

A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care

by Larry Davidson, Janis Tondora, Martha Staeheli Lawless, Maria J. O'Connell, and Michael Rowe; New York, Oxford University Press, 2008, 272 pages, \$39.95

Timothy G. Kuchnel, Ph.D.
Robert P. Liberman, M.D.

By describing and defining the role of recovery principles, Larry Davidson and his colleagues articulate the sea changes required in the beliefs and competencies of practitioners, consumers, family members, managers, and policy makers to enhance the recovery of people with serious and long-term mental illnesses. Beginning with the historical context of this movement from the Surgeon General's 1999 report on mental health and the amplification of those value-laden pronouncements by the President's New Freedom Commission 2003 report on mental health, the authors describe the new zeitgeist as well as offer practical advice that will help advocacy groups, practitioners, and consumers to work together in bringing about needed changes in the care provided by our mental health systems.

With the input and assistance of consumers, practitioners, and Connecticut's state mental health administrators, the authors identified innovations required to transform mental health systems that are "fragmented and in disarray with unnecessary and costly disability, homelessness, and incarceration" to those with a recovery orientation.

The first three chapters describe the recovery movement and address the most common misconceptions and concerns about recovery held by skeptical practitioners, families, and consumers. The quotations from consumers in recovery are poignant and illustrate the needs of this population and some of the practice implications that need to be addressed. Being in the process of recovery includes

Editor's note: Recovery is an enigmatic concept in contemporary psychiatry. Most practitioners in the public sector know they should be involved in assisting individuals with serious mental illness to move toward recovery, but most do not know exactly what that means. The reviews in this month's issue are of books that provide the bases for understanding recovery and its place in the evolution of the relationships in the lives of people with serious mental illnesses.

hope, self-responsibility, support by others, and empowerment to share in clinical decision making.

A chapter on practice standards comprises nine standards for recovery-oriented care; for example, "offering individualized recovery planning" has 22 core principles that should be followed. One of these standards is "practitioners actively partner with the individual in all planning meetings and/or case conferences regarding his or her clinical services and supports." Another practice standard, "identifying and addressing barriers to recovery," has 28 standards. One might wonder about the capacity of treatment teams to understand, learn, and implement the enormous number of principles and standards. The development and use of fidelity ratings for assuring the quality of these practice standards and principles would seem to pose another large challenge for supervisors and managers of clinical programs.

In the final chapter is a helpful recovery model for practitioners to organize services and supports for persons

with mental disorders. It works through a guide comprising the "top ten principles of recovery-oriented, community-based care." Two self-administered evaluation tools are provided for using this guide: the Recovery Self-Assessment of agency practices and the Recovery Knowledge Inventory of attitudes and beliefs about recovery.

Although the goals of the authors are laudable and their analysis of what needs to change in the treatment of serious mental illness is clear, the book lacks a road map for accomplishing these goals. Unless clinicians are equipped with evidence-based practices that can enable them to actualize a person-centered approach to treatment, recovery will remain a shibboleth in search of vehicles to power therapeutic change. Fortunately, action plans and manuals for implementing recovery from disabling mental disorders are available through well-validated techniques of psychiatric rehabilitation (1,2). Yes, recovery is our vision, but rehabilitation is our mission.

The reviewers report no competing interests. ♦

References

1. Corrigan PW, Mueser KT, Bond GR, et al: Principles and Practice of Psychiatric Rehabilitation: An Empirical Approach. New York, Guilford, 2008
2. Liberman RP: Recovery From Disability: Manual of Psychiatric Rehabilitation. Washington, DC, American Psychiatric Publishing, Inc, 2008

Recovery in Mental Health: Reshaping Scientific and Clinical Responsibilities

by Michaela Amering, M.D., and Margit Schmölke; Malden, Massachusetts, Wiley-Blackwell, 2009, 280 pages, \$100

Priscilla Ridgway, Ph.D.

The demand that all mental health programs assume a recovery orientation, and the call for deep transformation of the service system culture toward that end, have been the targets of social policy for a decade in the United States, with some progress

The authors are with the Psychiatric Rehabilitation Program and the Department of Psychiatry and Biobehavioral Sciences, University of California-Los Angeles School of Medicine.