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Empowering People with Severe Mental Illness: A Practical Guide. By Donald M. Linhorst, Ph.D., New York, Oxford University Press: ISBN: 0-19-517187-X; $39.95; 367 pp.

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 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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Handbook of Community-Based Clinical Practice. Edited by Anita Lightburn and Phebe Sessions; New York, Oxford University Press; ISBN: 0-19-515922-5; $65.00; 584 pp.

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

the understanding of relationships, families, and communities. Some examples of the new approaches described would be collaborative practice, capacity-building, empowerment, community enhancement, prevention, and the development of urban sanctuaries. The program descriptions are generally historically based reviews of what was done in a given setting, why, and how. The point is made that a paradigm shift has already occurred due to the increasing societal focus on prevention, resilience, and recovery, and that clinicians must be alert to these changed expectations if they are to make their practices relevant in a changing world.

As would be expected from so many contributors, the writing styles differ in the various chapters, but the editors have gained some uniformity by asking the authors of the examples of practice to organize their chapters by starting with a description of the need, followed by an outline of the program itself, a critical discussion of the relevant supporting evidence for the practice, lessons learned, and a case example. Both editors are faculty members in schools of social services, and so despite the fact that some authors are from other disciplines, the overall thrust of the book is somewhat social-work focused. Nonetheless, this is a book that would be useful to all mental health professionals who are interested in expanding their understanding of community-based practice. It also could be used as a primary or secondary text in a course on community-oriented social work, systems-based practice, or alternative service delivery systems in mental health. The writing is generally clear, with references at the end of each chapter and an extensive index at the conclusion of the book.

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Juvenile Delinquency. Prevention, Assessment, and Intervention. By K. Heilbrun, N.E.S. Goldstein and R.E. Redding; New York, Oxford University Press: 2005. ISBN 13: 9780195160079; $49.95 (hardcover); 342 pp.

A friend told me this story about his 15-year-old nephew. For some months, Tad (as I'll call him) had been drinking and using drugs, and it had led to a couple of minor encounters with the sheriff in his semi-rural community. This was not a bad youth, but he had drifted as he tried to find his center after his parents' brutal divorce. Tad and several friends with similar problems spent their idle time, that is, nearly all their time, getting high or at least bragging about it. Outside their town's movie palace late one Saturday evening, befuddled by too much beer, Tad impulsively stuck a knife between the ribs of one of those friends, who spent the next several days in intensive care. Tad was arrested and tried as an adult for aggravated assault and attempted murder. At sentencing, his victim, now completely recovered, urged clemency, testifying that the episode was as much his own fault as the defendant's.

How can *Juvenile Delinquency*, a book of theory and research, inform our understanding of Tad's behavior and what should be done about it? As with any other medical problem, we need information about the conditions that spawn juvenile delinquency and those that favor its resolution. Of the 15 chapters, nearly half discuss risk and its assessment. We learn, for example, that mental disorders affect anywhere from 20% to 100% of juvenile offenders (1); that conduct, mood, and substance use disorders and ADHD are among the most common predictors of delinquency; that early onset, active offending in adolescence, and escalating and serious offenses predict later offending (2). An awful lot of this material is less than astonishing, more or less what you'd figure out just staring into the fire. Further, many chapters end with the unsatisfying mantra: we need to know more, more research is needed. For me, there was one real surprise: nowhere in the chapter on the history of juvenile delinquency—indeed, nowhere in the entire volume!—did I find mention of Lee Robins' seminal work, detailed in her elegant classic 40 years old this year, *Deviant Children Grown Up*.

Now, however, things get interesting. Data are accruing that evidence-based rehabilitation programs work. Interventions that target offenders in their environments are especially promising. Even violent offenders are somewhat less likely to reoffend when they participate in specific programs offering cognitive or family therapies (3). However, nothing printed here suggests the efficacy of long-term incarceration; indeed, the evidence seems increasingly to indicate the counter-rehabilitative effects of giving adult-like sentences to juveniles (4). Community-based treatments promise effective interventions for young offenders; the chapter by Sheidow and Henggeler reports a methodology for deciding what works, as well as some results.

For example, in my own state, the Oregon Treatment Foster Care program places juvenile offenders with foster families for 6 to 12 months in lieu of more restrictive residential placement. The kids receive close supervision, consistent limit-setting, consequences for broken rules, support from mentors, and reduced exposure to delinquent peers. Outcome research finds that OTFC results in reduced criminal behavior and incarceration, and at a cost that is a fraction that of traditional group homes. It is one of three programs this chapter describes in detail; in addition, there are brief outlines of congeries of other interventions.

Why, we might (must!) ask, do we impose draconian sentences on adolescents, even children, who therefore often receive punishment traditionally reserved for adults? Highly publicized tales of school violence is one obvious cause. The fact, according to the chapter by Cornell, is that the public has an exaggerated view of the risk of crime at school, fueled by publicity of a few high profile cases. Zero tolerance policies, which once seemed a good idea, are often carried to extremes, such as expelling a 5-year-old for giving a razor blade he had found to a teacher. *Juvenile Delinquency* will remind you of such folly, which often substitutes for real thought about the