

## Book Reviews

*Work, Life, and the Mental Health System of Care: A Guide for Professionals Supporting Families of Children with Emotional or Behavioral Disorders* edited by Julie M. Rosenzweig and Eileen M. Brennan. 2008: Brooks-Cole Publishing. ISBN 978-1-55766-827-1 (paperback)

This book addresses a problem that affects a great many families. More than one in ten children and adolescents in the USA can be diagnosed with a mental health disorder (and even higher proportions in some regional prevalence studies), yet only 20 percent of those who need it receive the necessary treatment. We already know that there are service gaps and disparities in mental health treatment, but the hidden problem is the financial and human cost to families. Parents of children and adolescents with mental health disabilities (a preferred label in the book) face barriers to accomplishing even the most basic of childrearing activities as a result of their children's illness. They and other family members face disruptions in the financial, social, and developmental dimensions of their lives. This book, edited by researchers at Portland State University's Research Training Center on Family Support and Children's Mental Health, addresses needs, gaps, and potential solutions for these families. The book attempts to merge research on mental health services and work-life studies. The latter term refers to the burgeoning field of research into the intersection of family, employment, and gender policy arising out of the influx of women into paid employment, starting in the 1970s.

Why is there interest in applying work-life studies to children's mental health services? Of the 349 caregivers interviewed in one of the editors' studies on families and employers, almost half reported having to quit their jobs (another 27 percent were fired) as a direct result of the demands of caring for a child with a mental health disability. These demands, the list of which reads like a job description for a full-time graduate level social work professional, include providing case management, coordinating care, responding to crises, negotiating with treatment providers, teachers, and childcare workers, managing medical information, and continuously researching their children's illness and related treatment evidence. For those who remain employed, these caregivers experience stigma from supervisors and co-workers, diminished expectations for career advancement, and unpredictable interruptions in work schedules resulting from crises at school or with childcare. Many of these families live in poverty, or are but one crisis removed from poverty.

The book's various contributors (researchers in mental health services, work-life studies, family advocacy, and related policy areas) carefully outline the policy and practice contexts leading to this situation, and also those policies and practices that were meant to address it. Once the contextual picture for these families is presented (with convincing case vignettes from focus groups and survey interviews of parents), the book covers a wide range of research showing the benefits and gaps in programs for income maintenance, employer-based leave (such as the Family Medical Leave Act), childcare resources and subsidies, personal tax credits, community- and school-based supports, evidence-based mental health services, and others. Recommendations are well-framed in most chapters. For example, specific direction is given to human resource managers on how to support such parents at the workplace given the limitations of family leave policies.

Practitioners and parents would learn much from discussions of innovative programs in schools, childcare settings, and the workplace that are succeeding in providing parents with the flexibility, community connections, and service coordination required for the family to participate in treatment without having to sacrifice quality of life.

Congruent with the Portland Center's other research activities, the voice of the parent is always present. Each chapter addresses a family vignette, illustrating that these policies and practices have pragmatic meaning and real consequences. In a chapter comparing family welfare policy in Britain and the USA, for example, the predicted outcomes for one US family are imagined under the New Labour reforms with which the UK has been attempting to provide a more integrative approach to individual and family welfare since the late 1990s. What is the lesson for the USA from this exercise? Even though integrative reform of the US health and human services is years away (assuming the political will exists), there are program innovations and policy adjustments, incremental as they may be, that can provide what these families need. Making these improvements is not the responsibility of parents, or policy planners, or practitioners alone. This requires sensitive and effective relational communication, a topic in one of the book's essays. Cultures have to be bridged between families, service providers, employers, and policy planners. This book, in conjunction with what we are learning about evidence-based mental health treatment practices, provides an excellent roadmap in order to achieve this aim.

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*Social Work in End-of-Life and Palliative Care* by Margaret Reith and Malcolm Payne. 2009: Lyceum Books Inc. ISBN 978-1-933478-58-6 (paperback)

This ambitious and comprehensive introduction to social work in end-of-life and palliative care is the result of a collaboration by two experienced UK social workers. Inherent in the purpose of this book is a distinction the authors explore between End-of-life care and Palliative care. Palliative care they define as a multi-professional practice that is fairly short term, developing out of services for people with cancer and what the authors describe as people with 'serious diagnosed illnesses'. End-of-life care is described as services for people at end of life, often with several illnesses at the same time, known as 'non-specialist' palliative care. In their introduction, the authors argue that all social workers will deal with the end-of-life of some of their clients, and that knowledge of palliative care will assist in the development of professional social work skills in practice generally. The authors aim to introduce palliative care social work to social workers who intend to specialise in the field, as well as practitioners who occasionally face end-of-life situations.

