Review of *Interprofessional Care and Collaborative Practice.* R. Michael Casto and Maria C. Julia. Reviewed by Daniel Harkness, Boise State University.

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accurate statement of the book's content than would be an in-
dication 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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R. Michael Casto and Maria C. Julia, *Interprofessional Care and
Collaborative Practice.* Pacific Grove, CA: Brooks/Cole Pub-
lishing Co, $43.25 hardcover.

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 inter-
professional collaboration."

Interprofessional Care and Collaborative Practice is a con-
densed introduction to key issues and basic knowledge for prac-
tice 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, in-
terprofessional care and collaborative practice; (2) theories of
group development and behavior in and among the professions;
and (3) models of interprofessional care and collaborative prac-
tice for direct patient care, education, and the formulation of
public policy. The book closes with four minor chapters or ap-
pendixes of illustrative material: (1) eight case vignettes, (2) five
codes of professional ethics in abbreviated form; (3) an exam-
ination 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 dis-
cussion for students in training for health-care careers. The stu-
dents represent a variety of clinical disciplines, and the focus of
the training is working together for patient care. In the morning

session there are nine brief presentations, and the students re-
ceive a set of handouts before the program adjourns for lunch.
Over lunch, nearly all agree that the presentations were excel-
lent, and with few exceptions everyone looks forward to the
afternoon, when the presenters are scheduled to lead interdisci-
plinary group discussions on interprofessional care. After lunch,
the students return to an empty auditorium. The presenters
have gone home.

Interprofessional Care and Collaborative Practice has a won-
derful morning session. Two presentations are particularly
strong. The first is a sociology of professional education and
practice, groups, and interprofessional care. The second is an
introduction to health-care as a turbulent policy environment in
which professional traditions, public laws, and third-party sys-
tems govern professional behavior in interprofessional practice,
and in which illness and health are dynamic processes which
govern the protocols of care. The handouts (case studies, pro-
fessional ethics, and the history of the Commission on Interpro-
fessional Education and Practice) are good too.

But Interprofessional Care and Collaborative Practice can-
not stand alone as an examination of issues and strategies of
interprofessional care in clinical practice. Freestanding, it is nei-
ther effective as an introduction to interprofessional care and
collaborative practice, nor as a resume of the state of the art. It
needs expansion, and it needs to examine cases.

As a free-standing sociology of health care, the seven-page
discussion of the vicissitudes of professional socialization and
roles is an insufficient introduction to the differential assump-
tions and beliefs which shape professional behavior. Moreover,
the six-page discussion of group processes and their influen-
tial role in the phenomenology and management of interpro-
fessional care is insufficient also. What's missing is a bridge
to practice.

Interprofessional Care has an outstanding introductory the-
oretical chapter on the dynamic interaction between the status of
patient health and patient care, perhaps the outstanding chap-
ter in the book. It is a critical orientation to the medical model
of disease and illness as dynamic processes linked with differ-
ential protocols for the management of care. An orientation to

the medical model is of paramount importance to the student because the diagnosis and treatment of illness shapes interprofessional care through a logic of its own, and the footprint of that logic can be found in many of the policies and procedures of health care as a system which shapes health care practice. But without a footing in cases, the bridge to practice is out.

Direct exposure to cases of interprofessional care of illness and health is the essential media through which lessons of interprofessional practice are learned, but Interprofessional Care and Collaborative Practice forgot the afternoon session, and the bridge to practice.

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Andre Ivanoff, Betty J. Blythe and Tony Tripodi. *Involuntary Clients in Social Work Practice*. Hawthorne, N.Y.: Aldine de Gruyter, 1994. $41.95 hardcover, $20.95 papercover.

Ivanoff, Blythe and Tripodi have developed an important and unique social work text organized around three guiding principles: a) working with involuntary clients, b) within the framework of a phase model of practice, c) that incorporates and relies upon research knowledge to guide clinical practice. Chapters 2 through 4 provide foundational information and skills upon which clinical interventions are built. Specifically, in chapter 2 the authors present research-based knowledge about the engagement process between practitioner and involuntary client, including the professional, client and environmental obstacles that must be overcome when establishing a helping relationship. Basic skills required in the assessment phase of treatment, supported by research data, are also reviewed. Chapters 3 and 4 focus on the skills needed in the middle and termination stages of treatment, and include instructions for the practitioner on how to develop a "problem hierarchy" (p. 60), set up and measure the effect of interventions, determine if treatment goals have been met and collect follow-up information.

The remainder of this text focuses on the principles of research-based practice with involuntary clients who are involved