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Conclusions: Knowledge-in-practice in the caring professions: reflections on commonalities and differences

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This book has taken up the theme of knowledge-in-practice in the caring professions, drawing on multidisciplinary perspectives. As outlined in the Introduction, we have approached this project by soliciting contributions from representatives of different disciplines and professions involved with caring for individuals, groups and communities. Our approach differs from the more usual approaches, which discuss knowledge-in-practice from the perspective of a particular profession or discipline, while promoting and encouraging multidisciplinary professional practice as a reflection of practice realities, organizational demands and the complexities of problems presented by client groups.

The book has been designed to contribute to this professional imperative of multidisciplinary team work and collaboration, exploring what knowledge-in-practice means for different caring professions. The intention is to increase awareness of and prompt reflection on the factors that inhibit, and those that promote, multidisciplinary practice, and also to propose appropriate approaches. As editors we have not been prescriptive in our guidelines to authors regarding how they should respond to the central aims of the book. Each chapter has been conceptualized by the individual contributor/s as their response to the task. The contributors would not necessarily claim to represent their profession in how they have approached their task. The editors wanted to make visible some of the ways in which professionals may conceptualize 'knowledge', 'practice' and 'knowledge-in-practice', questioning expectations of consensus or homogeneity within professions.

It is unusual to construct a text that places the different professions together with the aim of offering an opportunity for readers (educators and practitioners) to compare and contrast what knowledge-in-practice may mean for different professions, how members of different professions may envisage 'knowledge' and 'practice' as separate entities and, more

particularly, how they connect these as knowledge-in-practice. It is hoped that readers have engaged with all or most chapters in the way that the editors have intended, as positioned readers in relation to the text (Barthes 1972: 109–31, Sarup 1993, 32–57, Rosenau 1992: 34–41), reading in a personal way, interpreting the meanings of the text in light of their own professional paradigms and nuanced understandings. The project has assumed a view of authors and audience as possessing valued attributes for contemporary professionals (Gordon 2003, Jacobson et al. 2006, Papadimos 2009, Cirocco 2007, Shaw 2007). Among these attributes are recognition of the self as a positioned and reflective subject, being open-minded and critically aware, having intellectual resources to recognize similarities and differences between perspectives, whether these be represented in texts or by colleagues, and having one's own understandings of 'knowledge', 'practice' and 'knowledge-in-practice'. It is easy to engage with what is familiar and comfortable; it is less easy when one is challenged by strangeness and differences. However, we believe that to foster appropriate and effective multidisciplinary practice, it is necessary to engage with the fundamental differences that underpin resistance by professional bodies and individuals to do more than aspire to such practice.

In certain respects the approach taken in this book is contentious, but at the same time it offers insights into contemporary professional practice questions of what knowledge-in-practice means as both concept and application, whereby professionals are expected to exercise and apply knowledge in specific situations constituting practice in the caring professions. The book also questions what 'knowledge' and 'practice' mean as separate concepts in professional education and when working with clients. In this conclusion, in keeping with our espoused aims of providing a somewhat unorthodox approach in this book, we might ask what are to be counted among the likely benefits. In approaching this question, we have engaged with authors' contributions as their interpretation of knowledge-in-practice from particular professional perspectives that implicitly or explicitly express awareness of multidisciplinary. Our approach in this conclusion, as we tentatively theorize possible meanings of knowledge-in-practice and their implications for multidisciplinary, may be described as 'emergent', in keeping with our non-prescriptive brief to contributors.

As editors reading all the chapters, our overall sense has been one of participating in a multidisciplinary team meeting, albeit in textual form. In this textual multidisciplinary team meeting, we encounter different languages and forms of representation of professional knowledge and particular professional aims and preoccupations in relation to clients, how clients' needs are assessed, what forms of intervention are appropriate, and what constitutes evidence to support such decisions. As editors, but also professionals and academics positioned within particular disciplines,

we expect we have shared similar challenges with the readers of this text who are simultaneously practitioners, academics and educators. We have had to overcome our own preferences for representational styles, engage with unfamiliar vocabulary and concepts, and be open-minded about professional concerns that differ significantly from our own. For us, the process of reading has been illuminating through the challenges that have sensitized us to different ways of knowing and doing in a range of caring professions.

In what follows, the editors draw readers' attention to several salient features of the book. We indicate how the book may contribute to improving professional education and practice, recognizing multidisciplinary as a means to move towards interdisciplinarity and transdisciplinarity.