The combined knowledge of the authors of current practice is supported by a thorough discussion of the issues facing social workers in the provision of end-of-life care. The case examples and practice interventions included in the book will be helpful to social workers new to the area, and may provide a starting point for discussions with social workers about the issues involved in practice with palliative and end-of-life clients generally.

Each chapter commences with a detailed list of chapter aims and concludes with suggestions for further reading. Stylistically, the book is individual, with its use of the device of 'Pause and Reflect' throughout the text, which some non-student readers may find alienating. I would suggest to readers that they persevere, as the book is a useful introduction to a complex area of social work practice. Although some historical and academic areas are glossed over, for example the claim that palliative care in North America developed by transferring Cicely Saunders's ideas, would not be without contention. For a more thorough discussion, including the work of Florence Wald, I refer the reader to Milton J. Lewis's (2007) *Medicine and Care of the Dying*.

The argument of the authors is that end of life involves a process of social change and that social work practice should not only help people with problems in their lives, but also that social work practice 'strengthens society to deal better with death and bereavement'. This view is not without debate and, to their credit, the authors address directly the opposing views and the issues raised by writers such as Randall and Downie (1999) who reject the assumption that psychological, social and spiritual problems should be addressed by psychological and social work interventions and that, instead, patients consent to medical care for their illness and not social and psychological services.

The book is divided into nine chapters covering themes such as 'Death and Dying: Awareness and Uncertainty'; 'Engaging and Assessing in End-of-life Care'; 'Interventions in End-of-Life Care'; and 'Multiprofessional End-of-Life Care'. Of relevance to both new and experienced social workers are the chapters on 'Multiprofessional End-of-Life Care' and 'Intervention in End-of-Life Social Work'. These are exemplars of both the strengths and limitations of such an ambitious text. In the latter, importantly, considerations for therapeutic practice interventions for people requiring special consideration who are often excluded from end-of-life care services is introduced, such as people from minority ethnic groups or people with intellectual disabilities. Issues relating to them are explored briefly and would be beneficial for social workers as they create an appropriate outline for a plan of care to address special needs.

There is sparse reference to valuable contributions in social work knowledge in this area from outside the Euro-American perspective such as that, for example, of Professor Cecilia Chan (2006) from the University of Hong Kong whose writing on social work practice with the dying in Asia is illuminating.

Margaret Reith and Malcolm Payne have written an important resource for teaching and engaging new social workers and for those unfamiliar with the area of social work in the context of end-of-life and palliative care. The inclusion of web sites, client writing and suggested further reading will be helpful for readers to gain an understanding of social work practice with people who are dying and bereaved.

## References

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*Privatizing Pensions: The Transnational Campaign for Social Security Reform* by Mitchell A. Orenstein. 2008: Princeton University Press, ISBN-13 978-0-691-13697-4 (paperback)

Orenstein's book starts out with two fundamental questions in the context of pension privatization: (i) To what extent do international organizations, global policy networks, and transnational policy entrepreneurs influence domestic policy makers? (ii) Have we entered a new phase of globalization that, unbeknownst to most citizens, shapes policies that used to be the sole domain of domestic politics? The premise of the book is fundamental and interesting.

In the first chapter, the author sets the stage by describing what has gone on and what is going on around the world in the world of privatization of pension systems. Two regions stand out: Latin America and Eastern Europe. The author notes that these are the two areas where international organizations, like the World Bank and the International Monetary Fund, have been very active in the policy arena. Chapter 3 sets out "A Model of Transnational Actor Influence". The model is a variant of the Tsebelis model of "Veto Players": A game theoretical analysis of political behavior. Tsebelis uses the concept of the veto player as a tool for analyzing the outcomes of political systems. His primary focus is on legislative behavior and outcomes. Kay (1999) analyzed the pension reforms in the Southern Cone countries using this model. Chapter 4 examines, in detail, how much money and advice went into the countries with reform from various international agencies. Chapter 5 examines how far these policies can go in terms of their influence on domestic policy-making. The final chapter returns to the model of veto players and examines the issues in a theoretical context.

Pension privatization started with Chile under a dictatorial regime. The origin in Chile can be traced directly to the famous book of reform (called "El Ladrillo", or the brick) proposed by the so-called "Chicago Boys" during the early years of the Pinochet government. However, at that time, none of the transnational policy actors in Orenstein's book were pushing for pension privatization at all. It was not until the publication of the World Bank "Manifesto" of 1994 that transnational organizations actively began to push pension privatization (although a dissenting view on this was presented by the most influential actors in Kay and Sinha, 2008). Thus, Orenstein's task is more complicated by the fact that his story can really begin only after 1994 – 15 years after the Chilean reform. Orenstein is making the case that these international organizations are the causal agents for privatizing pensions.

