

Perspectives on Social Work

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Perspectives on Social Work

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Final Letter from former Editor

After years of graduate studies, I will be obtaining my PhD in Summer 2010. As I move towards the next steps in my career, I would like to pause and express what *Perspectives on Social Work* has meant for my development as a scholar. This has been a wondrous journey, full of excitement, stress, joy, tears, and all other emotions in between. During this process, I have met amazing people, and I have had the opportunity to experience amazing phenomena. I remember the trepidation with which I approached the first article I reviewed. However, as time went by, I became more and more confident in my ability to perform this task well. This experience will serve me well in the future, both as a writer and as a reviewer for the advancement of the profession of social work.

If I had not had the experience with PSW, my doctoral education would have been so much the poorer, and my development as a scholar would not have been as well rounded. I cannot express enough gratitude to Dr. Maxine Weinman Epstein for the fabulous opportunity she affords the students at the Graduate College of Social Work at the University of Houston to learn to review articles and to produce a high quality journal. One of the best parts of my PhD studies was the time spent with *Perspectives on Social Work*, both as a reviewer, and as an editor. I am extremely proud of the work we have done here, and humbled by the opportunity to be part of this amazing journal.

Elena Delavega

From The Editors

We are pleased to present the Spring 2010 Issue of *Perspectives on Social Work*. Submissions for the issue reached record levels and represented a wide range of topics from a diverse array of doctoral students. We have seen the quality of submissions rise and our job has become more difficult as we have had to select the few articles to be published from among so many interesting and worthy choices. We appreciate the efforts of all doctoral students who have submitted manuscripts, as well as those who have contributed to our peer review process by reading and commenting on the submissions. This journal would not be possible without the contributions of the writers and reviewers as well as the members of the Editorial Board. We would like to welcome the newest members to the editorial board and congratulate them on their efforts in the review process: Amanda Ford, Alicia LaChappelle, Melissa Torres, and Rhonda Patrick.

Furthermore, we would like to give a special thanks to those who accepted our invitation to review submissions for this issue. With your numerous personal commitments and deadlines, we appreciate your efforts in reviewing articles during a busy semester. The invited reviewers for this issue include: Roberta Leal, Grace Loudd, Gargi Bhowmick, Takeisha Plowden, Venus Tsui, Nadia Kalinchuk, and Darla Beaty. Outside reviewers are invaluable members of the review process and must be acknowledged for their support in *Perspectives on Social Work*. The invited outside reviewers for this issue include: Scott Easton (University of Iowa), Kristina Webber (UNC at Chapel Hill), and Marva Augustine (Indiana University).

We thank you all for your dedication and hard work in making *Perspectives on Social Work* a success!

Best regards,
Corrine Walijarvi & Monique Pappadis

The CV Builder

University of Houston, Graduate College of Social Work

Perspectives on Social Work congratulates the following doctoral students on their accomplishments during fall 2009 through spring/summer 2010.

Darla Beaty will be an Assistant Professor in the School of Social Work at West Texas A&M University after graduation and will start in August 2010.

Venus Tsui has presented a poster at the 2010 Joint World Conference on Social Work and Social Development: The Agenda in Hong Kong. She was awarded the Best Abstract Award for Researcher for her poster titled “Intimate partner abuse against men: A research agenda for an understudied and underserved population.” She has published and/or received acceptance for the publication of the following articles:

Tsui, V., & Cheung, M. (2011, in press). Chinese male victims in intimate partner violence: Examining help-seeking behaviors through a systems perspective. *China Journal of Social Work*.

Tsui, V., Cheung, M., & Leung, P. (2010). Help-seeking among male victims of partner abuse: Men’s hard times. *Journal of Community Psychology*, 38(6), 769-780.

Leung, P., Cheung, M., & **Tsui, V.** (2010, Accepted). Help-seeking behaviors among Chinese Americans with depressive symptoms. *Social Work*.

Venus Tsui and **Ada Cheung** presented a juried paper at the Society for the Social Work and Research 14th Annual Conference (2010, January) in San Francisco, CA on “Linking depressive symptoms to help-seeking preference among Pakistani Americans” with Monit Cheung and Patrick Leung.

Elena Delavega translated into Spanish an article for *The Catholic Worker* and was elected as the Delegate Assembly Diversity Representative from Texas (Position 6) for the National Association of Social Workers. She has presented at the 73rd Annual Meeting of the Southern Sociological Society (SSS) in Atlanta, GA and also at the 36th Annual Meeting and Educational Leadership Conference of the Association of Gerontology in Higher Education (AGHE) in Reno, NV. She has been accepted for presentation at the Annual Program Meeting at CSWE in Portland, OR, the NASW/Texas 34th Annual State Conference in Houston, TX, and the Gerontological Society of America’s 63rd Annual Meeting in New Orleans, LA. She has published the following articles:

Cheung, M., **Delavega, E.**, Castillo, I., & Walijarvi, C. (2010). Practical insights from interviews with day laborers. Submitted to *Journal of Ethnic & Cultural Diversity in Social Work*, forthcoming.

Bailey, J., & **Delavega, E.** (2010). Rules on The Hague and the Intercountry Adoption Act: Public comments and the state’s responsiveness. *Journal of Policy Practice*, forthcoming.

Cheung, M., & **Delavega, E.** (2010, in press). Book review of *Treatment of traumatized adults and children: Clinician's guide to evidence-based practice*. *Research on Social Work Practice*. doi:10.1177/1049731510370038

Monique R. Pappadis gave an oral presentation at the 2010 Joint World Conference on Social Work and Social Development: The Agenda in Hong Kong. She was awarded the University of Hong Kong Student Award for Outstanding Abstract for her abstract titled “Perceived environmental barriers of persons with traumatic brain injury.” She was recently awarded the University of Houston’s Alpha Phi Honor Society Honorable Mention Award and the

International Education Fee Scholarship-Houston Junior Chamber of Commerce Scholarship (IEFS-HJCC). Along with Angelle Sander, Ph.D. and Margaret Struchen, Ph.D., she was received the David Strauss, Ph.D. Memorial Award for outstanding poster presentation by the American Congress of Rehabilitation Medicine Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) for their poster titled “Perceptions of community integration in an ethnically diverse sample” at the annual meeting of the ACRM-ASNR Joint Educational Conference in Denver, Colorado, in October 2009.

In addition, Monique R. Pappadis was invited to give an oral presentation titled “A TBI education program for persons from diverse backgrounds” at the Community Integration of Persons with Traumatic Brain Injury, Advances in Research and Implications for Treatment Conference in Houston, TX, in September 2009. She also presented along with A.M. Sander and M.A. Struchen the posters titled “Relationship of attitudinal barriers and community integration to psychosocial adjustment to disability in persons with traumatic brain injury” and “Validity of the Acceptance of Disability Scale for persons with traumatic brain injury in an ethnically diverse sample” at the ACRM-ASNR Joint Education Conference in Denver, Colorado, in October 2009. She recently received notification that her abstract titled “Impact of traumatic brain injury on quality of life and self-concept: Perspectives of survivors in an ethnically diverse sample” was accepted for presentation at the 2010 ACRM-ASNR Joint Educational Conference in Montreal, Quebec, Canada in October. She has published the following articles:

- Pappadis, M. R.**, Sander, A. M., Struchen, M. A., Leung, P., & Smith, D. W. (in press). Common misconceptions about traumatic brain injury (TBI). *Journal of Head Trauma Rehabilitation*.
- Sander, A. M., **Pappadis, M. R.**, Clark, A. N., & Struchen, M. A. (in press). Perceptions of community integration in an ethnically diverse sample. *Journal of Head Trauma Rehabilitation*.
- Clark, A. N., Sander, A. M., **Pappadis, M. R.**, Evans, G., Struchen, M. A., et al. (in press). Caregiver characteristics and their relationship to health service utilization in minority patients with first episode stroke. *NeuroRehabilitation*.
- Sander, A. M., Clark, A. N., & **Pappadis, M. R.** (2010). What is community integration anyway?: Defining meaning following traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 25(2), 121-127.
- Sander, A. M., **Pappadis, M. R.**, Davis, L. C., Clark, A. N., Evans, G., Struchen, M. A., et al. (2009). Relationship of race/ethnicity and income to community integration following traumatic brain injury: Investigation in a non-rehabilitation trauma sample. *NeuroRehabilitation*, 24(1), 15-27.

Josephine Tittsworth was recently awarded the Dee McKellar Award by the Houston Transgender Unity Committee on May 1, 2010. She also produced the *Second Annual Texas Transgender Nondiscrimination Summit* held at Rice University in Houston, Texas from July 20-23, 2010, which received funding from the Hollyfield Foundation in Houston. She was invited to lecture along with A. Lev on “What social workers need to know about gender identity: Transgender, transsexual, and gender non-conforming experience” at the NASW Specialty Practice Sections CEU Teleconference on January 13, 2010. She has also taught the English 4341: Queer Theory course during April 19-23, 2010 for Professor Maria C. Gonzalez, Ph.D. at the University of Houston. She has presented “Creating Transgender-Inclusive College Policies and Practices” (2010, February) at the Creating Change Conference in Dallas, TX with G. J. Beemyn and K. Stewart, sponsored by the National Gay and Lesbian Task Force. She received acceptance for presentation on “Transgendered Nondiscrimination Summit” (2010, September) with K. Stewart at the Southern Comfort Conference in Atlanta, GA. She has published the following manuscript:

Erich, S., **Tittsworth, J.**, & Kersten, A. S. (2010). An examination and comparison of transsexuals of Color and their White counterparts regarding personal well-being and support networks. *Journal of GLBT Family Studies*, 6, (1), 25-39.

David Flores was recently an Honoree at the University of Houston's Graduate College of Social Work's "Heroes Among Us" award ceremony and is the award recipient of the University of Houston's Phi Alpha Honor Society Mu Lambda Chapter Scholarship and the MD Anderson Social Work Fellow Scholarship for his extraordinary work. He has presented and/or received acceptance for presentation of the following oral presentations:

Flores, D.V. & Torres, L.R. Challenges in Assessing Mental Health Issues in Latinos , Oral presentation to be presented at the NASW/Texas 34th Annual State Conference, October 8-10, 2010, Houston, TX.

Lopez, S., Torres, L.R., & **Flores, D.V.** *Culturally Competent Practice with Hispanics: Challenges and Opportunities*, faculty development presentation, to be presented at 56th Annual Program Meeting of the Council on Social Work Education, October 14-17, 2010, Portland, Oregon.

Flores, D.V. *Latino Perceptions and Barriers to Healthcare in the Southwest United States*, Oral presentation at the 14th Annual Society for Social Work Research Conference: A World of Possibilities, January 14 - 17, 2010, San Francisco, CA.

Flores, D.V. *Hispanics Barriers to Healthcare Utilization and Healthcare Reform*. Shaping Transitions: A Social Work Perspective in Research, 6th Annual Doctorial Symposium, University of Houston Graduate College of Social Work, March 4, 2010, Houston, Texas.

Flores, D.V. *Latinos and Cancer: Overcoming Challenges and Providing Effective Care*. Invited oral presentation, University of Texas MD Anderson Cancer Center, June 29, 2010, Houston, TX.

Corrine Walijarvi presented a paper titled "Measuring grief: Difficulties and opportunities" along with A. Weiss at the 14th Annual Symposium of the National Alliance for Grieving Children, which was held June 24-26, 2010 in Cleveland, Ohio. In addition, her abstract titled "Difficulties and implications of measuring abstract constructs in social work research: The example of grief" was accepted for oral presentation at the Sixth Annual Doctorial Social Work Student Research Symposium, which was held on March 4, 2010 by the Graduate College of Social Work at the University of Houston.

Empowerment and Child Welfare Clients

Rebecca G. Mirick, LICSW
Simmons College

Empowerment is a key element of social work practice. The NASW Code of Ethics (NASW, 1999) begins with the statement “The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (p. 1). Although the Code of Ethics clearly states an obligation on the part of social workers to empower their clients, it does not define this complex concept. A 1994 article in the NASW journal *Social Work* does define it, saying that empowerment has two parts: (a) personal empowerment, which is similar to self-determination and recognizes the inherent uniqueness of each client, and (b) social empowerment, which acknowledges that individuals cannot be separated from their environment and that people must have access to certain resources to be able to influence that environment (Cowger, 1994).

