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**Recommended Citation**

and fascinating testimony to social work history between 1989 and 1993 and to Ann Hartman, a human being and editor of the most widely distributed scholarly journal in social work.

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This book is an effort to blend the task-centered approach to social work practice with generalist practice or, as the authors put it, to marry those two orientations. The book is designed to be used in social work practice classes for undergraduate and entry level—presumably foundation level—graduate students in social work. Generalist practice is the required orientation of baccalaureate degree and foundation MSW study according to the Council on Social Work Education accreditation standards.

The task-centered approach is a product of the early 1970's and was initially developed by William Reid and Laura Epstein. The authors place the task-centered approach within the context of problem-solving approaches to social work practice which, they say, were first articulated by Helen Harris Perlman and have since been explicated by others including Beulah Compton and Burt Galloway. The first book on the subject was called Task-Centered Casework, which was published by Reid and Epstein in 1972.

Task-centered practice is characterized by a focus on specific problems, which are addressed with clients in time-limited ways. There are procedures, tasks, and activities used for implementing the approach and to ameliorate identified problems. The focus is on the present and the methods are based upon research about practice as well as tested through research. The task-centered approach, or TC as the authors call it, is not tied to any one theory of human behavior.

This book goes beyond the earlier works of Reid and Epstein and applies the task-centered model to five systems in which social workers intervene—individuals, families, groups,
organizations, and communities. The idea behind the book is to apply TC to those five systems, which are the bases of generalist practice.

There are four parts, one on individuals, another on families, a third on groups, and a fourth on larger systems, which includes human service organizations and communities. The first three parts are sub-divided into four chapters: pretreatment considerations, the initial phase of treatment, the middle phase of treatment, and termination. The last part covers similar elements but less extensively. The authors say they have devoted only one chapter each to the two larger systems because they have less experience in using the task-centered approach with them.

A complex numbering system is used and similar content is covered in each of the sections under similar numbers. Therefore, the reader is able to follow a subject such as “exploring target problems” in each of the chapters. Each of the sections also contains check lists, examples, and exercises.

The three authors wrote the first three parts. The chapters on larger systems were written by others. Bageshwari Parihar wrote on human service organizations and Kollengode Ramakrishnan, Pallassana R. Balgopal, and Gregory L. Pettys wrote on communities.

Although the parts on treatment of individuals, families, and groups have more chapters than the part on larger systems, there are comparable numbers of pages devoted to each section.

Although task-centered practice is clearly explicated, that is not as true of the material on the generalist perspective. The authors trace the generalist perspective to the early roots of social work. However, they neglect some of the recent perspectives that led to the adoption of the generalist approach in social work education, which probably grew out of the literature on social work practice in rural communities, a subject that does not appear in the index. Betty Baer and the late Ron Federico’s two-volume work on *Educating the Baccalaureate Social Worker*, which was published in 1978 and 1979, was the critical source but that work is not referenced in this book, either.

The publication of the book is a welcome development for those who have found the task-centered approach useful in teaching and practicing the profession. The title may be a less
accurate statement of the book’s content than would be an indication that it is a new and more comprehensive version (of the task-centered approach, which has been found by many to be useful and reliable.

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Specialization, solving narrow problems one at a time, is the state of the art in health care. For consumers, however, the state of the art depends on how specialists tailor and join their narrow practice into a seamless whole. Educating specialists to tailor and join their practice in concert is the purpose of this new book, which "provide[s] materials for those engaged in learning about the dynamics, techniques, and potential of interprofessional collaboration."

Interprofessional Care and Collaborative Practice is a condensed introduction to key issues and basic knowledge for practice in complex health care systems; it spans thirteen chapters in 172 pages of text. This primer examines three overarching themes: (1) theoretical models of professional socialization, interprofessional care and collaborative practice; (2) theories of group development and behavior in and among the professions; and (3) models of interprofessional care and collaborative practice for direct patient care, education, and the formulation of public policy. The book closes with four minor chapters or appendixes of illustrative material: (1) eight case vignettes, (2) five codes of professional ethics in abbreviated form; (3) an examination of The Commission on Interprofessional Education at Ohio State University, and (4) the history of the book and its authorship by the Commission.

Imagine sociologists and physicians conducting a panel discussion for students in training for health-care careers. The students represent a variety of clinical disciplines, and the focus of the training is working together for patient care. In the morning