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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
Boise State University


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
in three different social service settings: the criminal justice system, child protective services and the mental health system. Using the phase model of practice, the authors connect research-based knowledge about clinical skills, hypothesis building, data collection, evaluation and termination to the involuntary clients involved in each of these milieus.

Throughout the excellent chapter on working with involuntary clients in the criminal justice system, the authors skillfully weave the story of “Carlos Vasquez”, a soon-to-be paroled prisoner serving time in a state correctional system. The reader is presented with a systematic application of research-based knowledge in the processes of assessment, goal-setting, intervention and outcome evaluation. This is accomplished using the example of one particular criminal justice client, Mr. Vasquez, who presents one particular set of emotional, environmental and behavioral attributes. The message is simple yet sophisticated: with research knowledge, an understanding of agency function and impact and an understanding of what the involuntary client brings to the treatment relationship, the social worker can simultaneously engage with and help the client while contributing to a body of research.

Chapters 6 and 7, dealing with child protective services and mental health clients respectively, mirror the approach used in chapter 5. Though each of these chapters is limited to 40 or less pages and the clients in these settings present a multitude of unique problems, the authors provide a solid framework within which to approach these clients and their presenting problems.

The beauty of this text is that it continually draws the reader back to the initial chapters where the method is set out. In doing so, a true integration of the substantive material with the case examples is achieved. Practitioners working with involuntary clients and graduate students preparing to do so will benefit from reading this well-written, sensible text—as will their clients.

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