

## Ten Important References in Psychosocial Rehabilitation

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### INTRODUCTION

There is no question as to the importance of psychosocial rehabilitation, but selecting ten key references in such a complex field is clearly a challenge. In the context of deinstitutionalization and community mental health movements, there is a growing consensus among those of us who work with people with severe mental disorders of the importance of what we refer to as “rehabilitation” to facilitate the recovery process and help patients develop an active life in their communities.

One important but controversial issue involves clarifying what we mean when we refer to rehabilitation, which continues to be the subject of debate and is addressed from a wide range of theoretical and technical approaches. Another significant topic—though it falls outside the scope of this article—is the extent to which the actual care given to this population is based on the theoretical importance of rehabilitation, a term that is often used in different ways.

The controversies and debates all have practical implications. They aim to interpret the different views on the problems facing people with severe mental disorders, the different roles of the diverse interventions and the type and administrative location of teams and care facilities. Thus we can discuss whether rehabilitation should be separate from treatment or integrated, whether it is a question of public health or a social issue, and the level of specialization required to deal with it. These debates are made more difficult by the polysemous nature of the term “rehabilitation” but also due to the dynamics by which real models for psychosocial rehabilitation are developed in our country.

With respect to the first aspect, we consider (López and Laviana, 2007) that our use of a single term (“rehabilitation”) refers to five different things: a philosophy, a strategy, a level of care, a series of programs and a group of care facilities. In fact, rehabilitation may be seen as a philosophy and a strategy that must be common to those of us who work with people with severe mental disorders; a specific level of care (from prevention, treatment, rehabilitation and social insertion) but with not such precise limits as those applied in other sec-

tors of healthcare; a differentiation between a set of specific programs, and a type of care facilities that may vary at specific institutions and in different geographic areas.

In terms of administrative status or dependence (in the healthcare or the social sectors), something similar occurs: the philosophy and strategy must be common; there are programs that can be applied preferably by health professionals with different areas of specialization, but there are other programs that may be developed by other care systems. The same occurs with the care facilities.

In Spain, the diverse structures in the different autonomous communities—the result of different historic movements—further complicate matters. Thus, one of the most developed and repeated models is that of the Community of Madrid, which is generally considered the reference model, although not all of its procedures can necessarily be replicated and there are (and have been) alternative models (López and Laviana, 2007)

In fact, the basic aspects of the model reveal that the “classic” U.S. approaches were imported to Spain. These approaches emphasized rehabilitation as a global alternative to traditional psychiatric assistance in a context without public healthcare or social structures. Here a specific network was created, one that integrated rehabilitations units, residential programs and employment programs in social services with teams comprised of a great number of psychology professionals. This allowed for consistent, consolidated development, but there is no doubt that other models are in fact possible. In fact, this may not be the best model in terms of encouraging multidisciplinary involvement and integral healthcare or in terms of overcoming biological approaches in mental healthcare services.

Finally, beyond the issues that exceed the scope of this article, it is important to mention how challenging it is to select ten key references. An attempt was thus made to include both historic and current texts by both Spanish and foreign authors, positions that can be considered “classic” along with other more “contemporary” ones, and texts addressing topics that range from basic knowledge to organizational models and models for intervention. The fact that other references are also included in the description of each of the ten references allows us to extend the horizon in this complex and relatively controversial field.

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**BASIC REFERENCES IN THE FIELD**

**Module 1. Basic Knowledge and Concepts.**

**1. Zubin, J. and Spring, B. (1977). Vulnerability: a new view of schizophrenia. *Journal of Abnormal Psychology*, 86 (2), 103-126.**

This classic article presents an initial approach to a basic model for the rehabilitation of people with severe mental disorders, one specifically aimed at the most common of these ailments (schizophrenia).

