

Of major significance, however, for both the history of social welfare and progressivism is the fact that these people, according to Ashby, were sincere, kind, and caring. They really believed that their response—"family oriented anti-institutional institutions"—was a vast improvement over earlier efforts and was best for the children involved. They were not part of a malevolent plot to "regulate the poor."

For the most part, Ashby admires these people—dedicated individuals motivated by a keen sense of obligation and service who helped many needy youngsters—yet he is not uncritical of some of their actions. He takes them to task, for example, for glorifying newsboys as young entrepreneurs—disadvantaged youngsters working hard to overcome hardship. They also failed to educate their charges for conditions in the real world of the twentieth century—an unjust, exploitive, and increasingly bureaucratized and impersonal society. Instead, they instilled in children the values of an older, idealized America: compassion, responsibility, religious faith and moral restraint, a sense of community, and, above all, the work ethic.

In sum, this is a well-balanced but limited study. It does not deal with the major developments of the era, and does not even mention many of the most prominent child savers of the period, such as Charles Birtwell, Homer Folks, Owen Lovejoy, and others. Yet it is a fascinating and well-told story that has important implications for social welfare history and the history of progressivism, and should be read by students of both. Ironically, thanks to the Reagan administration's push to promote, once again, voluntary and sectarian efforts to help the needy, the work of the kind but misguided people who are the subject of this study may be more relevant than many of us care to think.

Walter I. Trattner

*University of Wisconsin—Milwaukee*

**Agency-based Social Work: Neglected Aspects of Clinical Practice.** By Harold Weissman, Irwin Epstein, and Andrea Savage. Philadelphia: Temple University Press, 1984. Pp. xviii + 344. \$34.95 (cloth); \$14.95 (paper).

Weissman, Epstein, and Savage make a unique and important contribution through their publication of *Agency-based Social Work*. They create a vision of what clinical social work practice could become, and they describe practice roles that if adopted could result in effective services pertinent to the needs of disadvantaged populations. Essentially, this book presents an argument for the centrality of administrative (organizational) roles in agency-based clinical practice. In addition, the rich descriptions make the learning of such roles feasible.

The authors present results of a NIHM-funded project that sought to identify the administrative skills and knowledge involved in clinical social work, and to develop as well as evaluate a curriculum for training M.S.W. students in the administrative aspects of their practice. Although the book is described as the project's major effort to disseminate its central ideas, no discussion of the curriculum is provided. Rather, the volume focuses on a description of administrative roles performed by clinical social workers. As a result, the book does not address the difficult curricular issues that the project must have encountered, and that educators seeking to incorporate these ideas into existing curricula will have to address. A general description of the curriculum and a

preliminary assessment were published in the *Social Work Education Reporter* (30 [January 1982]: 10–15). That article also refers to a final report of the project that may provide a more thorough description and evaluation.

There are two somewhat distinct reasons for preparing clinical students to perform administrative roles. Many clinical students quickly move into supervisory and middle-management positions following graduation. Because of this, it is frequently argued that clinical students should be prepared for such roles during their graduate education. This rationale is referred to in the 1982 article as one of the reasons for undertaking this project. However, the primary rationale presented in the book is quite different. That is, under the assumption that social administration is practiced at three organizational levels—the institutional, managerial, and technical—the project sought to examine the administrative roles actually performed by clinical social workers. The justification, then, is not in terms of future nonclinical positions that graduates might assume, but rather roles inherent in clinical practice itself.

There are a variety of ways one might go about identifying administrative skills and knowledge involved in clinical social work. The 1982 article reports that a literature review was conducted that served as a basis for identification of roles. The roles specified seem reasonable, yet the method used to identify these roles may leave the empirically minded reader uneasy. It would be of interest to know something about the experiences of the students in the project as they sought to implement these roles. Of even greater interest would be data derived from the empirical analysis of agency-based clinical practice that would assess actual role behavior. As an example, Johnson and Rubin report only a modest commitment to case-management roles by social workers in community mental health centers (Peter Johnson and Allen Rubin, “Case Management in Mental Health: A Social Work Domain?” *Social Work* 1 [January/February 1983]: 49–55). Until adequate research is available, it would be more accurate to view the roles described as among those that could be characteristic of agency-based clinical practice.

Clinical social work has little difficulty and no hesitancy in identifying its therapeutic role. This role is clearly favored and most congruent with practitioner preference, as indicated recently by Rubin and Johnson’s survey of direct-practice students (Allen Rubin and Peter Johnson, “Direct Practice Interests of Entering M.S.W. Students,” *Journal of Education for Social Work* 20 [Spring 1984]: 5–16). Rubin and Johnson conclude that their findings “substantiate prevailing impressions that most entering direct-practice students view the M.S.W. degree as a route to practicing personal or interpersonal therapy” (p. 13). Weissman, Epstein, and Savage endorse the importance of psychological assistance, but they see agency-based clinical practice as involving a number of administrative roles as well. The book is organized into ten chapters corresponding to these administrative roles: organizational diagnostician, expeditor, case manager, colleague, advocate, program developer, organizational reformer, supervisor, researcher, and employee. The compatibility of these roles with the more favored therapeutic role is potentially problematic, and each chapter contains sections on “Practice Analogues” and “Attitudes, Values, and Skills” that examine this fit. The authors’ analyses clearly highlight the congruence of the administrative and the therapeutic. A penetrating critical analysis of potential role conflict would have been a valuable addition.

