We realize during MSW graduation that we won't be going forth into the community like the rest of our peers to utilize our skills and fully develop our identity as practicing social workers. The second difficult part of the summer is that we get the chance to experience a full-time field placement as social work interns. Brett and I really enjoyed our summer internships just enough to tempt ourselves with various thoughts, yearning for a full-time income, work with clients in the community and developing our identities as competent social workers. We frequently found ourselves contemplating our dual degree decision: Can we really be competent doctoral students when we feel our roles as practitioners are so underdeveloped compared to our peers? We realized that if we did not, somehow, fit in two years of post-MSW practice experience, we would not be able to teach practice courses as faculty members (Proctor, 1996). We began to brainstorm about ways in which we could get the experience without taking a break between the MSW and PhD. Because of this struggle with role and identity, this stage is labeled the Conflict Stage.

The Challenge Stage: Year Three

Year three is when we are finally able to hang our MSW diploma on the wall, while taking our first full year of PhD classes. We must successfully detach from the practitioner role adopted over the summer. Class work is now designed to challenge our core beliefs about social work and what our roles as academicians will mean in terms of the evolution of the profession: How will we start making a contribution to our careers *and* social work research? Simultaneously, we become familiar with and align ourselves with faculty members with similar research interests. Mentorship is beneficial (Workman & Bodner, 1996); having a faculty member to provide encouragement, professional opportunities and guidance through the politics of publishing and academia is invaluable. Resolving the *Imposter Syndrome* feelings, lack of competency becomes less of a concern as we rise to the challenges put before us by professors. We begin to see our post-MSW experienced peers not as *intimidating*, but rather, as nurturing colleagues. We begin to understand that everything we don't know about social work is neither a weakness nor reflection of *incompetence*, but rather an opportunity to develop and explore a research question; an opportunity to contribute to the profession of social work. For these reasons, the third year is what we call the Challenge Stage.

The Refining Stage: Year Four

The summer after this third year and the following fall semester provide us the opportunity to explore and refine our interests through elective coursework and independent studies. By now, we discover where our passion lies in terms of research areas of interest. All work at this point is aimed at becoming intimately familiar with the

past and current research associated with our topic of interest. Independent studies are designed with the guidance from faculty members who can help us develop our interests. It is this quest to narrow down and define our interests which characterizes the Refining Stage.

Finally, these stages reflect our experiences, as we have worked to cope with the unique challenges brought forth by conflicts with identity and expectations. Looking back, we realize that we have coped with these challenges by problem-solving and changing our perceptions. We have changes our perceptions of other doctoral students, our lack of experience and knowledge as strengths from which we can only grow. We have also found ways in which to satisfy our desires and needs for our roles as practitioners through work outside of our academic lives. Most importantly, we seek social support and advisement from peers and professors as we continue to experience challenges in the dual process. We anticipate that additional stages will be faced during comprehensive exams and dissertations.

Social Work Doctoral Education: Recommendations

Both students and administrators can benefit from more knowledge about the dual degree experience, and this knowledge can be best disseminated through information sessions and research. This knowledge can both increase applicants' ability to make a better decision about whether or not they can cope with challenges/conflicts in the dual marathon, and also give admissions committees a better understanding of which dual degree applicants might be more likely to cross the finish line!

In a study by Workman and Bodner (1996), over 50% of students who dropped out of a PhD program reported that they had no idea about what to expect in their program before applying. Similarly, in a study of dual MPH/ MD students at Tulane University, less than 50% reported that they fully understood the effort and time commitment that it takes to complete their dual program (Chauvin et al., 2000). It is recommended that dual degree information sessions be lead by both currently enrolled dual degree students and an admissions chairperson so interested applicants not only hear the administrative component, but also the perspectives from current students.

In addition, more research should be done examining the dual experience in both interdisciplinary and intra-disciplinary dual degree programs. In what ways are student experiences in both of these programs unique or similar? In the literature, it is not difficult to find articles written by students describing their experiences in the doctoral program transition (Chan, 2003), however, during the literature review for this article, no such articles were found written by dual degree students about our experiences.   Doctoral student attrition rates are a concern in many programs; it is reported that on average less than 60% of students actually finish (Leatherman, 2000). There is a lack of information about the dual degree completion rate. Since the Dual MSW/PhD program began in fall of 2004 at the Graduate School of Social Work[2], ten students have enrolled (C. Brooks, personal communication, July 29, 2004).   Since spring of 2004, none have yet completed the program and there are seven of us remaining. Those who dropped-out did so because of a desire for full-time social work (C. Brooks, personal communication, July 29, 2004). It is important to conduct research on dual degree programs so that information could better assist admissions committees with knowing which students will be more likely to succeed in a dual program. Which factors discriminate between those dual students who finish and those who drop out? Does the dual degree curriculum progression of a different school have a different impact on dual degree students' experience? Also, what is the impact of dual degree information sessions on student applicants? Obtaining this information can help admissions and curriculum committees improve dual student completion rates and dual degree curriculum, respectively.