The Code of Ethics does not explain how, or under what circumstances, empowerment should occur. Although the implication is that empowerment should always be a goal of social workers, it does not discuss the circumstances in which the empowerment of a client might not be beneficial, or where it is difficult to comprehend how the empowerment could take place within a disempowering system. There are several examples of situations like this. One is that of a social worker who is working with a parent whose children are in the custody of the state. These parents are often working closely with the state’s child welfare services.

A child welfare agency most frequently becomes involved with families due to allegations of abuse or neglect. When these allegations have been substantiated and children are taken into state care, parents must work with child protective services (CPS) on a service plan. The parents must work on the goals highlighted on the service plan before the case will be closed or the children returned home. Recent national child welfare legislation has placed legal pressure on parents and caseworkers to accomplish this task within twelve months or determine another permanency plan for the child, such as adoption or guardianship. Noncompliance with the goals of the service plan, commonly defined as not attending mandated treatment, often leads to the child remaining in state care (Atkinson & Butler, 1996; Jellinek et al., 1992).

Clients often feel disempowered and powerless in their interactions with child welfare services and feel like the power of CPS is unlimited (Diorio, 1992; Dumbrill, 2006). Parents who are already experiencing oppression due to their race, gender, social class, education level, or lack of access to resources are at higher risk of being further disempowered when working with a government agency like child welfare services. Statistics show that more than half of the children involved with child welfare are non-white and the majority of families are affected by poverty (Sedlak & Broahurst, 1996; U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2009).

With this basic understanding of child welfare services and the parents they serve, the empowerment of parents appears to be a desired goal for this population. However, a deeper understanding of the child welfare system accesses the realization that this system does not reward empowerment. Expressions of empowerment, either personal or social, can be interpreted by the system as disrespectful or a demonstration that the parent does not place a high priority on regaining custody of the child (Reich, 2005). As a result, parents and families can experience serious consequences from empowerment actions.

The child welfare system and empowerment

Although child protection agencies ideally work collaboratively with parents and families, research that has looked at the child welfare system in the United States suggests that the system responds more positively to deference and compliance than to engagement and empowerment (Reich, 2005; Smith, 2008). Deference to a child protection worker and to the system is understood as an expression of a parent's commitment to regaining custody of the child and willingness and motivation to change. It is also seen as recognition that there is a problem and that the parent is seeking help with this acknowledged problem. Parents who attempt to be empowered or "stand up for themselves" are often labeled as non-compliant, angry or unwilling to change, and can be penalized for those actions, either through a delay in the child's return home or through termination of their parental rights. Expressions of anger, even self-righteous, justified anger, can be seen as evidence of a parent's loss of control or lack of desire to make the changes necessary to regain custody of the child. Some parent who remain angry during their involvement with child welfare services are never able to reunify with their children (Reich, 2005).

Compliance and deference, which can be seen as the antithesis of empowerment, are surprisingly highly valued in the child welfare system. Some research shows that compliance is valued even over behavioral change (Reich, 2005; Smith, 2008). Although, unsurprisingly, compliance with mandated treatment services is strongly correlated with family reunification (Atkinson & Butler, 1996; Jellinek et al., 1992); this relationship is stronger than might be expected. Compliance influences the speed at which children are returned home even when controlling for continued substance use or the presence of another problem that led to the child being removed (Smith, 2003)

The context of child welfare services leads to an ethical dilemma for social workers who are working with parents who are receiving child welfare services: Should they empower clients when they are involved in a system that does not reward empowerment? While the Code of Ethics sets forth empowerment as a goal for social work clients, it does not address what action to take in a context where empowerment is not appreciated or whether empowerment is always an ethical clinical choice.

What options does a clinician have?

Social workers have several options for addressing empowerment with CPS involved clients. These options involve making choices around how to acknowledge the power issues and lack of empowerment clients often experience in CPS work, as well as deciding whether to actively advocate for clients and change within the system.

One option is to take a collaborative approach to work with clients, acknowledging the power issues inherent in CPS involved work and addressing them both directly and through techniques designed to help mandated clients successfully engage in the work. Altman and Gohagan (2009) suggest doing this through the framework of Reactance Theory, which understands that people have predictable, normal responses to a loss of freedom. These responses include specific behaviors, such as anger and defiance, which can lead to a client being labeled as resistant or non-compliant (Brehm, 1966; Rooney, 2009). Child welfare involvement is accompanied by many such losses of freedom, such as the loss of custody of a child or the requirement to attend treatment services. Clinicians can apply techniques drawn from Reactance Theory, such as being clear about the boundaries of the work and confidentiality, naming and clarifying power differentials, offering choices and highlighting the client's right to self-

determination. All these can lead to successful collaborative work with clients. Although collaborative work gives some power back to the client, ultimately compliance with a mandate to attend treatment, and work on specific goals from the client's service plan will probably be necessary for the client to quickly regain custody of the child.

A second approach reflects a Freirian analysis of the individual problem (Freire, 1993). Paulo Freire, a Brazilian educator and consciousness raiser, believed that the role of social workers lay in helping clients gain an awareness of the larger issues of oppression and power that may explain the etiology of individual problems. Through this awareness and knowledge, he believed that change could occur (Carroll & Minkler, 2000). Although clients may be penalized for seeking empowerment within the CPS system, social workers can discuss with clients issues of power, compliance, and oppression within this system and increase awareness of the lack of appreciation for empowerment. Increasing critical consciousness, as Freire recommends, and having an honest discussion about the choices available to a client and the possible consequences of those choices can be a personal empowerment approach, placing priority on the client's right to self-determination. This approach acknowledges the client's powerlessness within the system but also highlights that her response to the system is her choice—and she may choose to gain power by showing deference and continuing to appear powerless.

A third empowerment approach focuses on social workers themselves advocating for systemic change within the child welfare system. This reflects the concept of social empowerment, that individuals are closely intertwined with their environment and must have access to necessary resources, and recognizes the power and privilege inherent in the position of social worker versus client (Weinberg, 2006). Several changes in policy and agency culture would support increased parental empowerment in a population whose demographics suggest many are already disempowered. An effort to educate direct service child welfare workers about psychological reactance and resistance would help workers develop alternative, less negative explanations for parental noncompliance and lack of deference and be able to better tolerate and understand empowered parents. A push towards more collaborative work with families is already happening at the administration level of some states' child welfare agencies. More education for direct service workers around how to work collaboratively with parents would benefit both parents and workers. Changes that bring child welfare practices more in line with the Code of Ethics, which identifies dignity and worth of the person and the importance of human relationships as two of social work's core values, would also be valuable to both families and workers.

Making these changes within child welfare services would allow the institutional culture to better match the values set forth in the Code of Ethics: service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence. These changes would not cause children to be removed less often or returned home more quickly but by acknowledging parents' own worth, treating them with respect and dignity and allowing them to advocate for themselves in positive ways, the relationship between child welfare services and parents could be strengthened and changed. In a child welfare agency with a culture which welcomes empowered parents, social workers working with these clients would be able to work with them towards both personal and social empowerment without being concerned about the potential cost of that work to the parent and to the child.

Conclusion

Social workers face difficult decisions when working with parents who are involved with child welfare services. Although the NASW Code of Ethics requires that social workers work towards empowering clients, especially those who have experienced oppression due to their minority status, the child welfare system rewards deference and compliance, not empowerment. Social workers must seriously consider the possible consequences of empowerment for their clients before acting and explore ways to work towards empowerment within this system.

References

- Altman, J., & Gohagan, D. (2009). Work with involuntary clients in child welfare settings. In R. H. Rooney (Ed.), *Strategies for work with involuntary clients* (2nd ed., pp. 224-347). New York: Columbia University Press.
- Atkinson, L., & Butler, S. (1996). Court-ordered assessment: Impact of maternal noncompliance in child maltreatment cases. *Child Abuse and Neglect, 20*, 185-190.
- Brehm, J. W. (1966). *A theory of psychological reactance*. New York: Academic Press.
- Carroll, J., & Minkler, M. (2000). Freire's message for social workers: Looking back, looking ahead. *Journal of Community Practice, 8*, 21-36.
- Cowger, C. D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work, 39*, 262-269.
- Diorio, W. D. (1992). Parental perceptions of the authority of public child welfare workers. *Families in Society, 73*, 222-235.
- Dumbrill, G. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse and Neglect, 30*, 27-37.
- Freire, P. (1993). *Pedagogy of the oppressed* (2nd ed.). New York: The Continuum International Publishing Group, Inc.
- Jellinek, M. S., Murphy, M., Poitras, F., Quinn, D., Bishop, S. J., & Goshko, M. (1992). Serious child maltreatment in Massachusetts: The course of 206 children through the courts. *Child Abuse and Neglect, 16*, 179-185.
- National Association of Social Workers. (1999). Code of ethics of the National Association of Social Workers. Washington, DC: NASW Press.
- Reich, J. A. (2005). *Fixing families, parents, power and the child welfare system*. New York: Rutledge.
- Rooney, G. D. (2009). Oppression and involuntary status. In R. H. Rooney (Ed.), *Strategies for work with involuntary clients* (2nd ed., pp. 349-387). New York: Columbia University Press.
- Sedlak, A. J., & Broahurst, D. D. (1996). *Third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.
- Smith, B. D. (2003). How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare, 82*(3), 335-365.
- Smith, B. D. (2008). Child welfare service plan compliance: Perceptions of parents and caseworkers. *Families in Society, 89*(4), 521-532.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2009). *Child maltreatment 2007*. Washington, D.C.: U.S. Government Printing Office.
- Weinberg, M. (2006). Pregnant with possibility: The paradoxes of "Help" as anti-oppression and discipline with a young single mother. *Families in Society, 87*, 161-169.

Complexity Theory as a Conceptual Construct for Understanding Client Change

Dana E. Prescott, JD, LMSW
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Introduction

Every “science begins as philosophy and ends as art; it arises in hypothesis and flows into achievement” (Durant, 1926, p. 2). This quote has particular import for the social work profession when considering the historic tensions between the broader pursuit of social justice within a community or organization and the targeted delivery of interventions to individuals, couples, or families (Gerber, 2007; Marx, 2004; Reamer, 1999). A prominent and fundamental feature of the social work profession at either tier, and the gaps between, is the commitment to understanding and effectuating *change* – a value-laden term that profoundly influences intervention frameworks and strategies, and the measurement of successful or unsuccessful outcomes (Ford & Urban, 1998; Reamer). For the social work profession, the epistemology of evidence-based practice [EBP] is, at its core, the application of *systematic* forms or structures to the scientific and clinical conceptualization of human change and adaption (Pollio, 2006).

The physical sciences have posited that organic and inorganic systems are never static, but exist on the edge of cooperation and turbulence at every level of adaption and re-organization (Butz, 1997). This phenomenon is identified in the literature as *complexity theory*, which provides a model for understanding the non-linear process by which diverse systems self-organize. The study and application of complexity theory to individual and organizational systems parallels the emphasis on EBP as a means of deconstructing the intersection between the effectiveness or efficacy of therapeutic interventions, the capacity for client change, and objective measures for that change (Pollio, 2006; Proctor & Rosen, 2008; Witkin & Harrison, 2001). An emphasis on EBP is not without its pitfalls precisely because positivist or reductionist concepts of evidence can potentially draw social workers toward linear cause and effect measures that may become so rigid as to neglect individual or cultural differences (Gambrill, 2007; Kirk & Reid, 2002; Pollio, 2006). For purposes of bridging this gap between intuition and induction or observation and deduction, however, social work educators and practitioners are conceptualizing the emerging science of complexity theory, rooted in biology and physics, as a paradigm for thinking about how individuals and organizations change through ever-evolving interactions and adaptations (Butz, 1997; Byrne, 1998; Halmi, 2003; Stevens & Cox, 2008).