Although there have been more recent complex versions of this model (Nuechterlein and Dawson, 1984; Ciompi, 1989), this is the most cited reference. In contrast to more limited views of schizophrenia (biological or psychological), Zubin and Spring presented a new model, organizing the available information on risk factors and helping to create a set of interventions designed to increase people's capacity to handle stressful situations and to reduce the repercussions of stress on people vulnerable to schizophrenia.

Nuechterlein's model introduces new factors, especially those related to deficits in cognitive functioning (a topic of growing interest and increasing consensus), thus providing more fluid articulation between vulnerability, stress, competence and coping skills. On the other hand, Ciompi's version attempts to explain, besides the acute episodes, subsequent decompensations and the evolution of the disorder. Connections are made with follow-up studies, including Ciompi's own, that show a more favorable and socially contextualized evolution of people with a diagnosis of schizophrenia in the long term (Calabrese and Corrigan, 2005).

Overall, this article continues to be a basic reference that is difficult to prove empirically ("We can inquire whether the facts are true, but we cannot inquire whether the concepts are true—we can only ask if they are useful," state the authors). However, the article is compatible with the growing volume of biological, psychological and social knowledge (Tandom, Keshavan and Nasrallah, 2008; Van Os, 2009) that question the unilateral visions of etiology and the inevitably chronic nature of the disease (Harding, Zubin and Strauss, 1987 and 1992). It thus makes an important contribution to rehabilitation, which is understood as a philosophy or strategy as well as the common base of intervention programs.

**2. Silverstein, S. M. and Bellack, A. S. (2008). A scientific agenda for the concept of recovery as it applies to schizophrenia. *Clinical Psychological Review*, 28 (7), 1108-1124.**

There are many works about the concept of recovery, including one by Bellack (2006) and the classic text by Anthony (1993), in addition to those written by the people directly affected. This article presents an integrating viewpoint of

two alternative or complementary perspectives: the professional approach, which is understood as recovery "from" the illness or recovery as a measurable "outcome", and that of those affected by the disease, in which recovery is understood as more of a "process" or a personal journey (recovery "in" the disease) that provides new personal meaning to life beyond one's symptoms and disability. In addition, it discusses both familiar aspects as well as those which have yet to be addressed by researchers or have only been empirically assessed.

This relatively new concept incorporates the basic aspects of rehabilitation in a broad sense (philosophy and strategy), setting objectives for our interventions: to favor personal recovery processes and civic participation. It has clear implications both for individual care as well as for the organization and operations of the network of services, and takes into account the guidelines for psychosocial rehabilitation and community care.

**3. Muesser, K. T. and Tarrrier N (Ed.) (1998). *Social functioning in schizophrenia*. Boston: Allyn and Bacon.**

One of the guidelines of rehabilitation is connected to the concepts of functioning and disability, which were redefined by the new classification of the WHO (WHO, 2001). This book offers a clear and articulate description of the concept of social functioning and its interpretations in different areas with diverse approaches. It is a useful point of departure, in spite of the years that have passed since its publication, for organizing knowledge and interventions.

The book gathers significant contributions in different chapters related to social functioning—contributions that are essential for the philosophy and strategy of rehabilitation—as well as others on different types of interventions and specific programs. Although some of the information needs to be updated and more details are needed on certain aspects, the overall vision it provides continues to be an adequate framework for integration.

**Module 2. Basic Models**

**4. Anthony W. A. and Liberman R. P. (1988). *The practice of Psychiatric Rehabilitation: historical, conceptual and research base*. *Schizophrenia Bulletin*, 12 (4), 542-559.**

Although Liberman's group (University of California, Los Angeles) and the group of Anthony and Farkas (Boston University) have different focuses, it is worthwhile to consider them together as the most well-known proponents of what we could refer to as the "classic" U.S. approach to rehabilitation. It is an approach that has had a decisive influence on the development of psychosocial models of rehabilitation in different countries, including Spain.

