Special Section:
International Perspectives on Behavioral Approaches to Psychiatric Rehabilitation:
Reports from a Symposium at the 1988 World Congress on Behavior Therapy Sponsored
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Introduction: Special Section Guest Editors

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Rehabilitation research and program development has been flourishing in the United States during the last decade with behavior therapy especially fruitful as a source of clinical strategies. The behavioral approach towards treatment of chronic mental illness has not developed in an American vacuum, though; researchers in other nations as well have brought their perspectives to bear on the problem. In November 1988, rehabilitation experts from the United States and Europe gathered at a symposium during the World Congress of Behavior Therapy in Edinburgh, Scotland, to share their research on behavioral approaches to psychiatric rehabilitation. This special section of the Psychosocial Rehabilitation Journal summarizes nine reports, presented during the symposium, on behavioral assessment and treatment of severely disabled patients and their families. Summaries do not provide in-depth explanations of issues discussed in each manuscript. A full report of each project may be obtained by writing directly to the authors.

Lorna Hogg and her colleagues from Oxford, United Kingdom, discuss the need for a better understanding of the psychiatric population's rehabilitation needs. This paper identifies the confounds to accurate needs assessment—highly mobile, homeless mentally ill who are difficult to find and interview, front line staff that are not necessarily well trained, a model of people who are mentally ill that falsely assumes a static disease course
— and strategies to overcome these assessment problems. Geoff Shepherd from Fulborn Hospital at Cambridge, United Kingdom, proposes a reorientation in the treatment of skills deficits, arguing that generalization of skills becomes less of a problem when skills are identified and subsequently taught in the settings in which the behaviors must be performed.

Several presentations addressed applications of behavioral principles in rehabilitation-oriented treatment programs. Gunnar Gotevam from Scandinavia review the extensive research they have conducted on successful behavioral treatment programs for people with schizophrenia, drug addiction, and dementia. G. F. Goldwurm and others in Milan present a comprehensive approach to the treatment of schizophrenia, which includes thorough assessment, behavioral techniques to engage the patient, social skills training, and family therapy. Michael Stark and Klaus Stutte describe the evaluation of a similar comprehensive program in Hamburg, West Germany, and review staff and administrative issues that impact the implementation of behavioral programs. Max Birchwood and Jo Smith of Birmingham, United Kingdom, expand on the discussion of behavior family therapy, reviewing the limitations to the expressed emotion construct and difficulties in implementing family interventions in community programs. Thad Eckman and Robert Liberman summarize research conducted at UCLA and the Brentwood VAMC on a modular approach towards improving medication management and compliance.

Finally, two papers address the interactions between the vulnerabilities of people with schizophrenia and psychiatric rehabilitation. Will Spaulding, along with colleagues from the University of Nebraska, discusses rehabilitation techniques that improve psychophysiological deficits. Hans Brenner and others from Bern, Switzerland, review their stepwise training program for ameliorating cognitive dysfunctions of people with schizophrenia. Overall, the reports are diverse and provocative, both in their pursuit of rehabilitative goals and their implications for future research and practice of psychiatric rehabilitation.