Indeed, it is this quest for a theory of what and how institutions and individuals change that has driven the achievements of social work for a century (Aldarondo, 2007; Marx, 2004). The earliest components of the social work tradition, as brokered by Mary Richmond and her contemporaries in the early 20th century, encouraged transformative change in social and political systems, as well as individuals living within these vibrant, adaptive, and chaotic systems (O’Connor, 2001; Tyson, 1995; Wolf-Branigin, 2009). In the clinic and the field, social workers developed and applied theories of change like *imaginative sympathy*, *mindfulness*, *therapeutic alliance*, or some other means of metaphorically describing a moment when the exchange of information thereby transformed *an other* (Anderson & Gehart, 2007; Castonguay, Constantino, & Holtforth, 2006; Duncan, Miller, Coleman, Kelledy, & Kopp, 2000; Madsen, 1999).

What made Richmond’s work so important, however, was that *valuing* change was not enough. If the social work profession accepts the maxim that theory drives practice then the

quest for empirical constructs that reveal and explain *patterns of change* within and through individual and organizational systems is the foundation for developing more scientific and ethical practices. Thus, professional social workers must understand and observe change within a scientific method that can be articulated and replicated (Padgett, 2009; Pollio, 2006; Tyson, 1995).

Complexity Theory and Social Work Practice

A few decades ago, the physical sciences undertook a transdisciplinary approach to exploring and understanding changes or adaptations that occur in nonlinear systems (Waldrop, 1992). Applying an eclectic array of knowledge from fields as diverse as physics and economics, this new science was labeled, though somewhat misleadingly, as *chaos theory*, from which evolved theories of *complexity*. For purposes of this paper, the distinctions are not as important as the common features: systems (individual or institutional) seek optimal stable states but these stable states are never static states (Butz, 1997; Byrne, 1998; Davies & Gribbin, 1992).

In complexity theory, individual and systemic change does not occur in isolation but is always relative to some other point in space and time. Complexity theory posits that the aggregation of these points may reveal *complex patterns* – even seemingly opaque ones – from which it is possible to measure visible changes and adaptations. The objective is to find observable patterns in ever changing environments, without assuming that all that appears chaotic or irrational is without explanation. Beinhocker (2006) aptly suggests that it is more productive to view human systems, in particular, as a “buzzing hive of dynamic activity, with no equilibrium [point of rest] in sight” (p. 19). Unlike some social scientists, when physical scientists “talk about a system’s being dynamic,” or changing over time what “they mean is that the state of the system at a current moment is a function of the state of the system at a previous moment, and some change in between the two moments” (p. 100). In dynamic systems, these changes (or adaptations) form *chains of relationships* or *feedback loops* which may prove an interesting means of thinking about iterations of choice as individuals and systems adapt and change. Although Beinhocker is discussing economics or market-based models, the social work profession has, for decades, considered various theories of change as a function of open and closed systems that are subject to feedback, outcomes, equilibrium, and homeostasis (Friedman, 1997).

The basic difference between the social work tradition of systems theory, and a more sophisticated understanding of complex systems as observable and measurable, is that complexity theory holds the potential for a more holistic and empirical conceptualization of change (Butz, 1997; Stevens & Cox, 2008; Woehle, 2007). This is plausible because the development of a social work science *specific to the act of change* nudges social work from narrow, linear notions of cause and effect (too often preoccupied with the “why” question or a motive-fault paradigm) to a “what” paradigm. What is observed? What patterns are revealed by iterative choices in opposition to another? This is an important and necessary shift in traditional social work research which is often based on experiments or surveys that are “snapshots in time, rather than continuously moving pictures” (Woehle, 2007, p. 150).

To be clear, an understanding of “what” is unlikely to be revealed through conventional theories of personality structure or the literal interpretation of client classification into psychiatric categories—most of which are scientifically indeterminate and inadequate as EBP for observing and measuring change (Gambrill, 2007). Stated another way, the non-linear range of client *choices* yields *sets* (plural) *of patterns* that occur within a beginning (intake), a middle

(intervention), and an end (termination). The objective is to observe these choices so as to allow a snapshot at each specific time horizon from which a form of reverse engineering may reveal feedback loops: initial condition (a) → change → imbalance → adaption → initial condition (b).....initial condition(c).

Unlike the trajectory of a missile, of course, human behavior does not lend itself to a few linear equations. Fortunately, complexity theory presupposes that even if social scientists are unable to characterize all variables in a non-linear system completely, patterns of future preferences and self-organization may still be predictable given sufficient historical data and a matrix of observed outcomes (Heiby, 1995; Miller, 1999; Skar, 2004). To accomplish such a task requires the collection of time series data identifying disproportionate changes in parametric values, (bifurcation), sensitivity to initial conditions, and an irreversible hierarchal change, or self similarity (Heiby, 1995). These elements are important because “change” always means “change from what”? This question then underscores the proposition that complexity theory provides a theoretical rationale from which to identify initial or critical historical conditions and emergent adaptations by the client (Butz, 1997; Heiby, 1995). If these elements of change are then observable, measurements may be taken from a state of organization to other states of organization over various time horizons. Observation is possible because, like other non-linear systems, human systems possess spontaneous, self-organizing dynamics that may reveal identifiable patterns or, in another important scientific sense, networks (Taylor, 2001; Woehle, 2007).

Reflective Caveats

Social workers observe clients and organizations under stress, in stark conditions of uncertainty, and often in the environmental crucible of the judicial and mental health systems. Within a client’s environment, the notion of change as a snapshot-in-time, a static event, or an “aha” moment is easy enough to nullify as a matter of logic. It is not so easy to do as a matter of professional training and habit. As Richmond reasoned nearly a century ago, a social worker in the field or in a chair must have a structure for observing and measuring change. How social workers thereby “think about” change influences how we observe and interpret what we see and feel so as to adjust our interventions accordingly. Given “properly specified initial conditions” insights into patterns of client choice enhance “the ability to understand the process of human changes, which is every bit as important, and deserves as much attention, as understanding specific interventions to promote change” (Warren, Franklin, & Streeter, 1998, p. 368).

Feelings and intuition are wonderful aspects of the art of social work but empirical science requires much more deliberate precision. There are two reasons for urging complexity theory as an emergent theory of client change in social work practice. First, observation and measurement requires an understanding of individuals, families, and institutions as coevolving systems that possess features of physical systems: initial conditions, changes, and adaptations. Second, these features are non-linear and occur in real time within the compression and uncertainty of conflict. As it relates to human beings, complexity theory is akin, but not metaphorically or scientifically the same, as the study of complex physical systems that occur in physics, chemistry, or biology.

Nevertheless, the social work profession must be careful to avoid the overbroad application of complexity theory or risk errors similar to proponents of EBP who interpret the success or failure of interventions only through that lens. For example, when researchers attempt to simplify causal relations by creating normal distributions through creative forms of statistics

and probability, the risk is that the privileged authority or economic power of the proponent buttresses a hypothesis that ignores how that knowledge is brokered and, thereby, encourages inappropriate interventions (Gambrill, 2007). As evidenced as well by too much of social science history, an even more irresponsible risk is to ignore cultural narratives unfamiliar to the observer or circumstances of oppression, disability, gender, or socio-economic disparity that may generate unethical assumptions (Kamya, 2007; Maxie, Arnold, & Stephenson, 2006; O'Connor, 2001; Tyson, 1995).

A Conceptual Conclusion

My own observation of clients during divorce or family dislocation yields the proposition that repeated choices (and chains or loops of those choices) often occur in an environment in which change may be assessed at two tiers: (1) a *behavioral* effect that alters the actions of each individual or pair of individuals and (2) an *hermeneutic* affect that changes the belief(s) each person has when acting in opposition to another. Whether or not the external or internal features of the human condition are predictable may be irrelevant to the existence of tangible and identifiable patterns that reveal adaptation from an initial condition. Quite properly, there is a need for intellectual and ethical caution because any effort at measuring human change risks labeling the proponent as a reductionist, determinist, positivist, or reificationist (Pollio, 2006; Halmi, 2003).

Probable outcomes, not absolute certainties, require the social work profession to retain a modest approach toward the limits of empirically knowing another person or system. How to identify dynamic patterns by systematically collecting information relevant to the client remains the challenge for researchers and practitioners. How to do so without discarding the essential elements of social work as the delivery of ethical, humane change to another human life, implicates the complex tensions and relationships between authority and privilege (Anderson & Gehart, 2007).

Nevertheless, a science of complexity for social work has the potential for transdisciplinary development that is not solely related to the internal states of the client but assesses external, objective, historical facts that can be empirically verified by patterns of data, both primary and secondary. As the quote from Durant at the beginning of this paper succinctly suggests of science generally, modern complexity theory, as a *conceptualization* of the professional delivery of interventions by social workers, has the capacity to drive practice by blending the best of the art of theory and the science of social work practice.

References

- Aldarondo, E. (2007). Rekindling the reformist spirit in the mental health profession. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice* (pp. 3-17). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Anderson, H., & Gehart, D. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. New York: Routledge.
- Beinhocker, E. (2006) *The origins of wealth: Evolution, complexity, and the radical remaking of economics*. Boston: Harvard Business School Press.
- Butz, M. R. (1997). *Chaos and complexity: Implications for psychological theory and practice*. Washington, DC: Taylor & Francis.
- Byrne, D. (1998). *Complexity theory and the social sciences: An introduction*. New York: Routledge.
- Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy Theory: Research, Practice, Training*, 43(2), 271-279.
- Davies, P., & Gribbin, J. (1992). *The matter myth: Dramatic discoveries that challenge our understanding of physical reality*. New York: Simon and Schuster.

- Duncan, B., Miller, S., Coleman, S., Kellely, L., & Koop, S. (2000). The client's theory of change. In B. L. Duncan & L. E. Beutler (Eds.), *The heroic client: Doing client-directed outcome-influenced therapy* (pp. 143-174). San Francisco: Jossey-Bass.
- Durant, W. (1926). *The story of philosophy: The lives and opinions of the great philosophers*. New York: Simon & Schuster, Inc.
- Ford, D. H., & Urban, H. B. (1998). Stability-maintaining and change-producing processes: A comparative propositional framework. In D. H. Ford & H. B. Urban (Eds.), *Contemporary models of psychotherapy: A comparative analysis* (2nd ed.) (pp. 155-194). New York: John Wiley & Sons, Inc.
- Friedman, B. D. (1997). Systems theory. In J. R. Brandell (Ed.), *Theory and practice in clinical social work* (pp. 3-17). New York: The Free Press.
- Gambrill, E. (2007). *Critical thinking in clinical practice: Improving the quality of judgments and decisions* (2nd ed). New York: John Wilson & Sons, Inc.
- Gerber, L. A. (2007). Social justice concerns and clinical practice. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice* (pp. 43-61). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Halmi, A. (2003). Chaos and non-linear dynamics: New methodological approaches in the social sciences and social work practice. *International Social Work, 46(1)*, 83-101.
- Heiby, E. M. (1995). Chaos theory, nonlinear dynamical models, and psychological assessment, *Psychological Assessment, 7(1)*, 5-9.
- Kamya, H. (2007). Narrative therapy and culture. In E. Aldarondo (Ed.) *Advancing social justice through clinical practice* (pp. 207-220). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Kirk, S., & Reid, W. J. (2001). *Science and social work*. New York: Columbia University Press.
- Madsen, W. C. (1999). *Collaborative therapy with multi-stressed families: From old problems to new futures*. New York: The Guilford Press.
- Maxie, A. C., Arnold, D. H., & Stephenson, M. (2006). Do therapists address ethnic and racial differences in cross-cultural psychotherapy? *Psychotherapy: Theory, Research, Practice, Training, 43(1)*, 85-98.
- Marx, J. D. (2004). *Social welfare: The American partnership*. Boston: Pearson Education, Inc.
- Miller, M. (1999). Chaos, complexity and psychoanalysis. *Psychoanalytic Psychology, 16(3)*, 355-379.
- O'Connor, A. (2001). *Poverty knowledge: Social science, social policy, and the poor in twentieth-century U.S. history*. Princeton, NJ: Princeton University Press.
- Padgett, D. K. (2009). Guest editorial: Qualitative and mixed methods in social work knowledge development. *Social Work, 54(2)*, 101-105.
- Pollio, D. E. (2006). The art of evidence-based practice. *Research on Social Work Practice, 16(2)*, 224-232.
- Proctor, E., & Rosen, A. (2008). From knowledge production to implementation: Research challenges and imperatives. *Research on Social Work Practice, 18(4)*, 285-291.
- Reamer, F. G. (1999). *Social work values and ethics* (2nd ed). New York: Columbia University Press.
- Skar, P. (2004). Chaos and self-organization: Emergent patterns at critical life transitions. *Journal of Analytical Psychology, 49(2)*, 243-262.
- Stevens, I., & Cox, P. (2008). Complexity theory: Developing new understandings of child protection in field settings and in residential child care. *British Journal of Social Work, 38(7)*, 1320-1336.
- Taylor, M. C. (2001). *The moment of complexity: Emerging network culture*. Chicago: The University of Chicago Press.
- Tyson, K. (1995). *New foundations for scientific social and behavioral research: The heuristic paradigm*. Needham Heights, MA: Allyn and Bacon.
- Waldrop, M. M. (1992). *Complexity: The emerging science at the edge of order and chaos*. New York: Simon & Schuster.
- Warren, K., Franklin, C., & Streeter, C. L. (1998). New directions in systems theory: Chaos and complexity. *Social Work, 43(4)*, 357-372.
- Witkin, S. L., & Harrison, W. D. (2001). Editorial: Whose evidence and for what purpose? *Social Work, 46(4)*, 293-296.
- Woehle, R. (2007). Complexity theory, nonlinear dynamics, and change: Augmenting systems theory. *Advances in Social Work, 8(1)*, 141-151.
- Wolf-Branigin, M. (2009). Applying complexity and emergence in social work education. *Social Work Education, 28(2)*, 115-127.