Writing as representation

The most obvious feature of the text is the different approaches taken by authors encapsulated in their writing style, where writing is a representation of knowledge (Richardson 1994). While such a feature is normally unremarkable and unremarked in professional scholarly texts, being accepted as simply an artefact of the writing process, we wish to draw attention to it. Each author's writing style, we would point out, captures what is generally normative for the profession represented by the author, which is not to say that all representatives of that profession write in exactly the same way. Some chapters are written more introspectively and subjectively, while others are written prescriptively and in fairly technical language. The writing styles and readers' familiarity with them, according to particular professional styles, will likely encourage engagement with the content that unfamiliarity and its challenges will not. Assumptions and expectations of professional scholarly writing as representative of trustworthy knowledge offer opportunities for readers to critically reflect on norms about what valid and trustworthy knowledge is and how it ought to be represented.

An example of such expectations is in the differences between the more subjective and introspective chapters in this text, by Norton, Chaffey and D'Cruz. Norton and Chaffey do not cite 'evidence' in support of their experiences and intuitive claims, while D'Cruz cites extensively to develop an argument for the interconnections between knowledge, professional purpose, ethics and skills in knowledge-in-practice. Issues related to the legitimate representation of knowledge have also been discussed in this book by Hutchinson and Bucknall, and Sheean and Cameron, in relation to the contested knowledges in medical care. In interprofessional 'turf wars', preferences are often expressed for written over oral traditions, and for 'science' over 'non-science', as ways of knowing, with gatekeeping of

technologies that entrench these divisions. These distinctions have been associated with gender stratification in (and between) professions such as medicine, general nursing and midwifery. Similar distinctions are drawn, and debates occur, in social work between knowledge associated with the academy (and writing) and knowledge in the field of practitioners (with preferred oral traditions) that D'Cruz discusses, and this situation may have resonances for other professions where academic education is necessary for professional practice.

The next feature of the style of each chapter is the language and concepts that will be familiar to readers from the profession represented, but which are mostly unfamiliar (and possibly challenging) to readers from other professions. These linguistic and conceptual features encapsulate fundamental differences between professions as each possesses its own body of disciplinary knowledge. While a reader from one profession is not expected to learn another profession's paradigms and concepts, exposure to these differences in texts can serve to replicate the everyday experiences of practitioners working in multidisciplinary teams where each team member's knowledge base is not fully known or appreciated, or is dismissed as irrelevant or strange. Linguistic and stylistic differences that are normative in one profession may not be fully appreciated or understood in another, especially as such differences may be demonstrated in what is said in team meetings or in how such knowledge is practised. These features of the structure of each chapter are likely to engender impatience with the author, due to readers' discomfort with the style, including features such as introspective, subjective, prescriptive, objectivist, using or avoiding use of statistics, different forms of expression and specialized vocabulary.

Knowledge-for- and -in-practice

The section above discussed how professional knowledge may be represented as legitimate through vocabulary and style. This section presents an overview of the similarities and differences in what knowledge-for- and -in-practice is from the perspectives of contributors. All the authors in the book allude to the politics of knowledge associated with debates about the relationship between epistemology, methodology and evidence that is represented as valid for effective practice. Some authors discuss the distinction between knowledge as empiricist/realist and as relativist, with relativism being a feature of professional practice, accounting for different ways of knowing (including that of the client). For most contributors, these paradigm debates occur within their profession and also between professions. For example, Miller discusses interventions related to addictions that are informed by research evidence into 'what works', and interventions that are ineffective

but which continue to be supported purely for ideological reasons. Such paradigm debates are further complicated by the ethical and practical necessity for clients' participation that includes their perspective on the problem and possible interventions.

These complications include expectations of professional expertise and related duty of care, and legal liability for the processes and outcomes of professional practice, which may differ across professions. Holmes' discussion of the politics of multidisciplinary teams in psychiatry highlights the place of the psychiatrist as the team leader who carries legal responsibilities for the care of the patient, while at the same time being respectful of the contributions of all team members.

Expectations of professional expertise and duty of care may also vary according to assumptions concerning degrees of certainty related to knowledge within professions. While most contributors explicitly comment on the tentative nature of professional knowledge, there are differences associated with how knowledge-for-practice is generated and what knowledge-in-practice is. These implicit differences between assumptions about expertise underpin professional hierarchies and roles, and skills and resources, perhaps best encapsulated by Sheean and Cameron's discussion of the place of midwives in obstetric care and the struggles against obstetricians in seeking an equal place in the care of pregnant women. These differences reflect the nature of presenting problems and professional purpose and roles.