Footnotes

[1] For example, MBA/ MSW, J.D./ MBA and MSW/ J.D. dual degrees are *inter- disciplinary* degrees; MSW/PhD, M.S./ PhD dual degrees are *intra- disciplinary*. The MBA is the program most often paired in dual degrees (Michael & Balraj, 2003).

[2] See http://www.sw.uh.edu/prospectiveStudents/phd/phdBrochure.htm#dual for information on the MSW/ PhD dual degree program at the University of Houston

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Comparing Feminist and Choice Theories: Treatment and Social Reform at Odds?
Gary L. Norman, LCSW

The debate between social work treatment and social reform is centered on what is perceived to be two separate processes to affect change, one on an individual level and one on a system level. Social work treatment is intended to provide an atmosphere for individuals, couples, and families to explore options for self-change and self-growth, oftentimes adapting to their environments in order to lead a more fulfilling life, as defined by the client.

Social reform, in general terms, is examining the possibilities of social reform and social change to better suit the needs of the individuals, couples, and families. This may involve, for example, community work, political advocacy work, or legislative work. However, this may also be addressed in contextualizing psychotherapy and raising awareness of social and political structures affecting clients. This perspective maintains that social reform can be addressed and affected through individual therapy, with the requirement of a politicized and contextualized practice (Finn & Jacobson, 2003).

The basic conflict encountered is that social treatment is used to assist the client in adapting and altering themselves to their environment (Finn & Jacobson, 2003). Social reform, in contrast, is intended to affect change on a macro, larger level to alter or deconstruct its structure to better meet the needs of individuals, couples, families, or communities (Homan, 1998).

Two theories which seem to typify the contrast between treatment and social reform are Feminist Theory and Choice Theory. At initial analysis, these two theories, and their accompanying practice therapies, appear to come from divergent sources; they appear to view human problems from dramatically different orientations. However, although their core origins may be different, the two theories can work together to promote both change in the individual as well as change in society.

Feminist Theory and Feminist Therapy

Feminist Theory provides a framework for addressing social inequities through the lens of gender, power, control, and politics. This theory focuses on power balances and imbalances in relationships, whether personal, political, or systemic.

Dr. Laura Brown (1994), clinical professor of psychiatry at the University of Washington, states that feminist theory and the practice of feminist therapy is the practice of a genuinely revolutionary act in which both lives and society are changed. She states that it is a discourse that subverts patriarchy and a male-oriented worldview, which she identifies as a major source of damage to human lives, on both an individual and community basis. Subversion of patriarchy describes a process in which the power of the patriarchy is turned upon itself, to revolution and healing, a revolution that, because it is often subtle and not often obvious, can be effective even in the face of formidable obstacles. Feminist therapy, as one aspect of the feminist revolution as described by Brown, functions to subvert patriarchal dominance at the most subtle and powerful levels, as it is internalized and personified in the lives of therapists and their clients, both female and male, and in communities.

Unlike other operationalizations of feminism and Feminist Theory, which address themselves to external and overt manifestations of patriarchal oppression, feminist therapy is an empowerment based approach that concerns itself with the invisible and sometimes unconscious ways in which patriarchy and the male dominated power structure has become embedded in everyone's daily life. This dominance is seen to be to the detriment of both women and men and the relationships they form with each other and their communities. The patriarchy is in peoples' identities, manners of emotional expression, and experiences of personal power and powerlessness. Unlike other approaches to psychotherapy, feminist therapy concerns itself not simply with individual suffering but with the social and political meanings of both pain as well as healing. It has goals of the creation of feminist consciousness (Lerner, 1994) and a movement toward feminist action. The first and most important *client* of feminist therapy is the culture in which it takes place; the first and foremost commitment of feminist therapists is to radical social transformation (Lerner).