Termination of an Emotionally Abusive Relationship and Women with Social Resources: An Initial Exploration of a Social Problem

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The prevalence of emotional abuse perpetuated against women with higher education, resources and support systems, is a social problem that has been overlooked in the social work literature. Little is known or documented about college educated women with social resources who experience abuse (Swift, 1997). The complexities behind the question of why some of these women stay in emotionally abusive relationships and others end them remains obscure (Burke, 2001; Crane & Constantino, 2003; Fiore-Lerner, 2000; Ladenburger, 1998) and research about women who have terminated emotionally abusive relationships is limited (Lachkar, 1998). No studies have examined the experiences of emotionally abused women who are not poor and who do decide to end abusive relationships (Weitzman, 2000).

This article is an initial exploration of a specific social problem. Social, psychodynamic, and post modern theoretical perspectives and suggested modifications to the education and practice of social work will be discussed.

Emotional Abuse

The extent of physical abuse perpetrated by partners is well documented in the United States, with 3.5 million violent crimes committed against family members and 1.7 million of those crimes committed by a spouse (Catalano, 2007). In contrast, the prevalence of emotional abuse is not tracked epidemiologically, nor at the federal, state or local levels. This lack of research on emotional abuse may be linked with the prevailing belief that emotional abuse always precedes physical abuse. Some researchers have embraced the reality that emotional abuse exists independently of physical abuse (Andersen, Boulette, & Schwartz, 1991; Herman, 1997; Kirkwood, 1993; NiCarthy, 1986; Pence & Paymar, 1993). Emotional abuse is a “stepchild” in all fields of empirical inquiry, although it is listed on the continuum of abuse in most studies.

While emotional abuse does not always indicate the occurrence of physical abuse, physical abuse is almost always accompanied by emotional abuse (Lammers, Ritchie, & Robertson, 2005). The potential for long-term health and mental health consequences of emotional abuse should be observed as closely as life-threatening violence and physical aggression, which do receive public attention because of their associated risks and potential for lethality (Hornung, McCullough, & Sugimoto, 1981). The negative effects of emotional abuse on victims and their children are similar to physical abuse. Victims are more likely to experience poor physical health, mental impairment, difficulty concentrating, poor work performance, a higher likelihood of substance use and an increase in suicidal ideation or attempts. Children exposed to emotional abuse may become victims of abuse as adults, experience behavior problems, and develop symptoms of anxiety, depression and post-traumatic stress disorder (National Coalition against Domestic Violence, 2007). Existing research suggests that emotional abuse may be the key toxic ingredient in all forms of abuse and aggression (Geffner & Rossman, 1998).

Although both the scholarly literature and the media give well-deserved attention to the harms of physical abuse, they neglect to address the psychological damage to women and the social ramifications of emotional abuse. The potentially devastating impact of a pattern of continuous and insidious emotional abuse by an intimate partner is an area of inquiry that requires further attention.

Women with Social Resources

The actual prevalence of emotional abuse and the termination of emotionally abusive relationships among educated women with resources remain obscure. Available statistics indicate that low levels of income are aligned with higher levels of partner abuse. However, certain other factors might explain this gap. Help-seeking individuals may not reflect the population of partner abuse victims as a whole (Waldrop & Resick, 2004). The low-income victim may appear on statistical reports when entering a domestic violence shelter or applying for public assistance benefits, while a victim in a higher socioeconomic strata will be unlikely to disclose her abuse to a public agency (Aardvarc, 2009).

Women with social resources may be under-represented in the social work literature regarding partner abuse because of their reluctance to seek help (Weitzman, 2000). The myth that partner abuse affects only the disenfranchised is perpetuated by the larger society and is often accepted by the victims (Weitzman). According to Lachkar (2000, p. 90), on the surface it is easy to say, "They have it all," which belittles and minimizes the experience of emotional abuse for women with resources.

Money, education, employment, family /friends, and the legal bond of marriage have been discussed as structural barriers for women that inhibit the termination of abusive relationships (Herbert, Silver, & Ellard, 1991). Shame has also been posited as a major factor in a woman's reluctance to disclose abuse, therefore forcing her to adjust her expectations and utilize internal strategies that allow her to stay (Buchbinder & Eiskovits, 2003).

Research on physical and emotional abuse emphasizes that a lack of available resources (money, education and social support systems) explains why women remain with their abusive partners. Abused women are described by some researchers as helpless and trapped in relationships due to economic factors (Gelles, 1974; Strube & Barbour, 1984), while others posit that women who are sufficiently motivated to leave do so, despite their lack of economic resources (Rounsaville, 1978). The implication is that women with a variety of personal and structural resources feel more control over their situations and are more successful at terminating abusive relationships (Choice & Lamke, 1997). Strube and Barbour (1984) and Rusbult and Martz (1995) noted a positive association between a woman's economic independence and the termination of an abusive relationship among women of a lower socioeconomic status while available data on educated women with resources and empowerment is not available.

The limited research indicates that women with resources also struggle to terminate abusive relationships. However, it is unclear what constitutes the struggle and if the factors are the same, overlapping, or different from the factors involved in terminating an emotionally abusive relationship for women who are less advantaged.

Theoretical Background

Social, psychodynamic, and post- modern theories provide insight into the complex issues regarding the termination of an emotionally abusive relationship for women viewed as non-marginalized. Social theories attempt to make sense of how individuals' attitudes and

behaviors develop based upon the impact of cultural and social norms. Feminist, social role and investment theories inform our understanding of the complex issues involved in a woman's perception and expectations of herself within society. Psychodynamic theories focus on the psychological aspects of an individual's early childhood development and the impact of early childhood experiences on personality construction and adult emotional functioning. Classic and contemporary psychodynamic theories, including object relations theory, attachment theory, and relational-cultural theory are informative to the study of emotionally abused women with social resources who terminate their relationships.

Post modernism represents an historical shift in theoretical perspectives and views human identity as deeply connected to culture without an absolute way of representing history (Danto, 2008; Ferguson & Wicke, 1994). Influences of post modernist thought on feminist ideology, intersectionality theory and theories of agency are especially relevant to the complexities involved in terminating emotionally abusive relationships for women with social resources.

Social, psychodynamic, and post-modernist theories are presented collectively because each perspective provides a lens with which to understand the psychological and social factors associated with emotional abuse. Due to a lack of literature about this problem, one theoretical perspective cannot capture or unearth the nuances of this multi-dimensional issue. The exploration of social role and relationship identifications, feminist ideology and theories of agency in conjunction with early attachment theories provides a comprehensive framework for understanding the issues regarding both the endurance of and ultimately, the termination of an emotionally abusive relationship.

Importance to Social Work

The lack of examination and recognition by the social work profession of abuse among women with resources is itself a problem that requires attention. In my experience it has become apparent that the knowledge about treatment options and referral sources for emotionally abused women with resources is inadequate. Weitzman (2000) noted antagonism and opposition among social work colleagues upon discussing her work with educated women experiencing partner abuse. Women who are perceived by society as non-marginalized are overlooked as victims in need of services and may feel they have less access to help than their counterparts; exposure of partner abuse among the more socially advantaged segments of society has been viewed as controversial and threatening to the status quo (Weitzman).

Increased awareness will help to legitimize emotional abuse as a social ill and influence the availability of information about the signs, treatment, and service options for victims. The inclusion of the categories of emotional abuse to the list of domestic abuse recognized by the Violence against Women Act (Title IV Sec. 4001-40703, H.R. 3355, 3402, 1994, 2005) will validate a woman's right to seek legal recourse for emotional abuse. The commitment of social workers to represent disenfranchised populations includes all women suffering from abuse, including those with education and resources. Expanded knowledge of this issue has the potential to provide improved methods in social work education regarding the signs, symptoms, and treatment of emotional abuse, broader outreach of service provision, and enhanced practice methods.

Social work students will be better prepared for practice when course materials reflect the multi-dimensionality of emotional abuse in all its forms, such as manipulation, degradation, and control. Social workers, both in intern and professional capacities, will be better equipped to assess, treat, and/or refer victims of emotional abuse, when properly prepared. Client

evaluations and treatment plans will be more comprehensive and accurate when practitioners are guided by tools that delineate different forms of partner abuse.

Social work as a profession is more effective when women from all socioeconomic backgrounds are aware of what it has to offer. Social work agencies that either accept health insurance or provide mental health services on a fee for service basis, could distribute literature advertising their services in locations that might be accessed by women with social resources, such as their primary care physician, gynecologist, attorney's office, employee assistance program or houses of worship.

Sugg and Inui (1992) found that patients of higher socioeconomic status were asked about abuse much less frequently, thereby perpetuating the myth that intimate partner abuse occurs only among individuals suffering from poverty. Therapeutic interventions must be aligned with the client's perspective about the abusive relationship (Crane & Constantino, 2003). The knowledge practitioners share with each other and with the public about the range of partner abuse among varied populations is vital for policy development in the field. (Johnson & Ferraro, 2000).

Conclusion

Partner abuse is overly represented in the social work literature as a problem affecting minority women with little or no access to social resources. Studies have been conducted almost exclusively on working class communities and socially marginalized families, under representing the middle-class population (Stewart, 1987). The prevalence of emotional abuse experienced by women with higher education, resources and support systems, is overlooked and the literature indicates a societal belief that educated women with careers or access to social resources have the ability to extricate themselves from abusive relationships. The social work profession will benefit from further inquiry about the impact and complexities of terminating emotionally abusive relationships, and acknowledging that partner abuse exists among all socioeconomic populations.

References

- Aardvarc: An Abuse, Rape and Domestic Violence Aid and Resource Collection (1996, 2001, 2009).
- Andersen, S. M., Boulette, T. R., & Schwartz, A. H. (1991). Psychological maltreatment of spouses. In R. T. Ammerman, & M. Hersen (Eds.), *Case Studies in Family Violence*. New York: Plenum.
- Buchbinder, E., & Eiskovits, Z. (2003). Battered women's entrapment in shame: A phenomenological study. *American Journal of Orthopsychiatry*, 73(4), 355-366.
- Burke, J. G., Geilen, A. C., McDonnell, K. A., O'Campo, P., & Maman, S. (2001). The process of ending abuse in intimate relationships: A qualitative exploration of the transtheoretical model. *Violence against Women*, 7, 1144-1163.
- Catalano, S. *Intimate partner violence in the United States*. Retrieved from <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1000>
- Choice, P., & Lamke, L. K. (1997). A conceptual approach to understanding abused women's stay/leave decisions. *Journal of Family Issues*, 18(3), 290.
- Crane, P. A., & Constantino, R. E. (2003). Use of the Interpersonal Support Evaluation List (ISEL) to guide intervention development with women experiencing abuse. *Issues in Mental Health Nursing*, 24, 523-541.
- Danto, E. (2008). *Historical Research*. New York: Oxford University Press.
- Ferguson, M., & Wicke, J. (1994). *Feminism and postmodernism*. Durham and London: Duke University Press.
- Fiore-Lerner, C., & Kennedy, L. T. (2000). Stay-leave decision making in battered women: Trauma, coping and self-efficacy. *Cognitive Therapy and Research*, 24(2), 215-232.
- Geffner, R., & Rossman, B. B. R. (1998). Emotional abuse: An emerging field of research and intervention. *Journal of Emotional Abuse*, 1(1), 1-5.

