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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 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).

Leon H. Ginsberg
University of South Carolina

R. Michael Casto and Maria C. Julia, *Interprofessional Care and Collaborative Practice*. Pacific Grove, CA: Brooks/Cole Publishing 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 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

session there are nine brief presentations, and the students receive a set of handouts before the program adjourns for lunch. Over lunch, nearly all agree that the presentations were excellent, and with few exceptions everyone looks forward to the afternoon, when the presenters are scheduled to lead interdisciplinary 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 wonderful 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 systems 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, professional ethics, and the history of the Commission on Interprofessional Education and Practice) are good too.

But Interprofessional Care and Collaborative Practice cannot stand alone as an examination of issues and strategies of interprofessional care in clinical practice. Freestanding, it is neither 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 assumptions and beliefs which shape professional behavior. Moreover, the six-page discussion of group processes and their influential role in the phenomenology and management of interprofessional care is insufficient also. What's missing is a bridge to practice.

Interprofessional Care has an outstanding introductory theoretical chapter on the dynamic interaction between the status of patient health and patient care, perhaps the outstanding chapter in the book. It is a critical orientation to the medical model of disease and illness as dynamic processes linked with differential 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.

Daniel Harkness
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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