

BOOK REVIEWS

Book Review Editor



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Recovery from Severe Mental Illnesses: Research Evidence and Implications for Practice Volume I

**Edited by Larry Davidson, Courtney
Harding and Leroy Spaniol
Center for Psychiatric Rehabilitation,
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Volume 1 in *Recovery from Severe Mental Illness: Research Evidence and Implications for Practice* is a compendium of previously published articles and presentations in the area of recovery-based mental health care. This volume provides an excellent summary of the most important research work in the field of psychiatric rehabilitation interspersed with personal accounts of the challenges and successes of living with a psychiatric diagnosis. The book is smartly organized. Research articles are interspersed with personal accounts of living with psychiatric disabilities, which bring the research findings to life.

The text is divided into three sections: *Recovery from Mental Illness: Is It Possible? What Happens to People Over Time?*; and, *What Helps People Improve?*; Part 1: *The Fundamentals of*

Community Integration. Volume 1 begins with a Foreword by William Anthony, PhD, that introduces readers to the broader concept of recovery and briefly discusses research that supports the new paradigm shift in psychiatric rehabilitation.

Following a preface by the editors (Davidson, Harding, & Spaniol, 2005) and an Introduction by Davidson (2005), Volume 1 begins with a discussion of the varied definitions of recovery and how they are relevant to serious mental illness (Davidson, O'Connell, Tondora, Staeheli, & Evand, 2005). As they eloquently conclude, "...allowing our practice and research to be informed by the best of what this new sense of recovery offers promises to open a new window onto a rich but relatively unexplored landscape" (p. 23).

Harding's chapter summarizes the findings of 10 long-term outcome studies of recovery in individuals with schizophrenia conducted in the last 30 years of the 20th century. Her chapter provides the reader with encouraging data that shows great heterogeneity in outcomes and indicates that one half to two thirds of these individuals significantly improve or even recover. John Strauss' chapter, consistent with Harding's chapter, describes how the research he has performed throughout his career suggested a more positive outcome for individuals with schizophrenia than the zeitgeist seemed to accept. Strauss makes an important point when he asks, "How is it that our field continues often to teach and to

act as though patients with schizophrenia can't improve in spite of all (literally all) the data to the contrary?" (p. 54). In a similar vein, Harding and Zahnier's (2005) chapter cites seven myths of schizophrenia and provides evidence to debunk each of the myths.

Spaniol, Wewiorski, Gagne, and Anthony present the findings of their qualitative study of individuals diagnosed with schizophrenia or schizoaffective disorder and conceptualize four stages of recovery. These include: being overwhelmed by the disability, struggling with the disability, living with the disability and then living beyond the disability. They describe the factors that facilitated recovery (concrete resources and supports) and the factors that impeded recovery. As they poignantly state, "At times, dealing with poverty was a greater challenge than dealing with mental illness" (p. 92).

Patricia Deegan's chapter is one that every faculty member and graduate student should read. She encourages faculty to go beyond facts and encourage students to seek wisdom. She asks students to put aside their perceptions of people as "chronic mental patients" (p. 64) and instead see them as heroes who have survived overwhelming stressors. Mead and Copeland's chapter provides further consumer insights into recovery and provides the reader with key components of recovery: hope, personal responsibility for wellness, education, self-advocacy, and peer support. John Caswell provides a beautifully written account of his life and the struggles of living with substance abuse and schizophrenia and his eventual success as a peer counselor.

The dual diagnosis of severe mental illness and substance use disorders is eloquently presented by Drake, Mueser, Clark and Wallach (2005) and they advocate for integrated, rather

than parallel, treatment of the two disorders.

In Section 2, Carpenter and Kirkpatrick (2005) suggest that schizophrenia is a clinical syndrome rather than one disease entity and discuss the use of patterns of course epochs as a way to classify the course of schizophrenia. Liberman, Kopelowicz, Ventura and Gutkind (2005) propose using an operational definition of recovery from schizophrenia and hope that operationally defining recovery will promote research that will help us deepen our understanding of recovery.

Torgalsboen conceptualizes recovery as "an outcome measure, a process, and a definition" (p. 312). Ciompi (2005) briefly describes a Swiss long-term study which had an average follow-up of 36.9 years which conclude that "there is no such thing as a specific course of schizophrenia" (p. 233). Similarly, Davidson and McGlashan (2005) reviewed the literature for studies on the outcome of schizophrenia over an 8-year period. They also found that there was great heterogeneity in symptoms, and encouraged early detection and intervention in an attempt to prevent disability.

Harding, Brooks, Ashikaga, Strauss and Breier (2005) present findings from the Vermont Longitudinal Study of Persons with Severe Mental Illness. The individuals involved in this study were considered the most severely mentally ill group from the "back wards" (p. 169) of Vermont's state psychiatric hospital. Despite this, 20 to 30 years after participating in a comprehensive rehabilitation program and planned deinstitutionalization, one half to two thirds were considered considerably improved or recovered. When a subset of 118 patients was retrospectively diagnosed with schizophrenia using the DSM-III criteria, the findings were the same, with the majority of

individuals showing improvement or recovery.

