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Cynthia Franklin
*University of Texas, Austin*

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Like its predecessor, Paradigm of Clinical Social Work, Volume 2, edited by Rachelle Dorfman, offers an excellent review of several clinical practice theories. Each author also applies theories covered to a case which adds to the practice appeal of the text. The same case, the Shore family, was used in the first volume of the book and in this volume. Interestingly, using the same case from one volume to the next allows for cross comparisons among the different authors and perspectives. It also provides an opportunity to see how some models may have changed in perspective over time.

This revised volume of Paradigms of Clinical Social Work is more than just an editorial make over of the former text. It offers an extensive revision and coverage of new theories and trends in clinical practice. From this view the text is more than a book about clinical social work theories and practice. It is a book about clinical practice theories that has broad interdisciplinary applications. This perhaps also reflects the interdisciplinary thinking that is applied in the development of social work theories.

A meritorious strength of the text is that Dorfman assembles an impressive array of clinicians and academicians who are experts in the theories and perspectives being addressed. In fact, most authors have actual practice experience using the models. Such practice expertise has become rare in a textbook. I was also impressed with the fact that Dorfman captured several of the current themes and issues that are being voiced in psychotherapies and in clinical practice. Themes such as strengths orientation, brief treatment, client centered/egalitarian perspectives, integrationism, postmodernism, constructivism, and managed behavioral health care are all addressed in the pages of the text. The text provides an excellent repository for professionalizing students to the concerns and discourses of practicing clinicians as well as an introductory text on practice theories.
The book has three parts. Part 1 introduces the case example which is used in the text. Part 2 covers seven paradigms or theories guiding clinical social work practice. Although, it may have been appropriate to give more attention to psychoeducational models and group practice given the current work setting of most clinicians. The seven paradigms covered serve as good examples of popular clinical models in current usage. Paradigms discussed include: Ego psychology, Self psychology, Solution-focused Brief Therapy, Control-Master Theory, The Cognitive Therapy Model, Ericksonian approaches, and Postmodern family therapy. All chapters have good coverage of constructs and applications.

Part 3 covers five metaparadigms and focuses the rest of the book on cutting edge models and issues. Chapters include: Feminist perspectives, meaning-making framework which could have been labeled cognitive-constructivist perspectives, eclectic psychotherapy, managed behavioral health care and long-term trends in clinical social work practice. All chapters in this section are easy to read and practice friendly. Coverage of feminist practice is well suited for a social work book and further adds the political perspective to practice models as did the postmodern perspectives covered in part 2. The chapter on meaning-making perspectives, however, seemed misplaced in that it could have been included in part 2 following postmodern family therapy. The focus on managed behavioral health care is a strength for understanding the practice settings in which each perspective may be applied. The final capstone chapter on trends in clinical social work practice is an excellent ending, and sums up what current trends mean to the profession from both a historical and a current day perspective.

Dorfman notes that this book was compiled during social work's 100th year anniversary. The book does a good job of providing an overview of where clinical social theory is after 100 years. This book is highly recommended for use in classes on clinical theory and practice methods.

Cynthia Franklin
University of Texas at Austin