Although there are subtle differences between the two, within the psychological paradigm of social abilities, both works are based on directing rehabilitation interventions to improve one's functioning and compensate for deficits through environmental support (Farkas and Anthony, 2010). However, it does so in the context of the United States, which does not have a highly developed structure of public health or social services. Thus, like other American programs with empirical evidence based on a local context, rehabilitation is usually separated from other types of services.

The two groups have published many articles and interesting manuals (Lieberman, 2008; Anthony, Cohen, Farkas and Gagne, 2002; Corrigan, Muesser, Bond, Drake and Solomon, 2007), and for many years, the Spanish translation of one of Lieberman's first versions was an obligatory reference among those in the field in Spain.

The article, published in a special edition of the *Schizophrenia Bulletin*, presents the common issues addressed as part of this approach. It is essential reading, a historic reference and a source of a great part of the knowledge and interventions related to the field of rehabilitation, in spite of the contextual limitations referred to above.

Other models that can also be considered classic have things in common with these works but also important differences. These include the work by Spivak (1987), which is not as well-known in Spain, and the work by the Swiss researchers Roeder and Brenner (1996), whose approach is more focused on cognitive rehabilitation.

**5. Watts F. N. and Bennet D. (1991) *Theory and practice of Psychiatric Rehabilitation*. Chichester: Wiley and Sons.**

There is a Spanish translation of an earlier version that outlined a more integrated model of community mental health-care services in which rehabilitation was presented as a common philosophy and strategy throughout the healthcare system. It integrated specific programs in the British context, which is quite different from that of the USA.

The book corresponds to a European and more integrated focus like that proposed by others such as Ciompi (1998) or the Finnish authors Antinnen and Alanen (1997). Its proposal led to a question in a recent article by the Dutchman Wiersma (2008), whose interest mainly resides in its title, which asks whether rehabilitation is a new name or a development in what has been referred to as "Social Psychiatry." Some of us consider this to be an integrable development in community care, one that takes a less medical viewpoint of the illness (López and Laviana, 2007).

With connections to Wing's group, the authors who contributed to this book—including Geoff Shepherd, who wrote the interesting introduction—also draw on important biopsychosocial

knowledge while questioning the concept of chronic illness, the supposedly inevitable and sole outcome of severe mental disorders.

**6. Saraceno B. (1995). *La fine dell intratenimento. Manuale de Rehabilitazione Psichiatrica*. Milano: Etas Libri.**

Saraceno is better known as the director (recently retired) of the Department of Mental Health at the World Health Organisation during one of its most productive periods. However, this text has been widely overlooked in Spain, perhaps because it questions classic visions of rehabilitation, in spite of the fact that—as the author himself acknowledges—this is not a manual for rehabilitation but an essay that encourages reflection. It thus seems especially useful for considering community care with a strong component of rehabilitation, a position which would take us beyond the unquestioning imitation of classic models.

Saraceno first provides a critical overview of the models by Lieberman, Anthony, Spivak and Ciompi, as well as models for family psychoeducation—which are generally considered rehabilitation programs even though their main objective is to prevent relapses (Aproa, Mari, Rathbone and Wong, 2010). He then brings up the fact that researchers frequently overlook references to the context where the rehabilitation takes place—be it the psychiatric hospital or the community where the patients live.

To offer a comparison and summarize the references (some of which are questionable sources) on both anti-psychiatry and the epidemiological perspectives in public health, Saraceno returns to the concept of deinstitutionalization in its broadest sense (Rotelli, De Leonardis and Mauri, 1987). He makes reference to specific movements in Italy and other countries which have developed and continue to develop less systematic procedures but involve the transformation of institutional environments and provide active support for the social lives of people with severe mental disorders. These are "practices in search of a theory" that are richer than the "laboratory" versions of traditional models, where rehabilitation experiences are inseparable from the set of healthcare and social services, approaches that break with traditional ones in psychiatry. It thus guides the field of rehabilitation not towards teaching patients how to become "normal," i.e. increasing their competence and abilities, but toward facilitating their recognition as actors with effective capacity for negotiation and exchange in civic life. These are indispensable guidelines for any process of recovery and citizenship that are used in conjunction with more or less structured rehabilitation techniques.