There are two fundamental problems with this book. First, the bigger story of pension privatization happened in Latin America. If we count the number of "country years with reform", Latin America accounts for over 80 percent. While Orenstein starts with an anecdote of George W. Bush meeting Jose Piñera while Bush was the governor of Texas, he does not have much to say in his analysis about the region (with the exception of Argentina). It is mostly focused on Eastern Europe. Thus, it misses a good part of the privatization narrative.

Second, it does not produce a smoking gun for the role of the international organizations. While it documents how much money and influence flowed *after* the reforms took place, it does not convincingly produce evidence that the influence came *before* the reforms. It is not easy to produce such evidence, as much of the negotiations take place off the record. Take the example of Mexico. I had informal discussions with a large number of domestic players who initiated the change. Almost all government bureaucrats and their advisers have said the same thing: "We had all the pieces put in place before the World Bank got involved. But when they came in and offered us money, we took it!"

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These questions about the influence of international organizations go beyond privatization of pension systems. It can apply equally to other domestic issues such as the treatment of HIV/AIDS prevention and treatment (see Condon & Sinha, 2008). For policy-making, whether it is pension reform or treatment of HIV/AIDS, it is difficult to build a case for such an influence. Most policy decisions do not happen on the floor of the legislative bodies – but in the backroom in off-the-record meetings.

One smaller quibble I have about the book is the inadequacy of the index. What appears and what does not is very quixotic. For example, the theory of Tsebelis plays a central role in the book, yet he gets no mention in the index. On the other hand, Domingo Cavallo of Argentina gets an entry. This is rather unfortunate.

## References

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*Evidence Based and Knowledge Based Social Work – Research Methods and Approaches in Social Work Research* edited by Inge M. Bryderup. 2008: Aarhus University Press, Denmark. ISBN 978-87-7934-422-8

In drawing together a diversified group of academic contributors, Bryderup aims to present a variety of comprehensive discussions of a range of salient issues regarding social work research in today's changing social environment. She explains that the term *knowledge-based*, which implies a broader perception of research approaches that can help to produce the required knowledge, is preferred more frequently over *evidence-based* to describe the practice one aims to develop through research. The focus of the contributors, therefore, is on the discussion of examples of developing research methodology, different research approaches and other issues that relate to evidence-based/knowledge-based practice in social work.

Bryderup maintains that policymakers in welfare democracies throughout the world are raising questions as to whether welfare systems deliver what the public expects, and thus they

are focusing their attention on increasing costs. Social workers are being held accountable for their services, and users of these services are made responsible for choosing from a wide diversity of programs and therapies that suit their highly individualized needs. The result often is a conflict in interests among politicians, social workers, and users of services who all, for different reasons, are interested in evidence and knowledge about social services.

From the outset, Bryderup admits to a diversity of positions held by the contributors regarding evidence-based and knowledge-based practice. She states that the focus of some is on research methodology issues, whereas others are more concerned with discussions of approaches and scientific issues. The result, unfortunately, is a lack of cohesion, uniform scientific rigor, and value in the contributions. In applying my typical criteria for evaluating a text, i.e. did it obtain its objectives, does it meet the needs of the intended audience, and is it readable, I find it lacking in all areas. If the purpose was to provide an overview of issues and answers regarding the application of evidence-based knowledge, i.e. research-substantiated knowledge, to more effective practice, then a primary requisite would be reliability and validity in the measures and approaches discussed. For example, in the chapter entitled "Using the Life-mode Interview as Method in Evaluation of Social Work Practice", the term *practice wisdom* is used. Practice wisdom, having never been operationalized to my knowledge, cannot be measured, and thus it cannot provide an evidence base for practice. Edwin Thomas once stated that there is no such thing as practice wisdom. Similarly, perceptions of targeted group problems and backgrounds are mentioned and these, too, lack reliability and validity.

Certain entries are excellent, for example Feldman's "Time-Sampling Observations – the Best Methodology for Evidence-Based Practice?" In this chapter, valuable information is provided regarding empirical measurement of behavior.

A useful addition to the text would have been a discussion of the need for replication of studies. Finally, a requisite of evidence-based/knowledge-based practice is the determination of the following: (i) who is the client; (ii) who is the worker; (iii) what is the intervention; (iv) what is the context for treatment; and (v) what is the duration of treatment? Also, it is necessary that the following be established prior to the onset of treatment: short- and long-term goals and objectives; short- and long-term interventions; short- and long-term outcomes; and pharmaceutical interventions. When the foregoing are considered, social work practitioners can be confident in the application of their approaches and accountable for their services, and politicians can realistically evaluate costs and benefits.

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