If left to their own inclinations, most clinical social workers would probably favor traditional therapeutic roles at the expense of the administrative roles described by Weissman, Epstein, and Savage. These authors argue that it is the agency context that requires attention to administrative roles. Although not discussed by the authors, it would seem that, given worker preference,

this counterforce is necessary to the performance of these roles. From this perspective, agency-based clinical social workers are clearly not autonomous practitioners, but rather their roles are determined to a significant degree by the agency and the public policies that sanction agency function and service. The nature of client need, agency function, and public accountability creates a context for clinical practice that creates tension between the therapeutic preference and the administrative requirements. Left unaddressed is the dilemma created by the view that clinical practice is essentially autonomous and the obvious lack of autonomy inherent in agency-based social work (e.g., see the definition of clinical social worker by the Board of the NASW Register of Clinical Social Workers). Perhaps as an incentive for adoption of these administrative roles, the authors point out that the expanded role set opens access to an array of problem-solving resources provided by agencies that could bring greater benefit to clients needing these services. This, of course, assumes that the clients preferred by clinical social workers need such services. This assumption is risky given findings such as those of Rubin and Johnson, who report that in their survey of students' preferences, the most appealing client groups or case situations were those conducive to a psychotherapeutic approach, while those least appealing were those fitting a resource provision approach (pp. 9–10).

In addition to each chapter's discussion of similarities and differences between traditional roles and the particular administrative role reviewed, the authors provide succinct overviews of the knowledge and skills required to carry out each role. Each chapter also includes previously published articles or excerpts of articles that provide case examples of workers acting out their roles or that amplify points. Examples include the excellent pieces by Kadushin regarding the organizational diagnostician, McGowan on advocacy, Abramson on program development, and Patti on organizational reform. Each chapter concludes with a list of additional readings. The additional readings sections have the advantage of being selective; however, students and teachers would be better served by a more extensive, annotated set of references.

As Carol Germain observes in her foreword, Weissman, Epstein, and Savage have for the first time articulated the importance of a range of administrative roles in agency-based clinical practice. Their work both opens up exciting possibilities and numerous dilemmas for clinical social work. It makes clear the differences between publicly accountable, agency-based social work practice and private therapeutic practice. What remains uncertain is which option future generations of practitioners will choose, as well as the extent to which clinical practitioners actually do perform the administrative roles described. While Germain's observation that a major impediment to adoption of such roles has been a lack of facilitating conceptual frameworks has considerable merit, a prior and more potent impediment may well be preference of students admitted to social work programs. If Rubin and Johnson's findings are representative, then prospects for clinical social workers' adoption of Weissman, Epstein, and Savage's role set must be viewed with some pessimism. And if shrinking enrollments stimulate schools to further shape curricula according to student interest accompanied by an increase in the availability of third-party payment, it would seem that the private-therapeutic practice mode may well outdistance agency-based practice. Rubin and Johnson report that in their survey 86 percent of the students said they wanted to enter private practice (p. 10). The consequences for the profession and for the nature of the social services of a shift to autonomous, private, therapeutic practice away from agency-based service are enormous. I believe the administrative roles described by Weissman, Epstein, and Savage are too important to lose. This

work should serve to make clear the nature of agency-based direct practice, as well as facilitate learning of important administrative roles. The inclination of professionals to engage in this type of practice and to serve populations needing administrative services is another matter.

Edward J. Mullen  
*University of Chicago*

**Consumerism in Medicine: Challenging Physician Authority.** By Marie Haug and Bebe Lavin. Beverly Hills, Calif.: Sage Publications, 1983. Pp. 239. \$25.00.

Health care costs continue to rise, although recent data indicate a falling off in the rate of increase, and providers, consumers, and the health care bureaucracy are still challenged to maintain quality care at reduced expenditures. Medical care is a particularly critical area because it involves human relationships in a dramatic and glamorous arena. Some actors in this arena, such as physicians, have a very high social and economic status, and the health care industry itself is the second or third largest in the country with an annual cost of more than \$350 billion. For these reasons alone, much attention is paid to health care, not to mention the obvious need to maintain and conserve human resources.

*Consumerism in Medicine* is about power in professional and medical care and resistance to this power in the special form of consumerism. The authors, Haug and Lavin, define consumerism in medicine as "challenging the physician's ability to make unilateral decisions" (p. 16).

Because of their knowledge and diagnostic and treatment skills, until recently, physicians were rarely questioned concerning their performance. There are many reasons why their authority is being challenged now. There is an anti-authority trend that has spilled over into the professional and medical domains. Higher educational levels make it possible for some, particularly in the middle and upper classes, to challenge expertise of all kinds. The growth of para-professions, and a related phenomenon—the belief in the importance of self-care—nurtured and encouraged by medical publicity, also contribute to the questioning of medical authority. Some persons are aware that much of the decline in infectious disease is the result of improved sanitation and nutrition rather than medical intervention, and this has diluted the mystique of medicine. The field of medical ethics has helped to challenge physician dominance, as has the demand for physician accountability that has been abetted by governmental regulation. And, finally, there is a lack of follow-through of medical recommendations (noncompliance) that ranges as high as 60 percent, particularly among low-income clinic patients. The authors see consumerism as a challenge to medical authority, and the book, a report of a research project, reviews the prevalence of consumerism, the physician response to the consumerism challenge, and the implications of these developments for health care and utilization of medical services.

The findings are based on a regional and national survey that was undertaken in the 1970s. The data come from three randomly selected samples, including physicians, members of the public from three different-sized communities in a midwestern state, and a national sample of public respondents.

Based on the data, the authors conclude that "consumerism in medicine is a contemporary reality, not just a media hype" (p. 83). However, the behavior of patients expressed through consumerism is not a universal phenomenon. The authors indicate that the upper classes are almost three times as likely