Book reviews

Book review policy

The policy of Social Work Review is to offer books for review to ANZASW members in the first instance. New reviewers are welcome and any member who would like to be added to the list is invited to write (preferably by e-mail) or telephone the Book Review Editor. It is most helpful to the Editor if you are able to identify specific titles from those offered below that match your area of interest. If you wish to discuss any of the books, or want to make a more general inquiry about book reviewing you are most welcome to make contact. Once a review is completed, the book becomes the property of the reviewer.

Publications available for review


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Maggie Mamen is a clinical psychologist with over 20 years’ experience. She currently resides in Canada. This is the revised edition of The Pampered Child Syndrome, with the first being published in 2004. Maggie has also written two other books, Who’s in Charge? A Guide to Family Management; and Laughter, Love and Limits: Parenting for Life.

This book is separated into two parts. Part 1 includes The Pampered Child Syndrome: How to Recognize It and covers areas such as background and evolution; pampered children; the Pampered Child Syndrome; depression; anxiety; ADHD; behavioural disorders and learning problems. Part 2 includes The Pampered Child Syndrome: How to Manage It and How to Avoid It and covers management and prevention; general objectives; restoring balance, breaking the pampering cycle; parent matters; roles and goals for professionals; a class act, pampered children and their teachers; sparing the rod without spoiling the child, 10 strategies that work; and epilogue, happy ever after? It also includes a subject and author index at the back.

The central argument of this book is that many of the symptoms and behavioural problems diagnosed as mental health problems are actually Pampered Child Syndrome. Maggie writes as if this syndrome is widely accepted and recognised as a syndrome in its own right. However, it is not present in the Diagnostic Statistical Manual IV (DSM-IV) nor did I find it in any other literature as an official, recognised syndrome. As I work in a multi-disciplinary team within a children’s mental health service, I also asked colleagues about this syndrome and none had heard of it.

Maggie states that this syndrome and her book are different from other books that are available on ‘indulged children’. She states that her book is a guide and highlights the current child-centred parenting philosophies which create ‘symptoms’ that frequently meet the checklist criteria for many well-known psychiatric and psychological diagnoses.

It appears that Maggie is stating that the relationship that parents and children have, and how children are parented, has an effect on their mental health and that these relationships are key. This is ‘bread and butter’ stuff for us as social workers. The fact that relationships have an impact on mental health might be new within other disciplines but it is again something which we in social work have been taking into account, been aware of and working on for a long time.

I found the first half of this book particularly condescending to the knowledge that professionals, and especially social workers, hold. I also found it dismissive of mental health professionals as a whole, and of the thorough assessment that takes place to ensure understanding is gained of what is going on for a young person. This book is also written by someone who practises in Canada and the experiences that are discussed may not fit or be relevant within other cultures or countries.

The book is aimed at both professionals and parents, however, I think that parents will find the book hard to read and digest. It may even have a negative effect on lay people who read it and take some of the criticisms/issues in it to heart. There are, however, some strategies and tips given in the second half of the book that could be beneficial, although
there are already a number of books available with similar strategies for parenting and behaviour management. I believe that the book would be of more interest to professionals with limited understanding of relationships, parenting and the effects of these on children as it does provide a basic guide to managing common behavioural problems among children and cites a number of examples. I did not feel it was relevant or of likely benefit to mental health specialists and expect it would be of limited value to social workers in general.

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This book addresses exactly what the title says; it’s a collection of works considering various aspects of rural social work practice. Having said that, it’s an American version of what is rural social work and as the authors are mostly residents of West Virginia, much of the writing is related to that state.

Two themes which run through all the chapters are the need for rural practitioners to be generalists and the issue of dual relationships. The later is more prevalent the lower the population of the locality in which the practitioner lives and works. Both of these points have resonance with the Aotearoa context and made sense to me from my own experience as a practitioner in rural locations where being a ‘Jack/Jill of all trades’ was vital and ‘running into’ clients was an everyday occurrence.

The question ‘what is rural?’ is grappled with in this work, a debate which is always interesting. I share the authors’ conclusion that rural/urban are concepts along a continuum and not polar opposites. As I read this book I had my own rural upbringing and adult experiences in mind and at times the kinds of things discussed mirrored my own experiences of the ‘heartland’: high rates of poverty, conservatism, religiousness, self reliance, reserve around strangers and an unwillingness to access social services.

There are 15 chapters covering a wide terrain: everything from poverty to mental health, Aids to management and ethnic minorities to the rural elderly. The book concludes with a discussion about rural social work education and whether or not rural social work practice can be defined – or is all that’s required just competent generalist practice. There was also a section of photos of clients with detailed captions which I found inspirational and a great use of this means of expression.