Feminist therapy is a speaking of truth to power in a voice rarely listened to by patriarchy (Brown, 1994). These components of feminist theory help to elucidate the many ways in which feminist therapists believe it is possible to behave subversively while simultaneously offering clients strategies for personal change that respect their uniqueness and diversity. Feminist therapy can be subversive and have political meaning, as therapy commonly does not, largely because of that mixture of revolution and respect; the client need never identify with feminism in order to ask feminist questions or to arrive at solutions that advance feminist goals. However, a critique of feminist therapy in light of the goals of treatment is that it may focus primarily on the culture as its client, and thus sometimes lose the person (Finn & Jacobson, 2003). This analysis highlights a point of reference for criticizing the individual outcome effectiveness of a politicized psychotherapy practice.

Choice Theory and Reality Therapy

Choice theory, and its operational practice mechanism Realty Therapy, focuses on an individualized process to identity a client's unmet needs, to attempt to meet these needs, and to assess the adequacy of this attempt. The traditional analysis of this theory and practice is that it fits solely into a narrowly defined conceptualization of treatment from a psychotherapeutic model. The intended change is meant to occur within the individual and assist them in understanding how to change their behavior to achieve their basic needs (Glasser, 2000). The intent is also to teach the individual client how to adjust and adapt to their surroundings. The clients are guided through a process of questions to identify their true basic needs, how they may or may not be achieving them, and how they can achieve them through altering their thought processes and behavioral changes (Glasser, 1965). These basic needs consist of:

1. *Surviva*l is defined as food, shelter, and safety (physiological needs).
2. *Love and Belongin*g refers to the need for relationships and social connections, the need to give and receive affection, and to feel part of a group.
3. *Power* is referring to the person being skilled, to achieve, to be competent, to be listened to, and to feel a sense of self-worth.
4. *Freedom* is defined by the need to be free and autonomous, independent, to have choices, and to be able to take control of the direction of one's life.
5. *Fun* refers to the need to find pleasure, the need to play, and to laugh and enjoy one's life.

Glasser (1984) states that the counselor helps the client to make a workable plan to get what he or she wants. The essence of a workable plan using Reality Therapy is that implementation of the plan depends on client resources rather than social reform.

Explanation and interpretation of Choice Theory and Reality Therapy includes the traditional view, which is often a pathological, individualized conceptualization of human problems, encouraging the individual to adapt to environmental and systemic situations. The critique of this approach is that the social worker may be practicing psychotherapy without a larger context in which to place the person's problems. The social worker may be primarily focused on the often narrow vision of setting a specific, attainable goal to guide the client toward and lose sight of the often societal origins or matters that encourage the disharmony of the client (Finn & Jacobson, 2003). This approach may not contribute to social justice movements and instead create an atmosphere of solely individual responsibility without an awareness of the systemic problems that can contribute to the presenting problems of clients. This approach suggests that individual adaptation to a non-social justice focused orientation toward the world can often sustain social inequalities and injustice.

Are Feminist Theory and Choice Theory Really at Odds?

The seemingly opposite theories and practices of Feminist Theory which focused often on structural change and Choice Theory which focuses on individual change are, in actuality, compatible approaches to working for both individual change as well as social change. If the practitioner maintains a broader context view of social problems while practicing Reality Therapy, then he or she creates an opportunity to address the client's basic needs (Glasser, 2000) while accommodating the larger social and political structure into the analysis of the problem, maintaining a person-in-environment perspective (Finn & Jacobson, 2003).   This approach allows the client to explore and achieve their identified basic needs while viewing their problems through a lens shaded by issues such as social expectations, control and awareness and personal/political power structures.

The delicate balance necessary in order to create a changeable person and, concurrently, a changeable society is a process of exploring the basic needs, working toward obtaining them, but also maintaining a larger perspective of the origins and systemic history of the personal problems that may be fueled by social, rather than individual, sources (Finn & Jacobson, 2003). This would seem to require of the social worker a thoughtful examination of the presenting problems and abilities to guide the process in both directions: individual needs being met while sustaining a person-in-environment perspective at all times.

In another critical analysis, a new perspective can be gained by exploring the transformational opportunities using Choice Theory and Reality Therapy in working with *proponents* of social injustices and social inequities. Instead of the traditionally defined empowerment process of guiding the clients through the system to affect their own personal and political change, this approach intervenes from the standpoint of the individuals, groups, or communities that gain from the social and political exploitation of a person or group. This indirect approach to addressing social reform and social change focuses on working with the people or communities that are, in the analysis from the Feminist Theory perspective, benefiting from exploitation and control of individuals' choices and personal options.

The assumption underlying this process is that if people who do not have a social awareness of systemic problems are able to focus on meeting their own individual basic needs, they may not be compelled to perpetuate exploitive behaviors against other individuals. Alice Miller (1983) discussed how people will often grasp for power and control when they feel they have neither. Her assertion is that if children and adults were provided with their needs, they would not look elsewhere to obtain them, often damaging the people around them.