- Gelles, R. J. (1974). *The violent home: A study of physical aggression between husbands and wives*. Newbury Park, CA: Sage Publications.
- Herbert, T. B., Silver, R. C., & Ellard, J. H. (1991). Coping with an abusive relationship: How and why do women stay? *Journal of Marriage and Family*, 53, 311-325.
- Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.
- Hornung, C. A., McCullough, B. C., & Sugimoto, T. (1981). Status relationships in marriage: Risk factors in spouse abuse. *Journal of Marriage and Family*, 43(3), 675- 692.
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990's: Making distinctions. *Journal of Marriage and Family*, 62, 948-963.
- Kirkwood, C. (1993). *Leaving abusive partners: From the scars of survival to the wisdom for change*. Thousand Oaks, CA: Sage Publications.
- Lachkar, J. (1998). *The many faces of abuse: Treating the emotional abuse of high-functioning women*. Lanham, MD: Jason Aronson.
- Lachkar, J. (2000). Emotional abuse of high-functioning professional women: A psychodynamic perspective. *Journal of Emotional Abuse*, 2(1), 73-91.
- Ladenburger, K. (1998). Exploration of women's identity: Clinical approaches with abused women. In J. C. Campbell(Ed). *Empowering survivor's of abuse: Health care for battered women and their children* (pp. 61-69). London: Sage Series on Violence against Women.
- Lammers, M., Ritchie, J., & Robertson, N. (2005). Women's experience of emotional abuse in intimate relationships: A qualitative study. *Journal of Emotional Abuse*, 5(1), 29-64.
- National Coalition against Domestic Violence. (2007). *Domestic violence facts*. Retrieved from <http://www.ncadv.org>
- NiCarthy, G. (1986). *Getting free: you can end abuse and take back your life*. Seattle: Seal Press.
- Pence, E., & Paymar, M. (1993). Education groups for men who batter: The Duluth Model. New York: Springer Publishing Company.
- Rousanville, B. (1978). Barriers to identification and treatment. *American Journal of Orthopsychiatry*, 48, 487-494.
- Rusbult, C. E., & Martz, J. M. (1995). Remaining in an abusive relationship: An investment model analysis of nonvoluntary dependence. *Personality and Social Psychology Bulletin*, 21, 558-571.
- Strube, M. J., & Barbour, L. S. (1984). Factors related to the decision to leave an abusive relationship. *Journal of Marriage and Family*, 46, 837-844.
- Sugg, N. K., & Inui, T. (1992). Primary care physicians' response to domestic violence: Opening Pandora's Box. *Journal of the American Medical Association*, 267(3), 3157-3160.
- Swift, P. (1997, December 27). At the intersection of racial politics and domestic abuse. *The Buffalo News*, pp.B7.
- Violence against Women Act, H.R. 3355, 103rd Cong. § 40001-40703 (1994). Retrieved from <http://www.ovw.usdoj.gov/regulations.htm>
- Violence against Women Act Reauthorization, H.R. 3402, 109th Cong. § 40001-40703 (2005). Title IV, Sec. 40001-40703, H.R. 3402. Retrieved from <http://www.ovw.usdoj.gov/regulations.htm>
- Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence*, 19(5), 291-302.
- Weitzman, S. (2000). *"Not to people like us": Hidden abuse in upscale marriages*. New York: Basic Books.

Reading Women's Voices: Gendered Experiences of Drug Use in India

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Substance use amongst women is a growing phenomenon in many parts of India. This small (approximately 1- 2% of 74 million substance users in the country) and hidden population is often stigmatized (United Nations Office of Drug Control [UNODC], Lawyers Collective, 2007). Female drug users are often considered to be 'doubly deviant,' deviating not only from social and moral norms as drug users but also from their traditional gendered roles as women (Fagan, 1994). Majority of research on women drug users in India is limited to reporting epidemiological trends. Very little is known about the women's everyday experiences of drug use. For social workers, insight into this psycho- social-cultural context is critical especially to the development of relevant and sensitive treatment services and responses. With rising rates of HIV among this vulnerable population, it has become even more important to understand women's risk behavior patterns, perceptions and the gendered context of drug use (UNODC, 2003). This pilot study with women drug users in a residential drug rehabilitation program in New Delhi attempts to address this gap in the literature. The present qualitative project examines how women understand, give meaning to, and narrate their experiences of drug use.

Recent research conducted in three cities in India found that most women entering treatment were in the age range of 30-40 years, with a majority employed in sex work or other criminal activities like peddling drugs (UNODC, 2003). In 2008, a national study found 78% of women drug users used heroin, 75% suffered from co-morbid psychiatric illnesses and the majority possessed little or no knowledge of HIV or other blood borne diseases. Eighty percent of these women had never sought treatment, citing the risk of losing their children, the lack family support, stigma and the fear of withdrawal from drugs (UNODC, 2008).

Research Participants

This study was conducted with five women in the age range 25-40 years old. All the participants were residential clients (at least 8 months in recovery) of the NGO Sahai (name changed) and were in different stages of the rehabilitation process. They largely belonged to the middle or lower income groups and came from urban/semi urban communities in the north and the northeast of the country. At the time of data collection, there was no institutional review board (IRB) process in India. Permission was obtained from the IRB at the University of Illinois at Urbana-Champaign to conduct a secondary data analysis of audiotapes and transcriptions from interviews.

Methods and Analysis

The researcher conducted open-ended interviews, which usually lasted for an hour to an hour and a half. The interviews addressed the participants' history of drug use, their social and familial context and their recovery experience. The data were collected during the researcher's undergraduate studies in India where the NGO's and University of Delhi's ethical procedures were followed. After multiple readings of each narrative the researcher delineated critical emic themes and highlighted the key quotes relevant to each theme. This helped to illuminate the

textures, emotions, and relationships that characterized the ‘everyday’ experiences of the participants. Rigorous content and interpretive analysis of these narratives combined with cultural knowledge of the drug use contexts enriched the understanding about these women.

Results

After analyzing the narratives of these women in recovery, three salient themes emerged. These themes included suffering and isolation, distancing from the bodily addictive experience and the everyday violence that characterized their lives.

Using contexts- Suffering and isolation: All the women in the study had early exposure to drugs, either through their families or via their communities. In most cases they began using drugs with their male relatives, friends or partners. Close familial relationships, especially with these male drug-using peers, were in most cases (except one) physically and emotionally abusive and neglectful. The women rarely had other close friends or a supportive network.

Aarti, in order to escape an abusive stepmother, ran away with a young man who turned out to be a heroin addict. *“One day he beat me so much, I don’t know why he did it. I asked him what was it that he was having.... (then) he gave me drugs for the first time... I was 15; I kept it close to my nose and smelt it.”* Isolated in a new city, Aarti soon became completely dependent on drugs and continued her abusive relationship with this man. Similar to Aarti, most women in the study used drugs in isolation. However, at times these women reported using drugs with their male peers or relatives. They often faced multiple kinds of abuse and social problems and struggled to survive.

Drugged bodies and selves: *“Doing drugs meant that nothing was left in the heart...”* reveals Mary impassively. Haulun shares, *“Sometimes I cannot control myself I cannot speak as I want and the tear (s) fall down I could not control myself. When I had so much anger, lonely and sad, I can’t handle myself and even if I did not carried out also, my tears would fall down...my disease (addiction) started then, after this anger and sadness.... First it would be nice, but becoming an addict was not that nice. Because one could not think anything, one could not even think about work.”* Drug use was seen as a means of reducing pressures, difficulties or stresses from their lives (Sterk, 1999; Taylor, 1993). The women rarely mentioned the drug as an object of pleasure, enjoyment or recreation. Instead, they talked about drug use as a form of self-medication. Drugs were used in defiance, anger or distress or at times to engage with their partners (Ettore, 1992).

While narrating their stories of drug use, these women often talked about themselves in a disembodied manner. Despite the very visceral consumptive practices of drug use the narratives were devoid of any references to the body- pleasure experienced, withdrawal symptoms, tolerance to the drugs, or the impact of recovery. However, participants did indirectly invoke their bodies as they narrated stories of emotional and physical abuse, torture, forced marriages and parenting or demeaning work. Talk about their bodies was then inextricably linked to their identity as women and not just as drug users. Meeta, for instance, articulates this many times in her statement *“Being born a woman is curse.”* Other participants also talked of their limited opportunities as women, disempowerment, and the pressure to follow norms of society.

Violence around drug use: For some women, drug use became a form of violence on the self. Meeta shares, *“I had heard that doing drugs kills a person. I thought by using for one or two months I will die.”* Others spoke about this direct nature of violence on their bodies, especially as drug use escalated towards addiction. Drug use was cast as a mode of ‘liberation’

from oppressive conditions but as the dependence on the drugs grew, it soon became a violent assault on their bodies. Interestingly, these drug use narratives were also narratives about structural violence (Bourgois et al., 2004; Farmer, 2003). Women talked about their struggles to meet their basic needs such as food, shelter, or security (Epele, 2002). These women lived in brutal and marginalized conditions and this violent context made drug use possible, visible and understandable.

Discussion and Social Work Implications

Listening to the voices of disenfranchised groups through a gendered structural lens helps to highlight some of the unique issues that shape women's addictive behavior. For these women, drug use was wide spread and an integral part of their social fabric. Drug use was a culturally available and common way of addressing pressures and concerns. Substances were then not a choice for pleasure rather a "forced option" made to overcome, cope, medicate, and react to their overwhelming surroundings. Social workers working with such populations need to move beyond individual drug focused counseling, instead assist these women in negotiating broader social conditions that structure their drug taking behavior.

Women tended to almost mechanically recount their drug use, divorcing it from their bodily experiences or affect. In fact, drug use was almost secondary to their narratives of distress or marginalization. For most women, talking about their drug use was taboo in their immediate social surroundings. Drugs were considered a 'male problem' and the paucity of gender specific supportive networks usually silenced these women's voices. During our discussions the women found it permissible to talk about socio-economic and gender oppression and embedded their drug taking within these stories. Moreover, I argue that these stories played a much more important cultural role by helping these women to erase the differences between them (i.e. the drug users) and others (i.e., the normal women). By grounding their addiction narratives through commonly expressed idioms of oppression and pain, these women were re-instating themselves into the mainstream. In this re-telling of their lives, they made their suffering structural and social, refocused and decentered attention from 'drug use' itself. It is critical for social workers to understand these patterns of communication and perceptions of drug use while providing rehabilitation services. It is imperative for social work practice to acknowledge that drug use concerns cannot be addressed in isolation, being fundamentally linked to users' larger contexts. Instead of addressing addiction merely through a disease model, social workers must also address issues such as domestic violence, abuse and neglect, trafficking, legal support, human rights violations and economic rehabilitation.

These marginalized women primarily experienced their social lives through a framework of violence, both direct and indirect. In sharing these violent experiences, the women attempted to describe how drug use came to be their way of life. Most of them had faced emotional, physical, and social violence that made them fearful and uncertain about their future with or without drugs. Besides the more 'sensational' brutality, their everyday living conditions were often sub-human, wreaking havoc on their emotions, hopes, and sense of purpose. Their rehabilitation process had failed to address how this violence was structured and linked to their drug use. Social workers need to engage with these violent trajectories of female drug users and recognize that women's recoveries could be difficult to sustain in communities where violence is endemic, widespread, and an intrinsic part of social life.

