

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?

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

**Edited by Larry Davidson,
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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

recovery (Malamud & McCrory, 1988). The recent research on integrated vocational services (Cook et al., 2007) and supported employment (Bond, 2004) that credits rapid employment and individual choice could help enrich debate over the “clubhouse” approach today.

Fenton’s (2000) comprehensive review of empirical studies on targeted, phase-specific psychotherapeutic treatment of schizophrenia begins the latter half of the chapter. This comprehensive review of the literature on therapies, from the sixties to the mid-nineties, highlights the efficacy of combining psychotherapy with psychotropic medications. The chapter also provides an examination of targeted controlled trials of cognitive-behavioral approaches regarding phase-specific treatment that are effective for recovery-based, clinical interventions. Other articles specifically enrich us about empowering persons with psychiatric conditions to assert their citizenship rights and guide us in building collaborative relationships between consumers, practitioners and their families. The section includes an excellent publication on advocacy, self-help and consumer self-help services (Lefley, 2003). The chapter ends with an insightful personal narrative about hope and recovery (Brown, 1999). The collection of readings clearly demonstrates evidence of the breadth of individualized, recovery-oriented strategies and practices.

The first Chapter Five article examines fifteen controlled family intervention studies that illustrate family intervention efficacy, family psychoeducation dynamics and techniques, emerging cross-cultural implications and family support benefits (Dixon, Adams & Luckstead, 2000). The readings continue by offering a framework for building professional and family partnerships including disclosure and distinct fami-

ly treatment roles for mental illness and co-occurring interventions. The literature in this section helps to clarify issues of confidentiality, informed consent and communication with families, the use of family caregivers and ongoing supports regarding these complex care issues. The next article applies a multifaceted lens to examine the cultural dynamics of working with families. Finley’s (1998) excellent article on the cultural context of families and mental illness offers insight into barriers to culturally responsive practice and strategies to promote multicultural approaches that support families and their loved ones.

Next, the chapter includes several readings that include: use of a family treatment role in addressing co-occurring conditions; a family-aided assertive community treatment (ACT) model promoting employment; and the recognition of multiple family roles in psychiatric rehabilitation. Most compelling, McFarlane et al. (2000) reviews several service models which coupled supported employment and treatment interventions with convincing evidence for family-aided ACT that achieved better outcomes. The other readings clarify specific roles and participation of families in respective intervention efforts. This section concludes with a striking story by Jay Neugeboren (1995) describing the struggle to care for his brother with a mental illness and efforts to keep him out of institutions. This powerful section characterizes the challenges that caring families face, advocating for better care, bearing the burden of accessing treatment options for loved ones and defining their role in the recovery process. All the articles are insightful and provide key perspectives for engaging families in recovery-based treatment approaches.

The latter section begins with the historical context and Davidson’s policy

argument that evolution leads to a recovery-oriented future for public mental health. Chapter Six starts with the visionary article by Anthony (2000) proposing standards and a framework for a recovery-oriented service system. This seminal piece provides a set of programmatic standards for the range of essential services, across systemic levels that will promote the vision for recovery-oriented care. Successive readings discuss recovery policy emerging in mental health and the integration of evidence-based practices with the recovery model. The early discussion in this chapter reveals where key recovery concepts need to be represented in program and policy development. The literature also compares and contrasts movements behind evidence-based practice and the recovery model, including common threads among consumer advocates. It clearly illustrates where there can be compatibility for integrating the two approaches.

One might argue that the Chamberlin and Rogers (1990) article would add to understanding the historical context of this policy evolution if it followed (or even preceded) a “big picture” of recovery standards for the future (Anthony, 2000). These authors discuss the paramount role of the ex-patients movement and provide a caveat for involving ex-patients in the process for individualizing mental health services, promoting consumer advocacy, engaging mental health consumers in policy development and adequately financing mental health care. This key reading seems lost between two pragmatic discussions (Torrey et al., 2002; Essock et al., 2003) about implementing recently identified evidence-based practices. Both readings present specific issues, one examines role delineation for policy planning and development relative to the IDDT model and the other illus-

trates a range of constituent concerns regarding implementation of all evidence-based practice. This section discusses in-depth, key constituents' priorities and issues pertinent to broader system-wide challenges that exist for an intended recovery-oriented transformation. Consistent with previous chapters, this section concludes with a personal narrative about daily living and coping with mental illness. It essentially describes a poignant journey towards recovery, including implications for professional, program and systemic change from the individual's perspective.