Knowledge-in-practice: problem identification and professional role

Those writing in, and for, particular professions capture differences in what their profession's problems are, how they can be known, which problems their profession is competent to solve, and which problems lie beyond their jurisdiction. There are professional differences in the purpose of engagement and urgency of action. Norton's description of the necessity of 'waiting', in her work as a psychotherapist, to ascertain 'knowing' what 'the problem' is and what her role may be, emphasizes how differently problems, urgency of response and professional roles may be seen or expected in other professional fields, such as medicine or nursing.

Presenting problems may range from ones that are easily identified and described, with a sensory basis in 'facts', to the unknown, the obscure and the intangible, for example, Norton discussing psychotherapy and Holmes discussing psychiatry. Norton is able to engage through psychotherapy with a problem that the client is unable to name, spending a considerable time in 'the space between knowing and not knowing', 'waiting', and being

willing and able to live with challenges to her expertise. This approach may be contrasted to other contributors to this book writing about medicine (Greenberg), general nursing (Hutchinson and Bucknall), midwifery (Sheean and Cameron), and physiotherapy and occupational therapy (Smith, Meyer, Stagnitti and Schoo). In these professions, problems are typically known to the senses: problems of the physical body are associated with knowledge derived from research into clinical and randomized controlled trials into interventions. In these professions, practice can make direct links between a presenting problem, technical forms of intervention, such as medication, instruments and equipment, and between outcomes – these direct links strengthening claims for efficacy. On the other hand, in professions like social work, psychotherapy and, to some extent, psychiatry, the problem is often less clearly defined, with professional purpose, related knowledge and forms of intervention – the self as instrument in counselling, dialogue/active interviews – being restricted to problems that are relatively invisible and more open to contestation as to their form and cause. In these cases, it is often difficult to directly connect interventions with outcomes.

These professional differences influence perceptions of the validity of knowledge and claims of effectiveness, that become incorporated into politics of multidisciplinary practice. For example, how does a practitioner of one of those professions that is described as an 'invisible trade' (Pithouse 1987) justify to another what role is performed and why it is necessary? Access to resources, particularly funding, staffing, infrastructure or equipment, becomes associated with professional territories and hierarchies, as pointed out by Sheean and Cameron in their contrasting of midwifery to obstetric care, and by Hutchinson and Cameron in general nursing.

The politics of multidisciplinary knowledge includes clients' perspectives of professional expertise and the claims and counter-claims that different professions make as regards their prowess in solving problems. The professional knowledge of biomedicine can only be interpreted by those with a specialised training, with clients necessarily reliant on the professional as expert (Greenberg). In the profession of social work, drawing from knowledge of the life world and concerning problems of living, issues are less clear-cut, knowledge of 'what works' is more equivocal, and the claims of professionals are more susceptible of being challenged by clients and other professionals. Psychiatry is an example of a profession that bridges the divide between professions whose presenting problems are clearly visible and whose interventions able to be concretized into a cause-effect relationship, and professions whose focus and scope are more diffuse. Holmes' discussion of the role of the psychiatrist that includes dialogue with the client in establishing the nature of the problem as perceived by the client, also accommodates more direct and concrete interventions, including

medications and hospitalization, that may have particular outcomes and claims as to effectiveness.

Most contributors to this book recognize the links between research and theory that inform the knowledge-for-practice that is transmitted in professional education. Some contributors present an argument for practice-generated knowledge as complementing research-based knowledge (Hutchinson and Bucknall), and/or as a legitimate site for researching knowledge-in- and -for-practice (D'Cruz). Writing in the text about biomedical knowledge as the commonly affirmed gold standard for evidence against which all other professions are found wanting, Greenberg comments on the loose connections between 'evidence' and 'efficacy', arguing that a 'lack of scientific evidence does not necessarily mean lack of efficacy, but rather that efficacy has not yet been conclusively confirmed or denied'. Contributors to the book recognize that knowledge-for-practice is not to be revered or blindly followed but is tentative, to be made sense of in interaction with clients, with some contributors writing in a reflective style about how knowledge-in-practice is accomplished in their own practice. Greenberg defines this awareness of the tentativeness of knowledge and the uncertainty of practice as 'wisdom' – 'that breadth of the spirit which makes the difference between the first rate healer and the capable technician' (citing Davies 1984).