**Module 3. Spanish Contributions**

**7. Rodríguez, A. (Coord.) (1997). *Rehabilitación psicossocial de personas con trastornos mentales crónicos*. Madrid: Pirámide.**

In spite of the time that has passed and the criticism that could be made of some of the approaches—which are sometimes erratic—this continues to be a key reference. It is the first Spanish manual of rehabilitation, one based on a practical model that is both reasonable and consistent although, as we have said, some professionals do not always agree with certain aspects of the approach or the way it is organized and articulated.

As a global overview of the specific guidelines and procedures of rehabilitation, it has nonetheless been the source of knowledge for many professionals and a reference model for developing services and specific programs. For this reason, in spite of the criticism that could now be made of certain chapters (it was clearly a groundbreaking work when it was published), this continues to be a text that merits respects and has made a decisive contribution in terms of introducing theoretical approaches and techniques for rehabilitation in Spain.

**8. Aldaz, J. A. and Vazquez, C. (Ed.) (1996). *Esquizofrenia: fundamentos psicológicos y psiquiátricos de la rehabilitación*. Madrid: Siglo XXI.**

Published fifteen years ago, this book provides a consistent summary of basic information about rehabilitation programs and makes them available to Spanish professionals who are not able to read texts in English.

It provides a diverse range of topics, from cognitive disorders to specific programs, incorporating different visions from Spain and abroad in order to offer an extensive panorama of the guidelines for rehabilitation and some of the most important models. As we mentioned when summarizing the book by Muesser and Tarrier—and in spite of the distances between the two works—we believe that this Spanish language book provides a clear framework for articulating basic knowledge on guidance and interventions in rehabilitation.

**9. Pastor, A., Blanco, A. and Navarro, D. (Coord.) (2010). *Manual de rehabilitación del trastorno mental grave*. Madrid: Síntesis.**

When discussing Spanish language references, this is a key text that provides some of the most recent proposals in the field of psychosocial rehabilitation. At the same time, it reveals the level of development and consolidation of this field in Spain.

This book allows us to see the evolution that has occurred in this field since Abelardo Rodríguez published his manual, manifesting the growing level of consistence among health and social programs as well as the increased awareness on the part of Spanish professionals of theoretical and practical works from other countries.

In addition to general interventions, which provide summaries of different aspects of this subject, the text covers the main areas of work in rehabilitation, including both basic intervention programs as well as development programs for social support resources in areas such as employment, residence and the struggle against stigma and discrimination. Naturally, this last area has been a topic of growing interest in both theoretical terms and in practice (Muñoz, Perez, Crespo and Guillén, 2009) since it constitutes a basic aspect to improve the citizenship of people with severe mental disorders (López, Laviana, Fernandez, López, Rodriguez and Aparicio, 2009)

**10. Fernández, J. A., Touriño, R., Benítez, N. and Abelleira, C. (ED.) (2010). *Evaluación en rehabilitación psicosocial*. Valladolid: FEARPS.**

The same can be said of this book, another recent work with contributions by several authors that focuses on procedures, techniques and instruments of evaluation. It also shows that at least in terms of theory, progress is being made, although in terms of day-to-day practice, this field is still lacking in many ways.

Published as a special edition of the magazine *Rehabilitación Psicosocial*, the different articles included here summarize specific techniques and instruments that can be used in the evaluation of people with severe mental disorders as well as the available rehabilitation programs. In this regard, like the last reference reviewed, this is evidence that the professionals who have joined the field of rehabilitation in healthcare and in social services are staying abreast of the latest theoretical advances and increasing their level of consensus.