Conclusion

If the social work practitioner can maintain a person-in-environment perspective throughout their practice, they can maintain a balance of how both Feminist Theories and Choice Theories contribute to a client meeting their needs while viewing their problem from a contextualized perspective. The decision to utilize specifically either a Feminist Therapy or a Reality Therapy, with them being viewed as mutually exclusive in operationalization, becomes less important. The importance is then on the integration of the tenets of strengths of each approach to assist the clients in meeting their basic needs while moving toward self-awareness and social awareness.

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Bookworm's Corner
Amy Russell, LMSW

Brené Brown, B. (2004). *Women & shame: Reaching out, speaking truths & building connection.* Austin, TX: 3C Press.

Dr. Brené Brown presents *Women & Shame*, a painful and universal topic for women and anyone who loves women, in a very enlightening, edifying, and intriguing style. She gracefully makes a gender-specific concern a matter of growth and empowerment. I have not been as excited about a book in some time, evidenced through my purchasing multiple copies for Christmas gifts for female family members. Dr. Brown presents the tenets of shame so honestly that the reader not only cries tears of release and discovery, but also laughs out loud; Dr. Brown's insights and interpretations originating from the interviews are bittersweet and poignant. This book is critical for women, a must-read, testament to our university and Social Work program. Dr. Brown speaks to those of us who are PhD students by revealing that research can be many things and does not have to be dry and difficult. *Women & Shame* covers vital issues relevant to the shame continuum in three areas: research methods, content, and impact.

Women & Shame is not a self-help book; however, this book can definitely help you as a woman, a social worker, a researcher, a student, and a human being. The interpretations and analysis of the data are necessary for furthering women's health, both mental and physical. This is a purely qualitative study with raw data presented in a qualitative methodological format with the results and findings subsequently interpreted. Through this methodology, the book presents concrete issues and offers real life concerns for women, accomplishing the tremendous feat of uniting us all in unique and universal issues. Qualitative typologies are presented in understandable and enjoyable formats, drawn through caricatures in the book. Dr. Brown utilizes qualitative research refreshingly via laywoman-terminology, presenting research in a package that one can readily decipher, accept, and thus pragmatically apply to one's personal experience. Qualitative terminology arises to describe phenomena from the data, such as "shame corridor" and "shame spiral". Interview quotes and raw data convey the subjects' real and frequent shame experiences in a way that not only furthers knowledge and scholarship, but also renders such learning and knowledge enjoyable and fun. All findings are interpreted from the data (p. 89).

Dr. Brown concretely guides the reader to the reality that research begins as a journey. This is extremely important to us as students, because research is a human process; knowing this increases appropriate expectations. The researcher cannot separate self from the research they are doing; it is all part of a whole. Dr. Brown presents this beautifully by using herself as an example throughout the book. Also, research need not make the subject alien; research participants read the analysis and were available for feedback about interpretations given in the book.

Regarding content, presentation of the data reveals obvious thematic patterns from the narratives of the participants. *Women & Shame* gives an academic yet understandable interpretation of the data naturally, specifically, and humanly. Even more academic is the grouping, coding, and sorting of the data to lead us to theory formation, based within reality and common sense. Theoretical foundation, including counter and supporting arguments, theory, and rationalization to shame reactions are also presented with references. The tremendous amount of work that went into *Women & Shame* is obvious, considering the hours of interviews, processing and analysis.

Format of *Women & Shame* supports the text content by allowing ease of understanding through presentation of information via concepts, catch words and phrases, qualitative interview quotes, critical analysis exercises, and specific examples of application through theory and interpretation. Within the text, the obvious political, social, gender, and research themes emerge. Examples and exercises provide necessary reality checks throughout to assist with integration of concepts and applicability. The introduction presents the transition of an idea into a genuine research study and reveals that the meaning of doing so is an emotional process. The book is formatted in a process sense, giving explanations of how the use of labels, language, and lenses influence our interpretations of everyday life. Throughout the text, Dr. Brown neutralizes this painful subject with humor and fair comedy. The initial chapter presents immediate raw data in quotes, which transitions in later chapters to immediate narrative descriptions of the data and subsequent interpretation with raw data following. Dr. Brown presents the idea of shame and contrasts this with guilt and embarrassment; her ideology of "shame resilience" evidences the logic of interpretation, giving foundation to the analysis between the differing reactions and approaches within the subjects to shame. The "Shame Web" is the typology for the sources of shame experiences, evident in thoughts of what you should be, who you should be, and how you should be. Empowering emotive reactions and approaches to the Shame Web are through "Shame Resilience" (ch.2). Findings from the study show that shame resilience consists of empathy, connection, power, and freedom. From these findings, Dr. Brown continues her analysis by discussing