The dialectical relationship between theory and practice is acknowledged by several contributors to this volume and is variously interpreted, including questions of 'what should happen between an analyst and a client' (Norton); what is appropriate knowledge for practice with people, each of whom is a unique individual; and what can research contribute to such knowledge (Hutchinson and Bucknall; D'Cruz). Obviously, knowledge and skills are presented in training for practice but, of itself, this approach does not educate for how to practise with actual clients – what Lawn and Battersby refer to as 'practical tools for implementation'. In psychotherapy and psychiatry 'theories are not articles of faith, they are instruments of knowledge' (Norton, citing Jung 1945), and practice involves testing hypotheses in relation to and with the client (Holmes, Norton). Some contributors use case studies to examine the connections between knowledge and practice, explicating 'clinical reasoning' (Smith, Meyer, Stagnitti and Schoo; Hutchinson and Bucknall; Sheean and Cameron; Chaffey), 'narrative thinking' and 'ethical reasoning'. To similar effect, an interview is 'deconstructed' to show the complexity of knowledge as theories, ethics and skills, being the situated micro-practices familiar to each profession (D'Cruz). Contributors emphasize knowledge as generated in their practice, note how it complements formal knowledge generated by research, and envisage it as a site for research about knowledge-in-practice – perspectives that reflect the concepts of 'tacit knowing' and 'craft

knowledge' (Polanyi 1967) as discussed in Jacobs' overview of professional knowledge-in-practice. An exception is Miller who disputes the relevance of the category of craft knowledge in working with addictions, suggesting the concept is ideologically driven or based on untested assumptions of 'what works'. Miller writes as a scholar and researcher who has studied a particular social problem (addictions), and who now uses this knowledge in his practice with people with addictions. This is unlike the contributors who have been educated into particular professions and whose professional qualifications may allow them to practise in diverse fields regarding a range of individual or social problems. These practice interests also happen to influence their scholarship and research into particular problems. The professional as practitioner may complicate the academic expectation of disinterested engagement with research evidence, while at the same time contesting what constitutes research evidence. This awareness of paradigm differences within and across professions may be complicated by professional demarcation disputes ('turf wars'), the effect of which is to exclude competitors. These political dimensions introduce barriers that need to be surmounted to achieve cooperative practice.

Knowledge-for- and -in-practice: clients' participation

Knowledge is envisaged as having contextual relevance for clients. Most contributors to this book acknowledge the importance of clients' participation in the helping process, without which the effectiveness of services can be compromised. The participation of the client has been variously discussed, depending on the professional role. What is emphasized by authors in this book is the importance of the relationship between practitioner and client. In professions whose problems can be identified in concrete ways, and whose interventions are designed to resolve clearly defined problems, emphasis is given to the importance of an appropriate relationship with clients, including their participation in the process, as we see described by Hutchinson and Bucknall for general nursing, and Sheean and Cameron for midwifery and obstetric care.

In professions where the nature of problems presented may be less tangible and open to debate, it is essential that the client be actively engaged with, and by, the practitioner in deciding the problem that needs attention and how it may be addressed. There is greater opportunity for this form of partnership in psychotherapy, as described in by Norton, and to a lesser extent in psychiatry where Holmes indicates clients can be involved in decisions about their medication and hospitalization. In social work, clients' participation is as much an expression of professional values as

it is related to professional efficacy (D'Cruz). Chaffey provides a unique insight into being both a professional occupational therapist and a client with a disability, underscoring the importance of client participation and partnership in achieving effective outcomes.

Implicit in most of the contributors' perspectives on clients' participation is the thought that the client is an *individual* who seeks help as opposed to groups whose members have common problems, or communities whose disadvantages contribute to substantial problems amongst individual members. Miller does discuss group approaches to helping clients with addictions, but he is unconvinced as to their effectiveness compared with individually tailored interventions that combine pharmacology and psychosocial services. The dominant conceptualization of 'the client' as a unique individual is encapsulated in Norton's description of the helping relationship as 'a form of sensitive engagement with clients that may have a generalized character but needs to emerge *de novo* within each, unique, analytic encounter' (Norton). Similarly, in biomedicine, Greenberg comments that the differences between individuals' healthcare needs must be the first consideration. He goes on to note that consumers' choice and willingness to take medications also needs to be considered on the balance of probabilities where the predicted result of the medications, while never certain, 'is towards the higher end of the efficacy spectrum'.

Participatory practice with clients may be complicated by clients' expectations of professional knowledge and what can be achieved, particularly if clients are hostile to practitioners due to their histories with service providers, and for a myriad of other reasons. The recent emergence of participatory professional practice simultaneously legitimizes clients' knowledge about their own problems and challenges or destabilizes the expertise of professionals who may have to acknowledge that their knowledge is partial and incomplete (Norton).

