REFERENCES


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This book examines the opportunities and obstacles to empowering adults who have serious mental illnesses. Dr. Linhorst begins with a chapter defining the concept of empowerment, since it does not have a truly commonly accepted meaning as yet. In the discipline of mental health treatment, Dr. Linhorst defines empowerment as “the meaningful participation of people with severe mental illness in decision-making and activities that give them increased power, control, or influence over important areas of their lives.” He then explores the past history of psychiatric treatment in the U.S., from our colonial days to the present, or what he calls “A history of powerlessness.” He devotes a third chapter to the tension between individuals with severe mental illness in decision-making and activities that give them increased power, control, or influence over important areas of their lives.” He then explores the past history of psychiatric treatment in the U.S., from our colonial days to the present, or what he calls “A history of powerlessness.” He devotes a third chapter to the tension between individual rights and coercion, citing the important case law and statutes, and a fourth, entitled “Conditions of empowerment,” based to some greater or lesser extent on the work of Joel Handler. It is in this chapter that Dr. Linhorst discusses the nine conditions which he believes research has shown to be necessary to the promotion of empowerment.

The remaining chapters, in the main, discuss seven activities or opportunities for empowerment, viewed through the lens of these nine conditions. Each of these activities has a chapter devoted to it, beginning with a general discussion of the activity, next looking at each condition in specific relation to that activity, thirdly presenting case studies (usually two — one in a psychiatric hospital and the second in a community-based treatment setting), and concluding with a set of nine to seventeen guidelines for the promotion of empowerment within that specific activity. The conditions include management of psychiatric symptoms, participation skills, and mutual respect and trust, among others. The activities are exemplified by things like treatment planning, housing, and employment. Dr. Linhorst concludes with a summarizing chapter on “Creating and living empowered lives,” which includes advice to each participant in the process.

This book makes clear that setting the stage for and maintaining conditions of empowerment is a tenuous matter. It can be ended by many things, such as personnel leaving, funding cuts, or changes in society’s belief systems. He mentions numerous studies and reports throughout the text which have detailed citations within the 32 page reference section. The book has a subject index as well.

This book is not without bias — clearly the author is in favor of an empowering approach. He has worked in both a hospital and a community setting, and these are the two examples cited in each of the “case studies.” Both settings are from the St. Louis, Missouri, area but fortunately are at nearly opposite ends of today’s empowerment continuum.

Dr. Linhorst has planned his book for practitioners who “wish to move beyond mere rhetoric” about empowerment within their own offices or agencies, as well as for consumers, advocacy organizations, administrators, policy makers/planners, and researchers/evaluators. It might also be useful for some classes in mental health treatment or policy. While it is not true that simply reading this book would make one an expert at empowerment, it does make clear, strong, and thoughtful arguments, as well as giving multiple guidelines which should help anyone so inclined to move forward along this path — and may help to convince some of those not so inclined!

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Drs. Lightburn and Sessions have assembled 56 additional contributors for this extensive work. All are clinicians, educators, and/or researchers in the areas of community practice, school-based mental health services, family approaches, and/or systems theory. The book is divided into 33 chapters, grouped under four headings: definitions and model of practice, paradigm shift and essentials of community-based practice, leadership in community-based care, and practice examples. This final section is by far the largest of the four, with four subheadings of its own: early intervention, school-based programs, services for children and families, and services for adults.

Community-based clinical practice is defined by these authors as “the location of mental health services beyond the walls of formal, medicalized clinics in settings where other kinds of services by other professions are delivered, in the neighborhoods” of the population being served. The point made is that these practices are “of,” not just “in,” their communities. This movement has been born out of increasing dissatisfaction on the part of these practitioners with the results that can be obtained in more traditional settings and concern about the increasing severity of psychosocial stressors and psychiatric disorders in youth (both children and adolescents) over the past few decades. It is also partly explained by a movement of social work back to its roots and a better researched base for