



## Book review

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### **Handbook of Psychosocial Rehabilitation**

*Robert King, Chris Lloyd & Tom Meehan*  
*Blackwell, New York*  
2007, 232 Pages, £27.99 (from publisher)  
ISBN-10: 9781405133081

This book edited by Australian academics and researchers, Robert King, Chris Lloyd and Tom Meehan is a thin volume of 224 pages divided into 15 chapters. It is promoted as a 'clinical handbook' for practitioners in the field of mental health and promises to appeal to a wide readership. Each chapter commences with an overview and some have reference to additional resources. Additionally a case study about a person called Sam is introduced mid-way through the text and elaborated on across some chapters.

The first slim chapter (nine pages) launches businesslike into defining terms. Rehabilitation takes place within a 'framework' of a commitment to recovery, a biopsychosocial 'framework' and a 'framework' of evidenced-based practice. This chapter quickly cuts through the rhetoric and defines what is meant by these terms. Recovery may be thought of as an objective or subjective phenomenon. Rehabilitation refers to the restoration of psychological or social functioning and works best when the practitioner is hopeful for the person. Evidence-based practice is about both employing a scientist–practitioner approach to practice and an acceptance of the premise that once an intervention has been demonstrated to be effective with a specific problem, it should be implemented to good effect whenever that problem is present. An overview of the evidence-based 'hierarchy of evidence' is provided. This sets the scene for the remainder of the book. That is, the promotion of a praxis based on consideration of efficacy studies, systematic reviews and meta-analysis tempered with personal recovery aspirations.

The second chapter makes a case for those with severe mental illness (that is people with diagnosis of schizophrenia and severe mood disorders) needing 'psychosocial rehabilitation interventions'. The authors propose that the International Classification of Diseases (ICD-10) has become the coding system of choice in the UK and Australia. Janca *et al.* (2001) who are cited to support this claim found that the DSM-IV was more popular with clinicians. This is in part because the ICD-10 was developed principally to collect morbidity data for the World Health Organization and not as a diagnostic tool. For all its faults, a well-constructed multiaxial formulation using the DSM-IV at least captures something of clinical complexity and this chapter missed an opportunity to demonstrate how practitioners might account not only for a person's primary diagnosis but also to convey the interplay of personality, intelligence, psychosocial stressors, medical problems and functioning in a parsimonious way.

The third chapter by Helen Glover, entitled 'Lived Experience Perspectives' has an ethereal quality in which recovery is variously used as a noun, verb and adjective. She proposes that when people 'without a lived experience' speak about recovery, then it might be somehow diminished and then proposes that both professional and lived experience bodies of knowledge equally inform recovery-based knowledge. This gets a little confusing and might have made more sense if clinical recovery was contrasted with the concept of personal recovery, quantitative with qualitative, or modernist with post-modern paradigms. These latter demarcations of course make problematic the other positions. To some extent Helen does this by pointing out that recovery is not a linear process and generally not related to any planned treatment intervention or outcome. She emphasizes personal responsibility and outlines work that people need to undertake. There are paradoxes here as well, e.g. the concept of insight is criticized but individual

work involves 'discovering more and more about the impact of mental illness on my life' and discovering a purpose despite experiencing a mental illness. The chapter concludes with the statement that 'Recovery should not, and cannot, be the business of services and clinicians' (p. 41). The role of the other being: belief in people's capacities, not impeding people, and providing environments supportive of recovery efforts. These ideas could have been unpacked a little more and formed the basis of some detailed recommendations for practice.

Chapter four elaborates on a 'framework for psychosocial rehabilitation' which involves subjective and objective progress towards at least one of five aims such as improved living conditions, management of a changed sense of self, improved social interaction, meaningful occupation or self-management of mental illness. They propose 10 'lenses', e.g. recovery, ethical, economic, etc. through which to consider practice and 36 indicators of good practice. These all seem sound enough but are rather 'big picture' and it is unclear how some indicators have been arrived at, e.g. 'Cost-effectiveness studies at level of program module individually and in combination with reference to established health economic units, e.g. QALY, days out of role' (p. 47).

Chapter five addresses building therapeutic relationships and urges practitioners to develop Rogerian qualities. A robust discussion of therapeutic alliance follows with some discussion of how strains and ruptures in the relationship might be dealt with. Chapter six describes the components of a reasonably comprehensive assessment interview and the development of a rehabilitation plan. Chapter seven provides a very brief overview of pharmacotherapy. This chapter provided a disappointing amount of detail and would have benefited from tables providing detailed information about commonly used drugs. Instead of addressing issues such as the metabolism of drugs, interactions with alcohol, illicit drugs and tobacco, or how people might deal with sexual dysfunction, weight gain, etc. space was given to rarely used drugs such as monoamine oxidase inhibitors. Some basic discussion of compliance was presented but in a decontextualized way.

Chapters eight and nine address family psychoeducation and intensive case management respectively, in the form of literature reviews. These are interesting overviews but in the latter case the emphasis on effectiveness (given that assertive case

management might be considered a system of care rather than an intervention per se) detracts from a practical emphasis on how to provide good community care and some of the difficulties that might be confronted in daily practice. Chapter 10 addresses community participation and 11 vocational rehabilitation (employment). Chapter 12, 'Mental Illness and Substance Misuse' provides a brief overview of motivational interviewing. Chapter 13 entitled 'Early Intervention, Relapse Prevention and Promotion of Healthy Lifestyles' addresses mainly the idea of psychiatric treatment and intervention in the prodrome of schizophrenia or first episode of psychosis. The final two chapters deal with service evaluation and clinical supervision.

This text will be warmly welcomed by those who want a synopsis of the field as seen through the lens of evidence-based practice. However, there is a limit to the extent that results from meta-analysis and randomized-controlled trials can inform and enrich the highly individualized work that takes place between practitioners and clients in diverse practice contexts. Helen Glover was correct in asserting the need to value the knowledge arising from 'lived experience', but this applies equally to the lived experience of the practitioner and the shared experience of care. An exposition of roles, boundaries or a detailed examination of context is lacking. The context of working in an inpatient rehabilitation unit as a nurse is vastly different to that of a person working in an outreach capacity with homeless people. The role of an office-based community psychiatrist is quite different to a non-clinical 'lifestyle support worker'. The nature of psychosocial rehabilitation in some contexts is decidedly messy but this text presents practice in a sanitized way. There is an acknowledgement of some of the difficulties but insufficient guidance on dealing with them to qualify the text as a handbook. For example, how does a rehabilitation practitioner deal with someone who refuses to wash and smells bad? How does one assist a person in paying off debts to drug dealers or realize their sexual needs? What of dealing with unscrupulous landlords, negotiating with lawyers and police when someone is incarcerated, or assisting with basic needs when the person's income is spent on cigarettes or illicit drugs?

It is perhaps the evidence-based practice lens that we take issue with rather than the text itself. Through this, lens problems are quickly knowable,

categorizable, reducable and quantifiable. An intervention, manual or package can be picked off the shelf that is immediately applicable. We hear for example about family psycho-education as if this is some kind of thing to be prescribed rather than a component of sound family work which is the business of everyone. The evidence-based practice lens tends to exclude the novel, new, creative and innovative. Focus is on the observable, measurable and research that sponsors deem fund-worthy rather than on the theoretical or ethical. The text would have been enriched with greater consideration of theory, particularly from nursing which has long theorized about relationship and role in the context of psychosocial rehabilitation.

This book might have been better titled as a textbook rather than 'handbook', but there is little doubt that most chapters present a scholarly survey of particular areas that will be of interest to managers and students who want a quick and uncomplicated overview of the field.

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