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## CONCLUSIONS

In summary, we have provided a selection of references that could allow for a comprehensive vision of the main aspects to be considered by clearly establishing the role of rehabilitation (understood as philosophy, strategy, an inventory of specific programs and a typology of services) in the community services for people with severe mental disorders.

Overall, the aim is to contextualize the role of rehabilitation in the public systems, which consist of both healthcare and social services, with a view towards recovery and citizenship among people suffering from severe mental disorders. In addition, the goal is to emphasize specific programs with a certain degree of empirical evidence to help these individuals in this personal process.

Finally, this selection is aimed at the progressive introduction of these approaches—which are not free from inconsistencies—in our country, with well-defined systems that provide for the progressive extension of services and greater



consonance among a growing number of committed, well-trained professionals.

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#### REFERENCES

- Alanen, Y. O. (1997). *Schizophrenia. Its origins and need-adapted treatment*. London: Karnac Books. Spanish language version: *La esquizofrenia. Sus orígenes y su tratamiento adaptado a las necesidades del paciente*. (2003) Madrid: Fundación para la investigación y el tratamiento de la esquizofrenia y otras psicosis.
- Aldaz, J. A. and Vázquez, C. (Ed.) (1996). *Esquizofrenia: fundamentos psicológicos y psiquiátricos de la rehabilitación*. Madrid: Siglo XXI.
- Anthony, W. A. (1993). Recovery from mental illness: the guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16 (4), 11-23.
- Anthony, W. A.; Cohen, M.; Farkas, M. and Gagne, C. (2002). *Psychiatric rehabilitation (2nd. Edition)*. Boston: Center for Psychiatric Rehabilitation.
- Anthony, W. A. and Liberman, R. P. (1988). The practice of psychiatric rehabilitation: historical, conceptual and research base. *Schizophrenia Bulletin*, 12 (4), 542-559
- Bellack, A. S. (2006). Scientific and consumers models of recovery in schizophrenia: concordance, contrasts and implications. *Schizophrenia Bulletin*, 32 (3), 432-442.
- Calabrese, J. and Corrigan P. W. (2005). Beyond dementia praecox: findings from long-term follow-up studies of schizophrenia. En Ralph R. O. y Corrigan P. W. (Ed.). *Recovery in mental illness: broadening our understanding of wellness*. (pp 63-84) Washington DC, American Psychological Association.
- Ciampi, L. (1988). *The psyche and schizophrenia: The bond between affect and logic*. Cambridge: Harvard University Press. Spanish language version: *Afecto-lógica. El vínculo entre el afecto y la lógica. Una contribución al estudio de la esquizofrenia*. (2010). Madrid: Fundación para la investigación y el tratamiento de la esquizofrenia y otras psicosis.
- Ciampi, L. (1989). The dynamics of complex biological-psychosocial systems: four fundamental psycho-biological mediators in the long-term evolution of schizophrenia. *British Journal of Psychiatry*, 155 (Suppl. 5), 15-21.
- Corrigan, P. W.; Muesser, K. T.; Bond, G. R.; Drake, R. E. and Solomon, P. (2007). *Principles and Practice of Psychiatric Rehabilitation: An Empirical Approach*. New York: Guilford.
- Farkas, M. and Anthony, W. A. (2010). Psychiatric rehabilitation interventions: a review. *International Review of Psychiatry*, 22 (2), 114-129.
- Fernández, J. A.; Touriño, R.; Benítez, N. and Abelleira, C. (Ed.) (2010). *Evaluación en rehabilitación psicossocial*. Valladolid: FEARPS.
- Harding, C. M.; Zubin, J. and Strauss, J. S. (1987). Chronicity in schizophrenia: fact, partial fact or artifact?. *Hospital and Community Psychiatry*, 38 (5), 477-486.
- Harding, C. M.; Zubin, J. and Strauss, J. S. (1992). Chronicity in schizophrenia: revisited. *British Journal of Psychiatry*, 161 (Suppl. 18), 27-37.
- Liberman, R. P. (2008). *Recovery from disability: Manual of Psychiatric Rehabilitation*. Arlington: American Psychiatric Publishing.
- López, M. and Laviana, M. (2007). Rehabilitación, apoyo social y atención comunitaria a personas con severe mental disease. Algunas propuestas desde Andalucía. *Revista de la AEN*, 99, 187-223.
- López, M.; Laviana, M.; Fernández, L.; López, A.; Rodríguez, A. M. and Aparicio, A. (2008). La lucha contra el estigma y la discriminación en salud mental. Una estrategia compleja basada en la información disponible. *Revista de la AEN*, 101:43-83.
- Muesser, K. T. and Tarrrier, N. (Ed.) (1998). *Social functioning in schizophrenia*. Boston: Allyn and Bacon.
- Muñoz, M.; Pérez, E.; Crespo, M. and Guillén, M. I. (2009). *Estigma y enfermedad mental. Análisis del rechazo social que sufren las personas con enfermedad mental*. Madrid: Editorial Complutense.
- Nuechterlein, K. H. and Dawson, M. E. (1984). A heuristic vulnerability/stress model of schizophrenic episodes. *Schizophrenia Bulletin*, 10 (2), 300-312.
- OMS (2001). *Clasificación Internacional del Funcionamiento, la Discapacidad y la Salud*. Madrid: INSERSO.
- Pastor, A.; Blanco, A. and Navarro, D. (Coord.) (2010) *Manual de rehabilitación del severe mental disease*. Madrid: Síntesis.
- Pharoah, F.; Mari, J.; Rathbone, J. and Wong W. (2010). Family intervention for schizophrenia. *Cochrane database of systematic reviews*, 12.
- Roder, V.; Brenner, H. D.; Hodel, B. and Kienzle, N. (1996). *Terapia integrada de la esquizofrenia*. Barcelona: Ariel.