Alongside the photos, the chapter I enjoyed the most (partly because it was not specific to America) was the one entitled ‘Gay men and lesbian women in rural areas: Acknowledging, valuing, and empowering this stigmatized invisible people’. Neely, the author, encourages the reader to be aware of how marginalised gay rural dwellers can be, given ‘that heterosexism is more apparent in a rural setting’ (p. 239). The concept of ‘difference’ becomes more pertinent when working with this group of clients in a rural context. In terms of the theme of generalist practice that runs through the book, it can create a conundrum when working with gay rural clients where being ‘different’ is pivotal. A generalist social work approach may not be useful or result in a lack of affirmation about the clients’ daily lived experience.
I thought the gem of wisdom of this work was the statement that what rural practitioners considered a crucial skill for the budding rural worker was being able to ‘identify inclement weather as a problem’ (p. 298). That is obviously an international requirement!

I wouldn’t recommend this book unless you have a particular interest in rural social work and are willing to wade your way through lots and lots of American/West Virginian material. While I’ve always been interested in the people of the Appalachians, this book didn’t even satisfy that curiosity. What we really need is a book of this nature, written by us, about our rural context.

Lesley Pitt
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This book is volume 11 of a series entitled *Good Practice in Health, Social Care and Criminal Justice*. The book is British, and its contributing authors are clinicians working within that context. Naturally, the first question that arises is ‘what is brain injury case management?’ Happily, this question is dealt with in the first chapter. It is clear that the role of case managers in the United Kingdom is substantially different to any comparable roles in New Zealand.

Case managers in the United Kingdom are independent professionals who are engaged in a wide variety of tasks. They work therapeutically with the client and his/her family and other support networks. Their role also involves arranging funding for, and coordination of, therapists and other support services. In many cases this will directly involve the recruitment, training and ongoing employment of support workers. Many case managers are working in private practice, funded through insurance claims or personal injury litigation.

Compared to New Zealand, the role is similar to that of ACC case managers or NASC service coordinators. However, there is also a considerable overlap with the role of hospital and community rehabilitation. An interesting point is the overtly independent nature of the role. British case managers have their own professional body: the British Association of Brain Injury Case Managers (BABICM). Additionally, case managers are also expected to be registered health professionals such as social workers, occupational therapists and nurses, with the resulting adherence to their professional body, code of ethics and so on. ‘The Case Manager should be independent and have integrity. He/she should not be employed by the claimant’s solicitor, defendant solicitors or an insurance company in respect of any compensation claim’ (p. 21). A challenging thought for those in New Zealand working under the control of ACC or the Ministry of Health.

So how useful is this book to New Zealanders? One point in its favour is its practical and easy to read style. The early chapters describing the effects of brain injuries on individuals and their families are very well written, although readers looking for nothing more than this would be well served by many other publications written for the lay person. Later chapters dealing with the practice issues will be of variable relevance to New Zealand readers. Those with a good understanding of the difference in context will appreciate much of what this book offers as a worthy supplement to the dry offerings published by the New
Zealand Guidelines Group. It has a strong client-centred focus that will be appreciated by social workers. A good example is the chapter on risk management, which acknowledges the impossibility of creating a risk-free environment and reminds us that there are many potential benefits from taking well managed risks.

This book does not claim to be fully comprehensive. One acknowledged gap is the lack of discussion of capacity and consent. Those grappling with Protection of Personal and Property Rights Act issues will find little to assist them.

This book would be a useful addition to the libraries of ACC branches, NASC offices and community therapy teams. I would also recommend it to policy makers. Finally, anyone considering brain injury case management during their big OE to the UK should not leave home without it.

Tim Scanlan, MANZASW
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Social Work Practice is one of those rare books in social work that synthesises theory, research and practice wisdom in an integrated and engaging manner, whilst remaining relevant to the challenges of contemporary social work practice. Written with the audience of students and practitioners engaged in casework in mind, Social Work Practice consists of three parts. Part one, containing the first five chapters, is concerned with the conceptual frameworks for social work practice. The first two chapters explore the context of practice. Chapter one is focused on the social worker and reviews the knowledge base of social work practice, the development of personal and professional self, the influence of organisation and society, as well as how social workers use knowledge and learn in practice. In this regard, Bogo draws on her previous research concerning the integration of theory and practice through reference to the ITP Loop Model (Bogo and Vayda, 1998). Chapter two explores diversity and key concepts related to working with the people. This chapter provides excellent coverage of the cultural competence terrain and takes a cultural learner approach to understanding and acting in relation to difference. Chapters three and four are concerned with the helping relationship and clearly define, discuss and elaborate on the importance of process, humanistic interpersonal concepts and the therapeutic alliance that is the social work relationship. Chapter four also provides excellent coverage of ethical and boundary considerations as well as clear practice principles for relationships with voluntary and involuntary clients. Chapter five is focused upon understanding change and discusses the latest ideas and research related to this important area. This chapter also forms an excellent bridge and primer to the second part of the book, which is focused on the process of helping. Part two consists of three chapters and takes the reader through the beginning, middle and ending stages of the casework process. It provides clear signposts and an insightful pathway through the helping process. The final part of the book consists of a comprehensive chapter on interviewing skills that both rounds off the book and translates the values and knowledge of the earlier parts into concrete skills.