The complicated relationship between clients (re-designated in recent years as 'consumers' [Ife 1997: 49-56]), practitioners and knowledge differs between professions. For example, clients using the Internet may be able to access some or all of the information available to medical practitioners, but may 'lack relevant "background" information, the more sophisticated skills needed to question this and the additional skills to then pose specific questions and find the knowledge they seek' (Greenberg). As discussed above, there may also be differences between professions regarding the nature of the relationship with clients in attending to presenting problems. It can be argued that in professions whose knowledge is more diffuse, complicated or disputed, there are more opportunities for both collaboration and contestation between clients and practitioners concerning what is legitimate for, and in, practice. In these professions, expertise has less to do with technological interventions and more to do with dialogue

with the client about his/her life experiences, circumstances and what is meaningful in resolving problems of a personal nature. In the chapters of this book, the relationship between theory and practice often appears to involve skills and tools having to be negotiated, with the process sometimes being as important as the outcome. These uncertainties can impact on the legal liabilities for duty of care that professionals face, with the issue hinging on clients' expectations about satisfactory outcomes. Greenberg poses fundamental questions that arise from expectations of clients' participation that assume increased satisfaction. Does consumer satisfaction indicate effectiveness? Is satisfaction related to agreement on the interventions provided or on participation in decisions about such processes, even if the professional ultimately may have to intervene in ways the client may not agree with? Does a client's inability to attribute problem resolution to professional intervention necessarily mean that the professional's role has been irrelevant or ineffective? Can such outcomes be controlled? Regarding the question of integrating consumers' perspectives into evidence-based practice, Greenberg asks, 'Should consumer satisfaction be the sole criterion, or should clinical processes and outcome be considered as well?'

Finally, in a rarely acknowledged perspective on the reciprocity and mutuality of the relationship between clients and professionals beyond the immediate problem, Holmes and Norton each discuss the importance of professionals recognizing their feelings towards the client that may influence the helping relationship as a process and outcome. They also recognize the influence of the patient (client) on the doctor (professional) (Norton, cites Jung 1931), which may profoundly affect the professional in unexpected ways.

Multidisciplinarity and interdisciplinarity

While most of the contributors to this book are representatives of particular professions, the few who do not write about practice in a particular field or problem area that requires interdisciplinary knowledge. Miller, writing on addictions, focuses on a particular social problem, arguing that the knowledge required for effective interventions is not associated with particular professions, but emerges from evaluation research that is relatively unaffected by professional agendas. He considers that the necessary knowledge and skills can be learnt by practitioners from a range of caring professions involved with people with substance addictions. Being problem-based, this approach differs from professionally focused approaches associated with particular aims, values and ethics, knowledge and practices.

Lawn and Battersby also illustrate ways in which a problem-based approach crosses professional boundaries in their study of 'person-centred care', which requires a collaborative, multidisciplinary approach and generalist skills taught to all health and allied health practitioners. Through their problem-based approach to professional knowledge-in-practice, highlighting how multidisciplinary perspectives may become interdisciplinary through a focus on a problem and research-derived knowledge of 'what works', Miller, and Lawn and Battersby also suggest questions about the nature of professions and whether separate professions are needed where the same knowledge-for- and -in-practice can be taught to any practitioner working with clients who experience a given problem.

Smith, Meyer, Stagnitti and Schoo intimate an alternative approach to multidisciplinarity as knowledge-in-practice, focusing on approaches to a single problem (stroke) by separate professions - physiotherapy and occupational therapy. These professions have 'shared and distinctive elements ... [there being a] close relationship between [these] two professions ... [that] maintain defined and separate roles in health practice', with the aim of better outcomes for patients through complementarity of interventions. Smith and her co-authors discuss concepts of 'shared care' and the 'blending of knowledge' through 'client-focused teamwork [that] progresses from multidisciplinary (separate disciplinary treatment plans) to interdisciplinary (shared plan and monitoring of progress) or even transdisciplinary (crossing professional boundaries)'. Using an approach that proposes greater introspection by practitioners about what knowledge-in-practice may mean, D'Cruz reflects on a social work research interview that was offered as a starting point for discussion between social workers and others in the 'caring' professions where interviews form an indispensable practice for assessing problems and negotiating interventions.