The editors share their premise for advancing a humanistic, recovery vision, citing the evidentiary basis for the position through the established research and practice innovations present in the literature. They remind us of the value of technologies including psychotropic medications and a need for more inclusive, collaborative partnerships. The text is a powerful compilation of readings connecting research and practice serving as a solid foundation for a future, recovery-oriented evolution in the nation's mental health system of care.

References

- Anthony, W. A. (2000). A recovery-oriented service system: Setting some system level standards. *Psychiatric Rehabilitation Journal*, 23, 159–161.
- Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, 27, 345–359.
- Brown, P. (1999). I have hope. *Psychiatric Rehabilitation Journal*, 23, 75–79.
- Chamberlin, J., & Rogers, J. A. (1990). Planning a community-based mental health system: Perspective of service recipients. *American Psychologist*, 45(11), 1241–1244.
- Cook J. A, Lehman, A. F., Drake, R., McFarlane, W. R., Gold, P. B., Leff, H. S., et al. (2007). Integration of psychiatric and vocational services: A multisite randomized, controlled trial of supported employment. *American Journal of Psychiatry*, 162(10), 1948–1956.
- Dixon, L., Adams, C., & Luckstead, A. (2000). Update on family psychoeducation for schizophrenia. *Schizophrenia Bulletin*, 26(1), 5–20.
- Essock, S. M., Goldman, H. H., Van Tosh, L., Anthony, W. A., Appell, C. R., Bond, G. R., et al. (2003). Evidence-based practices: Setting the context and responding to concerns. *Psychiatric Clinics of North America*, 26(4), 919–938.
- Fenton, W. S. (2000). Evolving perspectives on individual psychotherapy for schizophrenia. *Schizophrenia Bulletin*, 26(1), 47–72.
- Finley, L. Y. (1998). The cultural context: Families with severe mental illness. *Psychiatric Rehabilitation Journal*, 21, 230–240.
- Lefley, H. (2003). Advocacy, self-help and consumer operated services. In A. Tasman, J. Kay & J. Lieberman (Eds.), *Psychiatry, Volume 2*. John Wiley & Sons Limited.
- Malamud, T. J. & McCrory, D. J. (1988). Transitional employment and psychosocial rehabilitation: A community model for the vocational rehabilitation of individuals with prolonged mental illness. In J. A. Ciardello & M. D. Bell (Eds.), *Vocational rehabilitation of persons with prolonged psychiatric disorders*. Baltimore: Johns Hopkins University Press.
- McFarlane, W. R., Dushay, R. A., Deakins, S. M., Stastny, P., Lukens, E. P., Toran, J., et al. (2000). Employment outcomes in family-aided assertive community treatment. *American Journal of Orthopsychiatry*, 70(2), 203–214.
- Neugeboren, J. (1995). Meanwhile, back on the ward. *Psychiatric Rehabilitation Journal*, 19, 75–81.
- Rapp, C. A. & Goscha, R. J. (2004). The principles of effective case management of mental health services. *Psychiatric Rehabilitation Journal*, 27, 319–333.
- Torrey, W. C., Drake, R. E., Cohen, M., Fox, L. B., Lynde, D., Gorman, P., & Wyzik, P. (2002). The challenge of implementing and sustaining integrated dual disorders treatment program. *Community Mental Health Journal*, 38(6), 507–521.

Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients

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If it is true that we consider most brilliant those experts who prove what we already believe, then proponents of psychiatric rehabilitation should find this book a brilliant work. John Norcross has compiled a library's worth of information summarized by a panel of experts on psychotherapy outcomes. While the chapters are often dense, sometimes difficult to read, and published in small print, any reader making the effort to get through them will be rewarded.

One caveat before describing the content: much of the research presented throughout the book is based on studies of individual psychotherapy with individuals who differ from the "typical" person using psychiatric rehabilitation services. Therefore, although the findings reported are intriguing and in line with the principles and practices of psychiatric rehabilitation, we caution against assuming that all of the conclusions apply to psychiatric rehabilitation practice. Given how similar the findings are with what is accepted best practice in psychiatric rehabilitation, though, it suggests that such approaches reflect common core mechanisms by which change and growth are achieved in all individuals,