This book is a clear representation of the integrative approach to social work theory and practice. Its strength is that it negotiates a middle path through what Goldberg Word and Tully
(2006) call the paradigm struggle between evidence based practice and social constructionist perspectives and provides an insightful and practice based synthesis of current theory, research and practice wisdom from a Canadian North American perspective. There is much in it of relevance to students and practitioners in Aotearoa New Zealand and I particularly encourage social work educators to consider adding this text to their recommended reading lists in theory and practice and fieldwork courses as well as recommending it to their library. Social Work Practice, in my opinion, would be particularly valuable to students on placement and fieldwork work educators because of its rich content, integrative nature and practice relevance.

References

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Both paperbacks grew from ‘Big Lottery Funding’, which enabled mothers, children and workers from seven refuges in Essex, Panaghar, York, Cheshire, London and Colchester to work collaboratively to develop activities which are included in the books.

The aim of the research was to build a practical programme of action, aimed at facilitating quality communication between mothers and their children who have been exposed to domestic violence. The activities included in each of the books were put into action and evaluated as the programme developed. There were at least 100 participants.

The material in both books is set out in such a way that it can be used independently by mothers with their children, with advice on how best to utilise the material, or in conjunction with support workers or clinicians in professional settings. The activities have a strong visual element to make them appropriate for women and children of different ethnic and educational backgrounds.

The authors recommend that mothers have a support person when working through the activities, and that this person ought to provide information on what domestic violence is.

Both workbooks, complete with ‘ground rules’ for getting started, are divided into three sections: early days; talking about things that matter; and moving on. Each activity in Talk-
ing to my Mum has a set of traffic lights for children’s safety when completing the activities to enable them to have the opportunity to indicate that they need to stop the activity, that they are getting worried, or to indicate that they wish to keep going. A range of different activities can be chosen from both workbooks to reflect differing experiences, inclusive of guidelines for their appropriate use.

The activities in Talking to my Mum are drawn from a strengths-based model of practice, beginning by helping mums and their children to focus on positive things about each other. New friends, Taz the Tortoise, Ollie the Owl, Jas the Butterfly and Cas the Caterpillar, Bas the Bear, Prickles the Hedgehog and Bubbles the Squirrel, are introduced to enable mums and their children to work through the activities from a narrative approach. From a New Zealand perspective, it may be more appropriate for Bas the Bear and Bubbles the Squirrel to be changed to (for example) a possum and a kuni kuni pig so that children will relate more readily.

The chapters in both workbooks are well set out and the activities relevant to Aotearoa. Children and their mums are gently guided through a dual healing process to enable them to move on and rebuild their lives. This and the next workbook can be used separately or as complementary resources, and the authors are clear that the activities are only a few of the thousands of ways in which mums and their children can spend time together. There is practical advice on some other activities that could be embarked upon.

Talking about Domestic Abuse also draws on a strengths-based and narrative model of practice, with the use of photographs as a visual prompt. Activities are aimed at nine year olds through to adolescents, although they would appear to be more appropriate for nine to early adolescents than an older peer group. They encourage participants to talk about feelings, focusing on excitement and fear, anger, worry and change, and provide activities which support mums and their children to move on. There is also a useful relaxation exercise included.

There is a range of literature available on domestic abuse in New Zealand. The beauty of these two books is in their simplicity and practicality. They are ‘living works’, whose participants were able to actively contribute to their contents. The workbooks will add a positive dimension to my own work within the mental health field and I recommend their use.

Because of the funding source and the links to Women’s Refuge in England, fathers were not included. The authors acknowledge that it is not only men who perpetrate domestic violence, although women are the most victimised and more likely to be injured in domestic violent incidents. The non-heterosexual and disabled communities were also not consulted.

Activity sheets can be photocopied, and this is encouraged by the authors. For this reason, the workbooks may have had a better life span had they been spiral bound.

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