

sionate view of such experimentation, particularly in teenagers, who he says are especially powerless against authority and prone to stigma. In general, Karp approaches his subjects using a strengths-based perspective that emphasizes their determination to get well and to search for meaning within their suffering. This makes for inspiring reading.

However, there is one issue Karp leaves unresolved. Concerning his subjects, Karp stresses that mental illnesses are chronic, that they are not the sufferer's fault, and that medications are often an important factor in treatment. This is difficult to reconcile with Karp's more general beliefs that mental "illnesses" are often a medical and social construct, designed to reduce personal and social responsibility for individual suffering. Karp does explain that nearly half his subjects required hospitalization for their illnesses, but he provides no other specific or measurable tool for determining which disorders are genuine and which are a social construct. In fact, at one point Karp asserts that, given the choice, it is preferable not to offer medications to the few who need them, rather than over-prescribe them to the many who do not. This seems both ethically questionable and inconsistent with Karp's respect for his subjects and their suffering.

In general, however, *Is It Me or My Meds?* provides both a well-researched critique of modern psychopharmacology and the culture in which it thrives, and a moving account of the complex struggles that many people with mental illness have with medications, diagnoses, and psychiatric professionals. By describing the subjective experiences of people with mental illness as an important factor in their own treatment, Karp makes the case for a recovery-based approach to psychopharma-

cology. By challenging the prevailing notion of mental illness as an isolated brain anomaly with no personal or environmental factors, Karp points the way to a more integrated view of mental-health care. This book is an important addition to the public discourse on mental disorders and treatment.

Principled Leadership in Mental Health Systems and Programs

**By William A. Anthony and
Kevin A. Huckshorn
(Boston University Center of
Psychiatric Rehabilitation, 2008.
256 pages. Hard cover: \$59.95)
ISBN: 978-1-878512-22-2**

REVIEWED BY: ANTHONY M. ZIPPLE, SCD, MBA

Leadership is a topic which has attracted vast attention from an exceptionally diverse range of authors. A search of Amazon.com finds almost 300,000 books related to leadership. Given the vast array of options for a student of leadership, one might reasonably question the value of one more book on leadership added to the existing plethora. Is there anything left to say about leadership that has not already been said many times by many authors? After reading *Principled Leadership* by Anthony and Huckshorn, I am pleased to say that there is at least one more new and important perspective on leadership and that it deserves a place on the shelves of any mental health services manager, consultant, system administrator, or advocate who wants to improve their own capabilities as a leader.

Anthony and Huckshorn begin with the premise that "many, if not most, of the fundamental differences between organizations are due to differences in the quality and effectiveness of their leadership." The authors contend that

long-term success of all organizations depends on the quality of their leadership and that better leadership will inevitably lead to better outcomes for organizations. While most people would agree with this premise, how you develop and leverage leadership in organizations is less clear.

Principled Leadership attempts to instruct on the topic of leadership by covering eight key traits of a good leader. A section of the book is devoted to each trait. These traits include:

1. Leaders communicate a shared vision.
2. Leaders centralize by mission and decentralize by operations.
3. Leaders create an organizational cultural that identifies and tries to live by key values.
4. Leaders create an organizational structure and culture that empowers their employees and themselves.
5. Leaders ensure that staff are trained in a human technology that can translate vision into reality.
6. Leaders relate constructively to employees.
7. Leaders access and use information to make change a constant ingredient in their organization.
8. Leaders build their organization around exemplary performers.

None of these eight principles are novel in the leadership literature. Other authors in other ways have commented extensively on the value of all eight of these traits and few, if any, authors would disagree that the traits have value. There are two qualities that set this book apart, however. First, *Principled Leadership* is deeply connected to the values of psychiatric rehabilitation. Hope, choice, respect, dignity, recovery, partnership, diversi-

ty, and innovation are the bedrock of psychiatric rehabilitation interventions and these values permeate Anthony and Huckshorn's perspective on leadership. First and foremost, the authors suggest that *effective* leaders are *principled* leaders who lead in a values-based manner that reflects the best values of psychiatric rehabilitation.

The second unique (and arguably the most delightful) aspect of the book is the extensive use of leadership examples drawn from mental health organizations. These examples are used to describe each principle and the importance of its application in mental health settings. In developing the book, Anthony and Huckshorn interviewed dozens of mental health leaders and asked them to share their examples and stories of leadership. The eight traits of leaders emerge from and are illustrated by this enormous experiential database of mental health leadership stories. In the spirit of full disclosure, this reviewer was one of the many individuals interviewed for this book. Leaders interviewed for the book include policy and system experts like Mike Hogan, program leaders like Mary Alice Brown, researchers like Dori Hutchinson, and consumer advocates like Judi Chamberlin. The range and intensity of the anecdotes in the book is riveting and makes for extraordinary reading. In addition, the anecdotes from these leaders bring each of the eight principles alive and show their essential nature.

I strongly recommend this book to anyone working in a psychiatric rehabilitation related capacity that has an interest in leadership. It is a refreshing take on leadership and unique in its use of mental health examples to illustrate a principled path of leadership. *Principled Leadership* will convince you that effective leadership in mental

health organizations is certainly one of our field's greatest assets. This book should be widely read by mental health managers, advocates, and students of psychiatric rehabilitation. In short, while there may be 300,000 books available, this is one that all readers of this Journal should have on their shelf.

Medicaid Politics and Policy: 1965–2007

By David G. Smith and Judith D. Moore
(Transaction Publishers, 2008.
444 pages. Hard cover: \$39.95)
ISBN: 978-1-4128-0737-1

Medicaid Politics and Policy: 1965-2007 can be read in several different ways, ranging from the more general—as a history of ideas from an extended study of how federalist government works—to the more particular—a history of Medicaid Policy. The 444 pages do a good job of showing how ideas influence material conditions. Indeed, histories of policy, if done well, show how ideas/ideology and material conditions intersect. While the book is heavier on showing how ideology drives policymaking, it does make clear the repercussions of this policy for individuals with disabilities, families, the aged, and those who provide services for them. The book also details the nuts and bolts history of how a federalist government achieves policy change. Of course, it can be read more narrowly as a history of Medicaid, and the reality of why programs and services for persons with a serious mental illness exist in the form they currently do.

Most pertinent to those interested in community mental health services, the book offers a history of the behind-the-scenes legislative maneuvering of key

politicians who initiated and often secured the incremental changes in Medicaid law. Chapters 5–9, in particular, devote significant text/space (subsections sounds a bit awkward) to mental health policy providing insight into current conditions. A central argument forwarded by the authors is that the acceptance both of incremental change and the framework for policy debate, however, have resulted in there being no effective mechanism for overall reform. This lack is perhaps nowhere more seriously felt than in the mental health arena.

While the title suggests Medicaid's history starts in 1964, the first chapter details 19th century historical forces, such as the privileging of state power, American "Exceptionalism," and the categories of public versus private benevolence—that continue to influence current assumptions about policy for those less fortunate. Reviewing this period in time is essential for understanding why and how small, incremental changes ended up being structurally privileged over radical reform—particularly when it comes to social welfare policy. Health and welfare issues, which rose to prominence for the first time in the late 19th century with the rise of industrialization, immigration, and progressive politics, were treated as problems of local, not federal, concern. The authors persuasively show how the patchwork Medicaid policy that exists as we know it can be traced back to the changing historical conditions of this time and the response to them. They also effectively demonstrate how public policy affects very real, material opportunities for people; not to mention how these policies reinforce perceptions of the poor and those with disabilities. In the end, readers will be hard pressed not to think about how the new administration plans to tackle health care reform.