In sum, women drug users are more likely to face discrimination, and less likely to access help or have support during their recovery. Unlike disease-focused narrations of

addiction, these women spoke of drug use by referring to linked social constructs of suffering, isolation, marginalization and violence. This reframing of addictive issues has significant implications for social workers. Sensitivity to local environments is critical, not merely to understand the individual's drug history but rather to understand the complex gestalt that forms the gendered experience of drug use. Recovery must not be limited to making an individual simply drug free, but instead address the socio-cultural and economic concerns that form this gestalt. To this end, addiction rehabilitation for women should be located in and across multiple sites such as hospitals, schools, community centers and informal social gatherings to reduce stigma and encourage more women to seek health services.

References

- Bourgois, P., Prince, B., & Moss, A. (2004). The everyday violence of hepatitis C among young women who inject drugs in San Francisco. *Human Organization*, 63(3), 253-264.
- Epele, M. E. (2002). Gender, Violence, and HIV: Women's Survival in the Streets. *Culture, Medicine and Psychiatry*, 26, 33-54.
- Ettore, E. (1992). *Women and substance abuse*. New Brunswick, NJ: Rutgers University Press.
- Fagan, J. (1994). Women and Drugs Revisited: Female participation in the cocaine economy. *Journal of Drug Issues*, 24(1-2), 179-225.
- Farmer, P. (2003). *Pathologies of power: Health, human rights and the new war on the poor*. Berkeley, CA: University of California Press.
- Sterk, C. (1999). *Fast Lives: Women Who Use Crack Cocaine*. Philadelphia: Temple University Press.
- Taylor, A. (1993). *Women drug users: An ethnography of a female injecting community*. Oxford: Clarendon Press.
- UNODC. (2003). *Women and drug abuse: The problem in India*. New Delhi, India: Author.
- UNODC, Lawyers Collective. (2007). *Legal and policy concerns related to IDU harm reduction in SAARC countries*. New Delhi, India: Author.
- UNODC and Ministry of Social Justice and Empowerment. (2008). *Women and drug use in India: Substance, women and high-risk assessment study*. New Delhi, India: Author.

Online Therapy: Do the Benefits Outweigh the Potential Legal Ramifications?

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Scope of the Problem: Prevalence of Online Therapy and the (lack of) Regulatory Response

The delivery of psychosocial support through the internet is an area of clinical practice that is becoming increasingly prevalent as clinicians search for innovative ways to reach clients in need of psychosocial support (Banach, 2000; Patrick, 2008; Pollack, 2008). There are many benefits to providing psychotherapeutic services online. Internet-based support groups can reduce isolation and increase access to care for individuals that may have physical limitations or live in remote geographic locations. In some instances, online groups can provide individuals with anonymity as they seek out clinical services for stigmatized conditions such as a cancer diagnosis (Banach; Patrick; Pollack). In addition, online therapy can be an inexpensive way to provide service (both for the provider and client), rendering it an increasingly viable option in an era of increasing financial distress (Banach; Patrick; Pollack).

The development and availability of internet-based services has outpaced the legal and regulatory responses to these services. This lag in response is troubling as there are multiple vulnerabilities associated with internet-based counseling services. These online therapeutic interventions have the potential to result in legal action, with complex issues around licensing compliance and assurance of clinical competencies, client privacy, and clarity around termination of services. Ethical principles fundamental to social work practice, such as a clinician's obligation to respect patient privacy and commitment to "do no harm," may also be challenged. Internet-based therapy may also pose challenges to the provision of quality clinical services.

This paper will define the types of internet services available and the scope of clinical practice. In addition, this paper will identify potential pitfalls, from a legal perspective, by referring to two cases: 1) *Tarasoff v. The Regents of the University of California* (1976) for historical precedence to examine the extent to which an online therapist must adhere to "duty to warn" and confidentiality and 2) *Gronthal v Bulluck* (1982), which provided legal parameters and definition to the "beginning" and "end" of a therapeutic relationship.

With both of these legal cases, the issue of internet counseling is not directly addressed due to historical timing of the decisions. However, they can provide the precedence on which future cases involving internet counseling might be considered. Each case illustrates a ruling that could influence some aspect of internet counseling services as they examine rules on privacy, "duty to warn," and provide definition to the establishment of a therapeutic relationship. This paper will address whether the potential pitfalls of online therapy pose an erosive aspect to the fundamentals of the therapeutic process or can be seen as a boon to clinical practice (Patrick, 2008). Understanding and assessing non-verbal cues, a longstanding staple of therapeutic training, may be lost in all online therapeutic interactions (Banach, 2000). Online therapy practices could lead to a redefinition of counseling at the very least, or a complete reconfiguration of the therapeutic process at the very most (Patrick).

What is Online Therapy?

Consistent terminology for online therapy has not yet been established nor agreed on by the online therapy community. Some terms used to describe internet counseling are: cyber therapy, e-counseling, email counseling, e-therapy, web counseling, e-psychotherapy, internet psychotherapy or online therapy/psychotherapy (Banach, 2000; Patrick, 2008). However, it is not clear if any or all of these terms refer to the same product, approach or modality (Banach; Patrick;). These multiple labels contribute the potential blurring of services provided on the internet. The lack of clarity, with respect to what these services are and offer, is confusing for therapists and clients alike. This confusion contributes to perception of inconsistent quality and standards for online therapy. In this paper, all online and internet therapy and counseling will be referred to as “online therapy.”

Online therapy has also been defined as short-term and time-limited (Banach, 2000). It tends to be less expensive than face-to-face therapy and does have reimbursement codes associated with it for billing purposes (Banach; Pollack 2008). There are limitations for utilizing an online therapeutic approach however, such as when treating patients with acute psychiatric illness or with substance abuse counseling (Banach).

Some professional organizations such as the National Board for Certified Counselors have responded to the potential ambiguities inherent in online therapy by developing standards of care, while other organizations have simply developed care recommendations with no mechanisms in place for their enforcement (Banach, 2000; Patrick, 2008; Zack, 2008). In addition, there is no regulatory oversight for the provision of online therapy as anyone can pose as a “therapist” and an “expert” in cyber space. This lack of supervision and regulation increases the possibility of fraudulent service delivery and the potential erosion of trust by consumers for online therapy services (Banach; Patrick; Zack).

Online Therapy: Who does it benefit?

Online therapy can have distinct advantages for all individuals who seek out counseling. There are numerous reasons to pursue online therapy including: convenience, efficiency, cost, reduction in isolation and the development of a widened and expanded community of social support. Individuals can avail themselves of individual counseling through the internet and online therapy or through online support groups. Online interactions can also provide a certain level of anonymity, which can give individuals who may be otherwise inhibited, a comfortable forum for discussion (Patrick, 2008; Banach, 2000; Pollack, 2008). Online therapy can positively impact multiple populations in need and is often used by individuals with medical conditions such as cancer. For these populations, online therapy and online support groups can serve to reduce isolation and provide up-to-date information to great therapeutic benefit.

What are the legal questions raised by Online Therapy?

At the time of this review of literature, there have been no cases that specifically address the legal parameters of online therapy (Zack, 2008). However, the apparent lack of legal cases around this issue most likely reflects a delayed response by the legal system, rather than a paucity of legal complications inherent in online therapeutic interactions. It is important to note that, even though the terms for online therapy vary and are not called online therapy alone, they are all still subject to the laws that have been established around traditional counseling (Zack, 2008). In fact, online therapy is considered therapeutic counseling, with no differences from the traditional face-to-face counseling practiced in in-person clinical settings (Zack). This is

significant from a legal standpoint as the laws that have regulated online therapy practices in the past may not be applicable to the current trend of online therapy (Zack). The relevance of the application of precedent law to the realm of online therapy may depend on the specific clinical services that the therapist/counselor is delivering; therefore it is essential that consensus is established about the definition of therapy when it is delivered through the internet (Zack). Some states, such as Arizona, have already established firm definitions of online therapy through statutes that include the delivery of behavioral health services by electronic means with behavioral counseling defined specifically as social work, substance abuse, and marriage counseling among other services (Zack).

Online Therapy and Revisiting: Duty to Warn vs. Confidentiality

As with traditional counseling, the ethical issue of “duty to warn” at the expense of patient confidentiality is of major concern in online therapy. Health care professionals have an obligation to break the patient confidentiality rule if they feel their client is at risk for harming themselves or others. The therapist can be held accountable for any subsequent violent actions made by their clients (Banach, 2000; Zack, 2008). This obligation is based on the landmark case *Tarasoff v. The Regents of the University of California* (1976), which went before the Supreme Court of the State of California both in 1974 and 1976. Briefly, this case concerns a therapist failed to warn a client’s girlfriend that the client planned to hurt her. The girlfriend was subsequently stabbed to death by the client. The Supreme Court of California ruled that the therapist was obligated to break the confidentiality rule and warn the woman of potential harm.

Online and internet services present difficulties with respect to a therapist’s “duty to warn.” Even though most states have adopted *Tarasoff*, the extent to which a therapist is obligated to warn, changes on a state-by-state basis (Banach, 2000). For online therapy, the duty to warn is complicated by the fact that state localities are not all governed by consistent laws. These legal inconsistencies, coupled with the potential that the therapist may not know the location of an online client at the time of a homicidal ideation, can present very real obstacles to fulfilling the “duty to warn” (Banach). In addition, the internet has built-in risks for confidentiality that could lead to liability for the counselor and vulnerabilities for the client (Banach; Pollack, 2008).

Other Issues of Confidentiality

A counselor could unwittingly break the confidentiality of online clients by not encrypting their therapeutic transmissions, thereby leaving them vulnerable to third party interceptions (Banach, 2000). It is not uncommon for emailed information and communication to get lost in transmission or fall into the email box of an unintended recipient such as an employer, which in some cases could have harmful consequences to a client (Banach; Zack, 2008). In addition, therapists have to be mindful about storage of confidential clinical interactions that could potentially be hacked or misused by unauthorized persons leaving them vulnerable to malpractice and breach of patient privacy (Banach). If an online counselor breaks the law by revealing confidential information of the client, or is found to be providing services without proper licensing, he/she could be subject to penalties under state law. However, penalties for these situations are not consistent and may vary throughout the United States (Zack).

When does the online therapeutic relationship begin and end?

Another issue of concern with online therapy is the extent to which an online therapist is responsible to a client. Within the cyber environment, the “beginning” and the “end” of a therapeutic relationship can be unclear and ill-defined (Banach, 2000). In face-to-face therapy, the relationship between the therapist and a client is marked by the first visit and usually includes a verbal or written contract between the two parties. In online therapy however, the obligation on the part of the therapist is based on an email or online transmission, which creates a less distinct marker to the commencement of services (Banach). This ambiguity raises questions about when billing begins as well as the definitive commencement of online therapy.

The courts have addressed several cases that delineate the beginning of a therapeutic relationship (Banach, 2000). These malpractice suits examine telephone-based therapeutic services and can serve as a precedent for online interactions (Banach). In the case *Grondhal v Bulluck* (1982), the court found that telephone calls that resulted in the delivery of medical (therapeutic) advice could constitute a “professional service” between a client and a health care provider. The court also found that telephone conversations between a physician and a patient was sufficient evidence of an established relationship even after the in-clinic care had been terminated (Banach). This case has relevance to online therapy because it addresses the ambiguities that are present in cyber-based interactions that, without clarification, could leave clinicians legally vulnerable and clients deeply distressed. This case also addresses the misunderstandings that can take place with respect to the parameters of an in-person, therapeutic relationship which can be exacerbated in an online context where facial expressions are absent from the dialogue. In addition, email transmissions can get lost in cyberspace creating an overlay of potential misunderstandings to the therapeutic relationship.

Conclusion

Online therapy has the potential for great benefit for the client seeking counseling services however, it also has the potential for confounding communication between therapists and clients. The legal ramifications concerning patient confidentiality or clinical malpractice have long been established in traditional, in-person therapeutic settings. The online therapist can provide a safe, confidential and clinically solid therapeutic setting by establishing a few simple protections for themselves and their clients. Risks can be mitigated by well-stated disclaimers and online contracts/agreements prominently placed on web sites. These contracts should be acknowledged and signed at the onset of any therapeutic interchange (Banach, 2000).