- Rodríguez, A. (Coord.) (1997). *Rehabilitación psicosocial de personas con trastornos mentales crónicos*. Madrid: Pirámide.
- Rotelli, F.; De Leonardis, O. and Mauri, D. (1987). Desinstitutionalización: otra vía. *Revista de la AEN*, 87, 165-187.
- Saraceno, B. (1995). *La fine dell intratenimento. Manuale de Rehabilitazione Psichiatrica*. Milano, Etas Libri. Spanish language version: *La liberación de los pacientes psiquiátricos. De la rehabilitación a la ciudadanía posible*. (2003). México: Pax.
- Silverstein, S. M. and Bellack, A. S. (2008). A scientific agenda for the concept of recovery as it applies to schizophrenia. *Clinical Psychological Review*, 28 (7), 1108-1124.
- Spivak, M. (1987). Introduzione alla Rehabilitazione sociale: teoria, tecnologia e metodi di intervento. *Revista Sperimentali di Freniatria*, 11, 522-574.
- Tandon, R.; Keshavan, M. S. and Nasrallah, H. A. (2008). Schizophrenia, "just the facts": what we know in 2008. Part 1. Overview. *Schizophrenia Research*, 100 (1-3), 4-19.
- Van Os, J. and Kapur, S. (2009). Schizophrenia. *The Lancet*, 374, 635-645.
- Watts, F. N. and Bennett, D. H. (Ed.) (1991) *Theory and practice of psychiatric rehabilitation (2<sup>nd</sup> Edition)*. Chichester: Wiley and Sons. Spanish language version (de la edición de 1983) (1990): *Rehabilitación psiquiátrica. Teoría y práctica*. México: Limusa.
- Wiersma, D. (2008). Rehabilitation: new term for or further development of social psychiatry? A Dutch perspective. *International Review of Psychiatry*, 20 (6), 540-545.
- Zubin, J. and Spring, B. (1972). Vulnerability- A new view of schizophrenia. *Journal of Abnormal Psychology*, 86 (2), 103-126.