BOOK REVIEW / COMPTE RENDU

Recovery From Disability: Manual of Psychiatric Rehabilitation

Robert P. Liberman

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Recovery has become a prevalent notion in the mental health field over the past 20 years. *Recovery From Disability: Manual of Psychiatric Rehabilitation*, authored by Robert Paul Liberman, provides the principles and day-to-day intervention techniques for practitioners to help individuals with mental and co-occurring mental and developmental disabilities in the process of recovery. The author intends to bridge the gap between theories and daily practices by illustrating evidence-based best practices and case examples.

Recovery From Disability, composed of 10 chapters, begins with a clarification of and rationale for specific terms. For example, "professional/practitioner versus patient" are terms used in reference to those who provide clinical services and those who are in treatment and receive needed services. The terms "provider and consumer" are not chosen because they connote an impersonal business relationship. The first two chapters provide an overview of recovery and psychiatric rehabilitation. The next seven chapters delineate how services could be delivered to enable individuals to achieve recovery. The final chapter integrates all concepts and addresses future developments for rehabilitation and recovery.

The key points of each chapter are summarized as follows. Chapter 1 begins with conceptualizing "disability" and then defines recovery through both objective and subjective perspectives identified by professionals and individuals. The objective definition delineates recovery more as an endpoint, where individuals achieve a state of being "recovered" and get a certain degree of symptom remission and reasonably normal functioning. The subjective definition is related to individuals' experiences when they go through the continuum from disability to recovery. These experiences include hope, empowerment, spiritual strength, self-help, social support, and destigmatization. The relationship between the objective and subjective perspectives is explained as interdependent and reciprocal. To sum up all concepts, Liberman uses the term "refresh" in order to signify growth and development in the process of recovering. Chapter 2 introduces psychiatric rehabilitation, which is viewed as the road to recovery. The vulnerability-stress-protective factors model of mental disorders, cognitive science, social learning theory, and lifespan developmental psychology are used to elucidate the principles and practice of psychiatric rehabilitation.

Chapters 3 to 9 address information, techniques, and treatment methods related to specific topics. Chapter 3 focuses on illness management, which aims to equip individuals with skills and supports to control their illness. The involvement of all stakeholders in collaborative relationships is critical. Liberman provides strategies to translate professional knowledge into the comprehension and abilities of individuals in differ-

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ent phases of their illness. Chapter 4 describes the process of functional assessment, which begins with the identification of goals, followed by the analysis of abilities, coping skills, and personal competencies, and finalized by the development of the rehabilitation plan and monitoring progress. The Client's Assessment of Strengths, Interests, and Goals (CASIG) is used to demonstrate the whole functional assessment process. Chapter 5 highlights social skills training as an essential intervention to help individuals achieve meaningful and satisfying participation. Some evidence-based methods for social skills learning and generalization are provided. Chapter 6 stresses the facilitation of family involvement in treatment and rehabilitation. Liberman discusses services and resources for supporting, educating, and empowering families. Chapter 7, vocational rehabilitation, presents the specific value of work for individuals with mental illness. The spectrum of vocational services consists of several levels, from work-tasks training, prevocational training, sheltered workshops, and transitional employment to consumer-run enterprises, supported employment, independent employment, and job maintenance. Chapter 8 delineates case management, assertive community treatment, integrated mental health care, wraparound personal support services, psychosocial clubhouse, and multi-disciplinary teamwork as vehicles for delivering rehabilitation services. In chapter 9, the author notes the diversity of recovery-oriented services and illustrates how to customize services in ways that are effective for challenging populations such as older adults, mentally ill offenders, or individuals from cultural minorities, and those with dual diagnoses, treatment refractory illnesses, or aggressive behaviours.

Finally, chapter 10 integrates all the aforementioned concepts and proposes future directions. Liberman suggests that new developments for rehabilitation and recovery should focus on cognitive rehabilitation, extending the reach of rehabilitation with technology, prevention of mental disability, and an integrated vision and mission for recovery.

Readers from all mental health disciplines could view this book as a clinical manual for everyday use and could benefit from the practical tools for interventions and the abundance of real-life examples. For instance, the author designs a flow chart guiding practitioners on how to conduct social skills training. Another example is the list of functions family members could serve in assisting in the treatment and rehabilitation process and the things they should avoid. Such concrete approaches are embedded in each chapter. The book makes a significant contribution to transform recovery knowledge into practice. The second advantage of the book is the dissemination of evidence-based best practices such as social skills training and assertive community treatment for psychiatric rehabilitation. The author believes that a higher rate of recovery can be expected when the values of recovery in conjunction with evidence-based services are widespread.

There are a few limitations to *Recovery From Disability*. First, although Liberman intends to delineate recovery from bio-psycho-social perspectives, the biomedical orientation tends to dominate his approaches. For example, illness management, social and independent living skills training, neurocognitive pharmacology, cognitive remediation, and use of computers in rehabilitation are proposed as the latest developments in rehabilitation. A consideration of Priestley's framework for evaluating conceptualizations of disability reveals the limitations of Liberman's approaches to promote recovery (Priestley, 1998). Priestley has suggested two dimensions in the study of social phenomena: the first dimension is individual or social levels; the second dimension is materialist (objective) or idealist (subjective) levels. These two dimensions interact with one another to produce four paradigms that could explain disability from a variety of perspectives. The first paradigm views disability and recovery at the individual and materialist level. Treatment techniques and

interventions that intend to change individuals fall into this paradigm. The objective determination of recovery would be applied. Liberman's focus in much of the book is related to this paradigm. The second paradigm Priestley proposes views disability and recovery at the individual and idealist level. Subjective experiences, values, meaning, and personal development are some examples to explain recovery in this paradigm. Liberman provides some discussions based on this position, but not as thoroughly as with the first paradigm.

Priestley's third paradigm looks at disability and recovery from social and materialist perspectives. For instance, workplace discrimination or low economic status could be objective barriers toward recovery. His fourth paradigm offers social and idealist views of disability. In this paradigm, social stigma, labelling, and unfair role expectations are examples of subjective barriers to recovery that could be removed through advocacy. Here we can find the major limitation of Liberman's book. Liberman does not frame recovery at the societal level. Changes occur only to individuals, and not to the environment or society. Functional limitations seem to be attributed to personal factors. As a result, disability still exists when the construction of society does not change (Imrie, 1997). Furthermore, if sociopolitical perspectives were absent, recovery could not be contextualized within mental health system transformation. The significant issues of power and oppression would be neglected in the process of promoting recovery.

Regardless of these limitations, this book offers a practical way to help individuals and families select goals, acquire skills, live productive lives, and access integrated mental health care. The clinical realities and challenges faced by practitioners are explicitly addressed with clear advice and strategies for effective services. As the author states, "research findings have been translated into practice-based services of immediate utility" (p. xxviii). This manual of psychiatric rehabilitation is designed for all stakeholders with varying experiences and could be used as a clinical source handbook.

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