Multidisciplinarity is clearly a concern for many authors in this book, and in some cases it appears as fundamental to conflicts over the validity of professional knowledge and professional roles, this being underscored by Sheean and Cameron in relation to midwives and obstetricians. In psychiatry, Holmes acknowledges the 'team processes' that are essential to effective service provision, with the qualification that they can 'impair the functioning of any group, giving rise to tensions around autonomy, authority, responsibility, and perceived value within the team'.

Even in cases that blur professional demarcations through shared research-derived knowledge and skills, in Miller's discussion of addiction, for example, pharmacological interventions have to be complemented by what might be described as 'social work', the object being to assist clients with broader problems which, left unresolved, would vitiate the more direct pharmacological interventions. Miller raises questions about skills for

practitioners as he describes approaches for 'practice based on knowledge' that are recognizably social work practice approaches.

Multidisciplinary in professional education and professional practice

This book indicates skills and approaches that are called for in effective multidisciplinary practice. They include an awareness of the need for interprofessional practice that is based on engaging with different forms of professional knowledge and different roles. A dynamic relationship is envisaged, involving deliberations over how problems are defined and which interventions are most appropriate. Professional values and ethics intersect with professional knowledge. Our reflections in this Conclusion on the similarities and differences between knowledge-in-practice from multidisciplinary perspectives suggest that a salutary awareness has been developing in some professions regarding the need for subjective knowledge, intuition, introspection and an honest confronting of the fact that sometimes, as professionals, we just do not know how to help our clients. To be sure, there are important differences between professions in this regard, influenced by their assumptions about knowledge and professional expertise.

Awareness of participatory practice that is inclusive of clients is an ethical and political concern for many professions, additional to the universal concern for efficacy. The differences between professions in terms of whether clients' participation is encouraged, and how this participation is constrained by professional knowledge, roles and expectations combine to suggest the value of dialogue between professionals on teams so that the differences that could lead to disrespect or conflict can instead be grasped as opportunities for understanding and building better teams through the complementarity of knowledge, roles and practice. Engaging in such practices in professional education would demonstrate constructive multidisciplinary practice.

The process of reading the chapters in this book, which encapsulate different professional preoccupations, has no doubt posed challenges related to such differences. It is hoped that readers who have persevered with the challenge have become aware of the need for open-mindedness, reflexivity (Taylor and White 2000, 2001) and critical reflection (Fook 1996, 1999) as part of the engagement with the text. We hope that this approach to reading as a relationship between reader and text may encourage readers to extend such practices towards members of their multidisciplinary teams in workplaces, because as we indicated at the outset of this Conclusion,

the process of reading a multidisciplinary text has parallels with actual professional practice in teams.

Indeed, dialogue about different ways of knowing can lead us beyond reflexive and critical engagement with differences. Beginning with reading texts by those outside our professional circles, and attending to the challenges that are posed by having to deal with what is alien and different, we may increase the chances and opportunities for improved multidisciplinary practice. This can come about through understanding why and how each profession does what it does; and how professions differ in purpose, paradigms, ontology, epistemology, values and ethics, and in their relationship with clients. Shaw (2007), for example, in writing about social work research and claims to its distinctiveness, challenges the claims of 'special character' associated with the profession. In particular, he challenges the 'belief that social work has a basic value position that has greater merit/greater human authenticity/is more whole-person oriented, etc. than any other professions' (Shaw 2007: 662). Instead, he argues 'it will make us disinclined to listen to the voices of colleagues in other disciplines and professions' (Shaw 2007: 663).

In addition to the particular professional perspectives on knowledge-in-practice, this book enhances the understanding of knowledge-in-practice in the caring professions through the examples it furnishes of problem-based, as opposed to professionally focused, practices, such as working with people with addictions, necessitating interdisciplinary practice, or in aiming to achieve a common professional aim, as with 'person-centred care'. These problem-based approaches that appear to transcend professional boundaries raise questions about professions, demarcated forms of knowledge and generally qualified professionals whose on-the-job learning leads to specializations (for example, in mental health, addictions, criminal justice). Is it better to educate professionals to work in specific fields of practice associated with particular problems, which, it is claimed, is a more effective way of responding to 'industry' needs and gaining political recognition and funding, as it is currently argued in the case of Australian social work and with regard to the accreditation of mental health social workers under Medicare (AASW 2008a, 8; AASW 2008b; Medicare and AASW Accredited Social Workers, 2008)? Or is the downside of specialist knowledge the increasing likelihood of clients being treated in fragmented ways, with their problems not seen as interconnected?

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