A comparison of outcomes of individuals who participated in a model psychiatric rehabilitation program or traditional care is presented by DeSisto, Harding, McCormick, Ashikaga, and Brooks (2005). They found that participants in the model program were more productive, had fewer symptoms, and had better adjustment in the community and better overall functioning than those in the traditional care program. The authors said, "Perhaps the most important value was that the [model] program had a pervasive attitude of hope and optimism about human potential through the vision that, if given the opportunity, persons with mental illness could become self-sufficient" (p. 221).

Contrary to hope, Rakfeldt and Strauss (2005) propose that the "low turning point" (p. 316) is a key factor that may influence the course of a psychiatric disorder and they encourage research on psychological control mechanisms. A thorough discussion of the psychological, social, and environmental sources/contributors to negative symptoms in schizophrenia is presented by Strauss, Rakfeldt, Harding, and Liberman (2005). Section 2 ends with a poignant description of living with and recovering from schizophrenia by Bonnie Twomey.

Section 3 begins with an Introduction by Larry Davidson wherein he quotes Bill Anthony's question, "What sense does it make to assert that someone is 'too psychotic' to benefit from rehabilitation or supports?" (p. 333). He cleverly likens this to saying that someone is too blind to learn Braille. Anthony, Cohen, Farkas, and Gagne (2005) provide an overview of the important issues to consider when planning and implementing skill development and support intervention programs for indi-

viduals with psychiatric diagnoses. Then Rog provides a solid description of the research currently available on supported housing for individuals with psychiatric disabilities. Despite the fact that the research is limited and suffers from significant methodological flaws, it is clear that housing interventions improve housing stability in people with mental illness. What needs to be clarified is the extent to which housing interventions impact other aspects of recovery.

Adding to the discussion of supported housing, Davidson, Haglund, Stayner, Rakfeldt, Chinman, and Tebes (2005) present the results of a qualitative study of supported socialization. They present interesting examples and quotes from individuals involved in the study and conclude, "Even people severely disabled by major mental illness remain essentially social animals" (p. 406). The authors make the critical point that one of the major benefits of supported socialization may be to reopen "...long closed doors back into the community" (p. 407). Davidson, Chinman, Kloos, Weingarten, Stayner and Tebes (2005) then discuss the research on peer support among adults with severe mental illness and conclude that peers with serious mental illness "...may constitute a promising but little used resource in the recovery of their peers" (p. 440).

Marrone and Golowka (2005) challenge rehabilitation professionals to consider that all citizens, including those with psychiatric disabilities, have the right to work. Following nicely from their chapter is a description of a study of sustained employment in individuals with serious mental illness (Russinova, Wewiorski, Lyass, Rogers & Massaro, 2005). The authors conclude that although schizophrenia creates challenges, vocational success is still a possibility. Section 3 ends with a first per-

son account by Christine Holst that describes her journey toward recovery from bipolar disorder and the role that community support, employment and professionals in the psychiatric rehabilitation field played in her life.

In summary, this book is a must-read for graduate students planning to focus on working with individuals with psychiatric disabilities. I think it is also an important book for faculty members and professionals already working in the field who might benefit from the information and inspiration this book provides. Who among us could not benefit from additional inspiration?

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This second volume compendium of previously published literature is a continuation of the first volume that provides evidentiary research and compelling support for a recovery-based system of mental health care. Each editor, in turn, has prefaced three chapters with an overview of the readings. The book opens with a brief foreword by Dr. William Anthony who underscores the significance of the research evidence cited in the text that has led to the paradigm shift in mental health towards recovery-oriented services. In the fourth (Treatment, Case

Management and Advocacy) and fifth (The Role of Families and Supportive Others) chapters the authors explain effective approaches, strategies and practices that promote recovery in answer to "What Helps People Improve?" (p. 1). The sixth chapter offers several articles focusing on program standards, consumer involvement, systemic policy, and implementation challenges and implications. A newly authored final chapter from the editors explains the historical evolution towards a recovery-oriented system and the rationale for a future directions agenda for research and proven recovery-based practices.

First, a thorough re-examination of individual assessment is discussed across multiple key variables (e.g., diagnosis, function, co-morbidity, developmental stages, personality, neuro-biology, socio-cultural factors, and treatment access). Multiple questions are raised and addressed by the author about the practical purpose and value of a holistic assessment model that provides a multifaceted view of the person with a severe mental illness. Early readings naturally transition from assessment use to effective case management and services that present practices congruent with recovery and matching the complexity of living with mental illness. The next article substantiates principles that serve as "critical ingredients" for case management as an effective recovery-oriented practice (Rapp & Goscha, 2004, p. 29). A powerful argument for integrated dual-diagnosed treatment (IDDT) of co-occurring psychiatric and substance abuse conditions follows, which offers convincing evidence for moving away from concurrent, parallel interventions with typically poor outcomes. In the fourth chapter, authors describe the clubhouse model, its principles and transitional employment that gives work a prominent place in