Online therapists should invest in encrypted email/online services when communicating with clients so that all information is protected from third party interception (Banach; Zack, 2008). Computers, with built in video features or internet communication services such as “Skype,” can provide additional resources to combine “face-to-face” with remote therapeutic sessions.

The potential benefit and clinical integrity of online therapy can be protected by simple precautions and clear communication initiated by the online therapist. These precautions should minimize the potential for unfortunate legal consequences resulting in restrictions on an expanding modality with much therapeutic benefit.

References

- Abbott, J. M., Klein, B., & Ciechomski, L. (2008). Best practices in online therapy. *Journal of Technology in Human Services, 26*(2/3), 360-75.
- Banach, M., & Bernant, F. P. (2000). Liability and the internet: risks and recommendations for social work practice. *Journal of Technology in Human Services, 17*, (2/3), 153-171.
- Grondahl v Bulluck*, 318 N.W. 2d 240 (1982).
- Patrick, P. K. S. (2006). Providing counseling online: because we “can”, should we? Retrieved from <http://www.counselingoutfitters.com/Patrick2.htm>
- Pollack, D. (2008). Social work comes to the small screen: Legal challenges of tele-social work. *Journal of International Social Work, 51*(6), 841-6.
- Recupero, P. R. (2005). E-mail and the psychiatrist-patient relationship. *Journal of American Academy Psychiatry Law, 33*(4), 465-75.
- Tarasoff v. The Regents of the University of California* 551 P.2d 334 (1976).
- Zack, J. S. (2008). How sturdy is that digital couch? Legal considerations for mental health professionals who deliver clinical service via the internet. *Journal of Technology in Human Services, 26*(2/3), 333-59.
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Identifying Stigma: The Road to Lung Cancer Advocacy

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This research uses a grounded theory approach to develop theory on stigma in the lung cancer experience. Lung cancer is the number one cause of cancer death in the United States. In 2009 alone, approximately 219,440 people were expected to be diagnosed with this disease; over 159,000 would die (American Cancer Society, 2009). Putting this into perspective, more people die of lung cancer each year than breast cancer, prostate cancer, colon cancer, liver cancer, kidney cancer, and melanoma combined. Though progress has been made for other cancers, the prognosis for lung cancer continues to be very poor (Ries et al., 2005) with seventy percent of those newly diagnosed at the advanced stage level (Albert & Samet, 2003).

Regardless of the high incidence and mortality rates for lung cancer, resource allocation for this disease remains low. A look at federal funding suggests that lung cancer continues to get the “short end of the stick.” In 2005, federal funding for lung cancer trailed that of breast, prostate and colon cancers by wide margins (Lung Cancer Alliance, 2009). Four years later, the gap widened still as federal funding for lung cancer decreased while funding for breast and colon cancers increased (Lung Cancer Alliance, 2009). Although funding for prostate cancer had decreased somewhat during this period, it remained double that of lung cancer despite a nearly 100% five-year survival rate. In comparison, the five-year survival rate for lung cancer is a low 16% (American Cancer Society, 2010). All told, lung cancer received a mere 9.8% of the 2009 federal cancer research monies compared with breast, prostate and colon cancers which received 54.5%, 19.4% and 16.3% respectively (Lung Cancer Alliance, 2009).

This disparity sends a powerful, negative message to individuals diagnosed with lung cancer; namely, lung cancer is not worthy of funding. Ruckdeschel, Spitz and Saxman (2001) suggest that the low funding is due to stigma associated with cigarette smoking. This research examines stigma in the lung cancer experience in order to develop a theory or set of theories that can be used for lung cancer advocacy.

Methodology

This study used a classic grounded theory approach to collect, analyze and interpret data (Glaser, 2008). The Institutional Review Board of the University of Texas at Austin granted approval for this study and methodology.

Sample

This research taps the experiences and perceptions of expert informants (i.e. oncology social workers) who work with this population. The initial theoretical sample consisted of three oncology social workers employed in diverse oncology settings, who had direct or indirect access to people diagnosed with lung cancer. They included 1) an oncology social worker in a cancer hospital with direct care responsibility for people diagnosed with lung cancer; 2) a social work supervisor in an acute care setting who supervised social workers with direct care responsibility for people diagnosed with lung cancer; and 3) an oncology social worker in a cancer support agency who co-facilitated a lung cancer support groups. Following Glaser’s (2008) method of classic grounded theory, a constant comparison of the data began immediately

from this initial sample in order to allow core categories to emerge. Based on these initial findings, the theoretical sample was modified to saturate the core categories.

Thus, the remaining participants in this study included eighteen oncology social workers employed at cancer hospitals located across the United States as identified by the U.S. News & World Report of Fifty Best Cancer Hospitals (2006, 2007). These participants had direct care responsibility for people diagnosed with cancer and their family members. Their work spanned 17 hospitals in 13 states. Their experience with people diagnosed with lung cancer ranged from 3 months to 23 years with the number of lung cancer patients seen per month ranging from 10 to 110 depending on the distribution of their caseload and their employment status; i.e. full-time or part-time. Thus, data in this study represent social work experience with over 25,000 patients with lung cancer during the three years prior to the interview.

Furthermore, the oncology social workers were employed in a variety of areas within the hospital setting. Two provided services to patients admitted into the hospital only, one provided services to patients who were admitted to the hospital as well as those in the clinic. All other participants provided outpatient care in the clinic or through a satellite office. Furthermore, one participant provided care to non-surgical patients only; all others provided services to both non-surgical and surgical patients. Two participants were part-time and one was employed in a temporary position. Six of the participants had caseloads fully dedicated to patients diagnosed with lung cancer. The remaining participants provided services to patients diagnosed with lung cancer as well as to those diagnosed with other cancers. All participants were born in the United States and identified as White/European American. Their ages ranged between the mid-twenties to the early sixties with one third of these participants above age 50. Sixteen were female.

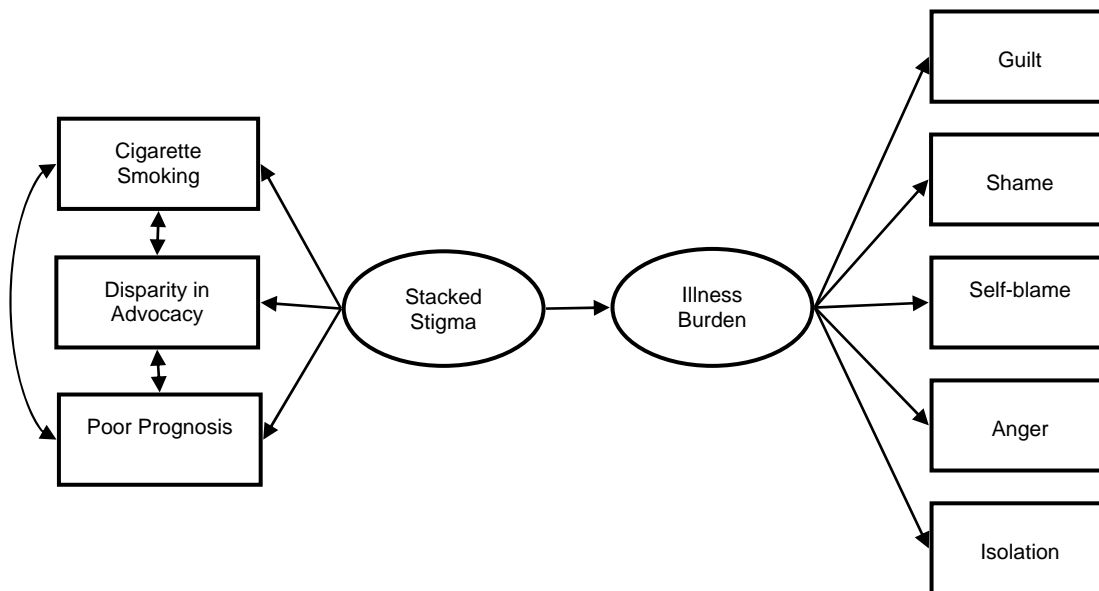
Measures and Analysis

Each oncology social worker participated in an individual, audiotaped, semi-structured telephone interview that lasted between 20 and 95 minutes. The interviewer asked the participants to describe any differences they observed between their patients diagnosed with lung cancer and patients with other cancers. The interview stopped when the participant stated that there was no further information to provide. A constant comparison method of data analysis continued throughout the data collection period. This allowed the researcher to learn from the data and guided the research project towards the theories. Once data saturation was achieved, and there were no further gaps, the theories were developed and the theoretical sampling was halted.

Results

Several core categories emerged from the data. However, this article will focus on three of them: stigma due to cigarette smoking, disparity in advocacy efforts and poor prognosis. These have led to the preliminary development of a theory of *stacked stigma*. Stacked stigma is defined as a set of two or more stigmas that initiate with the illness, are linked to each other, and strengthen and perpetuate the stigma experience, consequently increasing the illness burden (Conlon, Gilbert, Jones, & Aldredge, 2010). Stigma related illness burden can be expressed as guilt, shame, self-blame, anger and isolation (Heijnders & van der Meij, 2006; Weiss, 2007). Figure 1 illustrates a conceptual model of stacked stigma in the lung cancer experience.

Figure 1. Conceptual Model of Stacked Stigma in the Lung Cancer Experience.



Stigmas due to cigarette smoking, disparity in advocacy efforts and poor prognosis initiate with the lung cancer diagnosis, are linked to each other, and strengthen and perpetuate stigma in the lung cancer experience. For example, in light of the minimal advocacy efforts for lung cancer, merely observing the advocacy efforts for other cancers can be stigmatizing for those with lung cancer. This is demonstrated in the quote below:

And, my lung cancer patients would receive things about this breast cancer run and that breast cancer run and that resource, you know, for Leukemia and Lymphoma, and different things like that. There was just nothing for lung cancer. There just wasn't the same kind of outpouring for lung cancer. Patients would be frustrated with that. And, they were frustrated with the lack of resources. And, that played into that feeling of this disease being stigmatized.

Individuals seeking justification for the disparity in advocacy efforts might link the disparity to cigarette smoking as demonstrated below:

Just for example . . . there seems to be so much awareness and advocacy [for women with breast cancer] at a national level and in the media that really helps women in the breast cancer population to understand what it's about, what they deserve, the level of care they deserve, and the quality of care they deserve. That they have rights. They can advocate for themselves. It's just this huge media campaign, I suppose, empowering women who are going to be seeking treatment for their breast cancer . . . that just doesn't happen for women with lung cancer, or anybody with lung cancer because of the stigma related to the whole smoking issue.

These experiences increase the illness burden. As the oncology social worker notes below, her patients felt ignored and pushed aside due to the disparity in advocacy efforts:

“We just had a lung cancer conference here a couple of months ago. The lack of resources and media attention was something many patients mentioned. They felt ignored and that people pushed them to the side because they did something to cause their lung cancer. So, why should anyone spend money on us? That was hard because every once in a while I would hear this in my practice. However, this was a group forum, and once somebody said it, everybody started saying, ‘that’s exactly how I feel!’ It was really upsetting to hear that,” (Conlon et al., 2010).

Conclusion and Implications for Future Work

Individuals diagnosed with lung cancer not only have the misfortune of a devastating disease, but also must endure the impact of its accompanying stigma. This grounded theory work suggests that lung cancer stigma goes beyond that of cigarette smoking; there is a stacked stigma effect. A preliminary theory of stacked stigma was developed from the data that includes stigma due to disparity in advocacy efforts and poor prognosis in addition to stigma due to cigarette smoking. These stigmas are initiated by the lung cancer diagnosis, link to each other, and strengthen and perpetuate stigma in the lung cancer experience. The next step includes testing this theory using structural equation modeling.

Our social work code of ethics states that “social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups” (National Association of Social Workers, 2008, Section 6.04(b)). Thus, the results of this grounded theory study will be used to bring attention to the prevalence and depth of stigma in the lung cancer experience and advocate for resources and funding at parity with breast, prostate and colon cancers. Future research on interventions that reduce the effects of stigma is strongly encouraged.