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the elements of shame resilience; personal vulnerability, critical awareness, reaching out, and speaking shame. The last three chapters examine these shame areas by category; appearance, motherhood, parenting and family, identity and aging, health and sex, religion and spirituality. Derived from the findings, Dr. Brown offers pragmatic exercises via "Inside Out" boxes, to assist in gaining critical awareness. Throughout the book, Dr. Brown cites both differing and similar theories and studies of shame in research.

Impact is our gift from *Women & Shame*. Overall, Dr. Brown is fair to both genders and stays true to her research background with relevant and vital statistics (p.92). Dr. Brown avoids no controversial topics and addresses all issues shame conjures. Importantly, Dr. Brown addresses responsibility to self and others (p. 87), creation of community, and emphasizes the critical nature of personal work as both collective and political (p. 88). References to media, capitalism, and social-community expectations are well evidenced as narrative supplements potential growth and knowledge. The micro, mezzo, and macro levels or social work practice are embedded throughout *Women & Shame*. Dr. Brown reveals such social work implications in both personal and professional ways, continually showing us that research cannot be separate from self. Dr. Brown's authority in qualitative methods, research, and women's issues, as well as political and global research, is unmistakable. *Women & Shame* furthers this authority.

Dr. Brown accomplishes a paradigm shift through *Women & Shame*. This book is about women, interpreted by women, its academic endeavors benefit women, and utilizes research in a refreshing way to give us all "shame knowledge" to overcome "conflicting and competing social-community expectations" (p.30). And this knowledge building about women can be done in a new and refreshing way, reflecting a woman's style and inherent nature. What a brave and necessary endeavor! Kudos Dr. Brown! You make us all proud.

Surfer's Report
Peter A. Kindle, MA, MDiv

With apologies to Banghwa Casado who actually has experience in obtaining a doctoral fellowship (see "The C.V. Builder on page 3), the editors thought that it might be useful to begin a conversation about grant money for doctoral research in this issue. It only takes a few minutes on the Internet to conclude that there are many potential sources, and that all of them may not be easily located. Accordingly, this list is of web links is presented as suggestive, definitely not definitive, and the editors invite our readers to forward additional information about funding sources for future issues.

University of Houston's Division of Research (www.research.uh.edu) may be the place to start. The Quick Link to Funding Opportunities will provide a short introduction to the variety of funding sources, and is sure to provide at least a half day of web surfing for the determined grant seeker. While there may be some federal and state sources that are not included in links, it is hard to imagine that any are missed.

The Foundation Center (fdncenter.org) is a clearinghouse of information on grants offered by nonprofit foundations. Searchable databases assist in finding grant maker web sites, and grant seekers will find tools and tutorials to get them started. (Don't forget to sign up for the weekly newsletter listing Request for Proposals).

For a small fee ($9.95 for 30 days), **Foundation Grants to Individuals Online** (gtitonline.fdncenter.org) provides a current, searchable listing of more than 6,000 programs.

The **Institute for the Advancement of Social Work Research** (www.iaswresearch.org) includes a list of federal and foundation links under Links and Resources. The document "Funding Opportunities for Doctoral Dissertation and Post Doctoral Studies" is also available under Technical Resources where interested grant seekers will find additional tips on grant writing. (Don't forget to join the IASWR listserv. The weekly update is full of information).

Guidelines for Submission

In order to be considered for publication in Perspectives on Social Work, all submissions must meet the following criteria:

- The author must be a currently enrolled student in the doctoral program of the Graduate School of Social Work at the University of Houston
- Only original work will be considered. It is acceptable to submit a piece that has been published elsewhere or is currently under consideration as long as it is that student's original work.
- Only electronic submissions are accepted. Submissions should be e-mailed as a Microsoft Word attachment to the following e-mail address: journal@sw.uh.edu
- Submission must contain an abstract of not more than 100 words.
- Submissions for the featured articles should be 5 – 7 pages in length with not less than one-inch margins and 12-point font. Submissions for book reviews may be 2-4 double-spaced pages. Submissions must be double-spaced.
- Submissions must meet APA guidelines (5th Edition) for text, tables, and references.

Feedback Guidelines

The editorial staff encourage thoughtful responses from readers focusing on scholarly debate and dialogue. Please send feedback to Journal@sw.uh.edu