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References

- Albert, A. J., & Samet, J. M. (2003). Epidemiology of lung cancer. *Chest*, 123(1), 29.
- American Cancer Society. (2009). *Cancer Facts & Figures 2009*. Atlanta: American Cancer Society.
- American Cancer Society. (2010). Prostate cancer: What are the key statistics about prostate cancer? Retrieved May 4, 2010, from http://www.cancer.org/docroot/cr/content/cr_2_4_1x_what_are_the_key_statistics_for_prostate_cancer_3_6.asp
- Conlon, A., Gilbert, D., Jones, B., & Aldredge, P. (2010). Stacked stigma: Oncology social workers' perceptions of the lung cancer experience. *Journal of Psychosocial Oncology*, 28(1), 98-115.
- Glaser, B. G. (2008). The constant comparative method of qualitative analysis. *The Grounded Theory Review*, 7(3), 1-13.
- Heijnders, M., & van der Meij, S. (2006). The fight against stigma: An overview of stigma-reduction strategies and interventions. *Psychology, Health & Medicine*, 11(3), 353-363.
- Lung Cancer Alliance. (2009). 2009 facts about lung cancer. Retrieved December 30, 2009, from <http://www.lungcanceralliance.org/press/documents/LCA%20Funding%20Fact%20Sheet%202009%20Final.pdf>
- National Association of Social Workers. (2008). Code of Ethics of the National Association of Social Workers. Retrieved December 30, 2009, from <http://www.socialworkers.org/pubs/Code/code.asp>

- Ries, L., Harkins, D., Krapcho, M., Mariotto, A., Miller, B., Feuer, E., et al. (2005). *SEER Cancer Statistics Review, 1975-2003*. Bethesda, MD: National Cancer Institute.
- Ruckdeschel, J. C., Spitz, M. R., & Saxman, S. (2001). *Report of the Lung Cancer Progress Review Group*: National Cancer Institute.
- U.S. News & World Report. (2006). Best Hospitals 2006: Cancer. Retrieved May 16, 2007, from <http://www.usnews.com/usnews/health/best-hospitals/rankings/specihqcanc.htm>
- U.S. News & World Report. (2007). Best Hospitals Specialty Search: Cancer. Retrieved June, 2007, from <http://health.usnews.com/usnews/health/best-hospitals/search.php?spec=ihqcanc>
- Weiss, M. G. (2007). Stigma: Formulating concepts and priorities for a public health agenda: INV 52. *Tropical Medicine & International Health, 12 Suppl(1)*, 17.

Bookworm's Corner

Book Review

Epstein, I. (2009). *Clinical data mining: Integrating practice and research.* New York: Oxford University Press.

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Ever since the Flexner Report of 1915, social work has struggled to assert itself as a science-based profession, a struggle that underlies much of the debate between practice-based research and research-based practice (Cha, Kuo, & Marsh, 2006; Gambrill, 2002). It also informs much of the conversation around evidenced-based practice and random controlled trials (RCT) versus other social work practice and methodological approaches (Ginexi & Hilton, 2006; Green & Glasgow, 2006). Irwin Epstein's latest work, *Clinical Data Mining: Integrating Practice and Research*, not only continues this important discourse, it does so unapologetically, from the point of view of the social work practitioner.

Overview of the book

The opening chapter defines terminology, basic concepts and situates CDM as a practice-based research strategy. Chapter two, "On the 'Discovery' of Clinical Data-Mining, and Why Practitioners Should Do It," recounts how Epstein came to pursue CDM as a research strategy. While Epstein is not the first to discuss using available data in research (Shyne, 1960), he is the first to define a research methodology based on available data, coining the phrase "clinical data mining" in 1998. Not surprisingly, the research that led Epstein in the direction of CDM was a practice-based study, for which he was the research consultant. Practitioners in a hospital-based, medical social work program wanted to conduct research on patient outcomes post liver transplants. This inaugural CDM study illustrates several advantages of CDM – practitioner participation in the research process from the beginning, immediately applicable and usable results, an un-intrusive nature and a non-reactive information gathering process. Conceding the realities and challenges of CDM, chapter three, "The 'Science' of Clinical-Data Mining and the 'Art' of Strategic Compromise" discusses methodological challenges that inevitably present themselves in CDM research and their management. This chapter also presents an invaluable step-by-step outline of the entire process of conducting CDM research. Chapter four presents "Practitioner-Initiated CDM Studies: Principles and Exemplars." For those considering a CDM study, regardless of whether the intended approach is qualitative, quantitative or mixed method or targets varying levels of analysis (individual, group, program, organizational), masters and doctoral student researchers and practitioners will find themselves here, along with the methodological options and analytic concepts they need. Chapters five and six focus specifically on quantitative and qualitative CDM doctoral dissertations respectively. The concluding chapter explores the "Possible Futures of CDM and Evidence-Based Practice." Epstein sees CDM as continuing to evolve as "Evidence-Informed Practice" (McNeill, 2006), a less contentious and more inclusive model for integrating practice and research.

Review

A unique advantage of this work is its accessibility. This is a research text you can read without a dictionary of statistical terms constantly at your side. Epstein, a long-time professor and researcher, eschews jargon and terminology without sacrificing the ability to communicate rich and complex concepts. Contributing further to the book's accessibility is Epstein's candor and humor, which are as unusual as they are welcome in a research text.

Epstein's work targets several intended audiences - academics, research consultants, program evaluators, practitioners and students (masters level and doctoral). It is relevant to students in general and especially so to a subgroup of students - seasoned practitioner-doctoral researchers. Predictably, the more experienced practitioner is not only more likely to have extensive knowledge of *where* rich, available program data reside, but also the practice wisdom for generating researchable ideas for mining such data for knowledge beyond its intended purposes.

While acknowledging the essential and fundamental role of experimental research designs in furthering practice knowledge, Epstein simultaneously (and effectively) argues for a legitimate place for CDM as a social work research methodology. Those who see possibilities in thinking inductively will agree. Those who disagree would still likely acknowledge that by its very nature, much of social work practice precludes randomization and systematic controls. Consequently, practice-based, non-RCT social work studies cannot claim causal inference or the proof that pure science demands. This, of course, is not news, but what may be new to the reader is the central question of the book – Does the inability to randomize services, interventions or characteristics justify dismissing potentially valuable practice knowledge? Some might argue that if program-based research does not result in proof of causality, there is no point in researching program data. Epstein, rather than taking an all or nothing, adversarial stance, advocates for a continuum of knowledge generation, with a legitimate place for CDM.

Conclusion

In our quest for the research Holy Grail – experimental proof that social work practice is effective, social work researchers should not ignore potentially valuable practice-generated information. While CDM may not *prove* anything, Epstein shows incontrovertibly that it *improves* social work practice. In *Clinical Data Mining, Integrating Research and Practice*, there is ample proof for that. Certainly, improving practice is *a* purpose of social work research if not *the* purpose.

Regardless of whether one leans towards the epistemological left or right of the research-based practice - practice-based research debate, all practitioners, and especially doctoral students, will do well to read this work to learn more about CDM as one of several methodological approaches available to them. It provides, in one place, a detailed road map of the territory through which many student-researchers struggle to navigate.

References

- Cha, T., Kuo, E., & Marsh, J. C. (2006). Useful knowledge for social work practice. *Social Work, 4*(1), 111-122.
- Gambrill, E. (2003). Ethics, science and the helping professions: A conversation with Robyn Dawes. *Journal of Social Work Education, 39*(1), 27-40.
- Ginexi, E., & Hilton, T. (2006). What's next for translation research. *Evaluation and the Health Professions, 29*(3), 334-347.

- Green, L. W., & Glasgow, R. E. (2006). Evaluating the relevance, generalization, and applicability of research: Issues in external validation and translation methodology. *Evaluation & The Health Professions*, 29(1), 126-153.
- McNeill, T. (2006). Evidenced-based practice in an age of relativism: Towards a model for practice. *Social Work*, 51(2), 147-156.
- Shyne, A. B. (1960). Use of available material. In N. A. Polansky (Ed.), *Social Work Research*. Chicago: University of Chicago Press.

Book Review

Lehmann, P., & Simmons, C. (2009). *Strength-based batterer intervention: A new paradigm in ending family violence*. New York: Springer Publishing Company.

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Working with men who use violence against their partners is difficult and challenging work. As a field of practice, working with this population is growing and expanding on a continual basis. Historically, the mindset regarding working with men who abuse was quite narrow and there was little hope for change. The medical model would suggest that the prognosis for change was poor. For a long time, and some would suggest this pattern still continues, groups for men who abuse their partners were run along very narrow lines as well. For the past 20 years the primary model of ‘batterer intervention program’ (BIP) was the model developed in Duluth Minnesota. This model involved a mixture of the presentation of psycho-educational material in conjunction with a feminist analysis of violence against women. The Duluth model has remained the centerpiece of many programs throughout the United States and Canada.

However, as the field has expanded, there has been a growing interest in developing new and alternative methods for working with men who use violence in their relationships. Given the fact that the issue of violence against women is not dissipating, there has been a growing desire to engage men differently around their violence in the hopes of creating genuine change. While the Duluth model did not necessarily create the notion of confrontation, the model had become synonymous with a confrontational methodology. Many therapists began to experiment with new ways of engaging these men in the hopes of moving beyond the pervasive lack of change that were so often considered a part of these programs. Increasingly, methodologies such as cognitive behavioral therapy, narrative therapy and strength-based approaches have found their way into the discussion as treatment options for men who use violence in their intimate relationships.

Concurrently, there has been an increase in books designed to guide facilitators in adapting these new methodologies to work with violent men. The latest of these is entitled *Strength-Based Batterer Intervention: A New Paradigm in Ending Family Violence*, edited by Peter Lehmann, PhD and Catherine Simmons, PhD. Both of the editors bring substantive histories of working in the field of violence against women and are involved in projects at the University of Texas at Arlington and University of Tennessee, respectively. This book brings together some of the current innovators of practice with men who use violence. This book, according to the editors, is part of a shift in the paradigm of working with men who use violence in intimate relationships.

This book is a welcome addition to the growing body of literature on working with men who abuse. Comprised of ten chapters, the editors have attracted a cornucopia of practitioners

and theorists from the field of batterer treatment. The book is constructed with three distinct sections: a) a theoretical basis for strength-based practices, b) theoretical models, and c) practical tools. The editors provide a one-stop shopping experience for practitioners wanting to broaden their practice or are looking at alternative ways to deliver service to this population.

While the contributors to the book are convincing in their discussion of the need for a new paradigm, they provide the greatest benefit to readers by presenting new theoretical models and practical tools. (Omit the second sentence, which is redundant.) Solution-focused treatment, the use of motivational interviewing, the application of narrative therapy, cognitive behavioral therapy, and the Good Lives model all find a distinct presence within this book. Each chapter gives the reader a background on the particular theoretical position and then connects the therapeutic intervention to the work associated with strength-based practice and working with men who abuse. Each of these chapters is succinct and well written and offers an excellent overview for the interested reader.

This book truly excels, in the section dedicated to looking forward and the presentation of tools to integrate into practice. These tools, for the most part, can be used to facilitate engagement and assessment in virtually any group setting. To offer up such a vast array of helpful tools is generous to say the least. There are 20 different tools offered at the back of this book that a practitioner can easily implement within a group setting or individually with men who use violence.

The field of batterer intervention programs is quickly expanding beyond the Duluth model which has become the 'traditional' mode of thinking in the field. This book offers an alternative paradigm and embraces the notion of working with men from many different perspectives. For those who are working on ending violence against women and are interested in innovative practices designed to improve engagement with a typically difficult population, this book is a must have. It is likely that this book will find itself on many therapists' bookshelves and hopefully the practices will find their way into many group settings. If the authors have their way, we are entering a paradigm shift and hopefully women will be the beneficiaries of the work that has gone into this book.

References

Lehmann, P. & Simmons, C. (Eds). (2009). *Strength-based batterer intervention: A new paradigm in ending family violence*. New York: Springer Publishing Company.

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