Compendium of Activities for

Assessing & Developing Readiness

for Rehabilitation Services

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In consultation with
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Introduction

Purpose of the Compendium

This compendium is designed as a collection of activities that can be utilized with persons with long-term psychiatric disabilities in psychiatric centers or in outpatient settings (e.g., continuing day treatment and intensive psychiatric rehabilitation treatment programs). Each activity is outlined in a step-by-step fashion. This is not intended as a training manual on how to design or conduct readiness activities. Rather it is a tool to be used by practitioners who have received training in how to assess and/or develop rehabilitation readiness and are skilled in conducting group activities. Untrained practitioners should receive training in the assessing and developing readiness technology developed by the Center for Psychiatric Rehabilitation before attempting to lead the activities contained in this compendium.

How the Compendium was Developed

This compendium of activities for assessing and developing a person's desire to participate in rehabilitation services was developed from activities designed by the psychiatric rehabilitation teams in the New York State psychiatric centers. Each team spent considerable time developing the activities for the production of this compendium. The format of the activities submitted by the teams varied in style. Therefore, it was necessary to format and edit all the activities before including them in this compendium. The following is a list of the psychiatric centers that contributed activities for this compendium and the project directors at the centers:

- Binghamton Psychiatric Center
  425 Robinson Street
  Binghamton, New York 13901
  Project Director: Carol Stoller

- Bronx Psychiatric Center
  1500 Waters Place
  Bronx, New York 10441
  Project Director: Allan Wieser, Ph.D.

■ Buffalo Psychiatric Center
400 Forest Avenue
Buffalo, New York 14213–1298
Project Director: Stacey Calhoun

■ Capital District Psychiatric Center
75 New Scotland Avenue
Albany, New York 12208
Project Directors: Al Thornton and Phil Drum, Ph.D.

■ Central Islip Psychiatric Center
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Central Islip, New York 11722–4598
Project Director: Tony Esposito

■ Central New York Psychiatric Center
Post Office Box 300
Marcy, New York 13403–0300
Project Director: Dr. Anne Menon

■ Creedmoor Psychiatric Center
80-45 Winchester Boulevard
Queens Village, New York 11427–2199
Project Director: Pat Nolan

■ Elmira Psychiatric Center
100 Washington Street
Elmira, New York 14902
Project Director: Barbara Nikolovska

■ Harlem Valley Psychiatric Center
Station A, Box 330
Wingdale, New York 12594
Project Director: Paul Margolies, Ph.D.

■ Hudson River Psychiatric Center
Branch B
Poughkeepsie, New York 12601–1197
Project Director: Paul Margolies, Ph.D.

■ Hutchings Psychiatric Center
Box 27, College Station
Syracuse, New York 13210–0027
Project Director: Jomel Lawless

■ Kingsboro Psychiatric Center
861 Clarkson Avenue
Brooklyn, New York 11203–2199
Project Director: Cheryl Doby-Copeland

■ Kings Park Psychiatric Center
Box 9000
Kings Park, New York 11754–9000
Project Director: Barry Yood

- Kirby Forensic Psychiatric Center
  600 East 125th Street
  Ward's Island, New York 10035
  Project Directors: Stuart Kirschner and George Watson

- Manhattan Psychiatric Center
  600 East 125th Street
  Ward's Island, New York 10035
  Project Director: Janice Oursler, Ph.D.

- Middletown Psychiatric Center
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  Middletown, NewYork 10940
  Project Director: Fred Whitaker

- Mid-Hudson Psychiatric Center
  Box 158
  New Hampton, New York 10948–0158
  Project Director: Ahmed L. Sawi, M.D.

- Mohawk Valley Psychiatric Center
  1400 Noyes at York
  Utica, New York 13502–3803
  Project Director: Edward Narenkivicius

- Pilgrim Psychiatric Center
  Box A
  West Brentwood, New York 11717
  Project Director: Verna Belotti

- Rochester Psychiatric Center
  1600 South Avenue
  Rochester, New York 14620
  Project Director: George Roets

- Rockland Psychiatric Center
  Orangeburg, New York 10962
  Project Director: Anthony Salerno

- South Beach Psychiatric Center
  777 Seaview Avenue
  Staten Island, New York 10305
  Project Directors: Harvey Lieberman, Ph.D. and Fran Goldberg

- St. Lawrence Psychiatric Center
  Station A
  Odgensburg, New York 13669
  Project Director: Harry Clarke

- Willard Psychiatric Center
  Willard, New York 14588
  Project Director: Carmen Goddard

How the Compendium is Organized

The compendium of activities is organized in to six sections:

- Activities for orienting a person to psychiatric rehabilitation services,
- Activities for assessing readiness for rehabilitation services,
- Activities for developing self-awareness,
- Activities for developing awareness of alternative environments,
- Activities for mobilizing support for participation in rehabilitation services; and
- Activities for personalizing accomplishments.

Each section begins with an orientation that describes the activities in the section, the purpose of the activities and the persons who can best benefit from participation in the activities.

Format of the Activities

Each activity is presented in a format detailing *what, why, when, where,* and *how* the activity is to be conducted. The *what* is a definition of the activity. The *why* is an explanation of the benefits of participating in the activity and the anticipated outcomes of the activity. The *when* describes the frequency and duration of the activities, and the *where* describes the preferred physical setting for the activity. Each activity is intended to occur in one or more sessions. The *how* presents a series of steps to be performed by the activity leaders when conducting the activity. For some of the activities a description of the *who* is also included, specifying the preferred characteristics and number of participants. Many of the activities include handouts to be given to the participants or information to be written on a flipchart or blackboard. The handouts can be reproduced from masters provided in this book. Master handouts for an activity are included after the *how* section of the activity presentation.

Use of the Activities

Although the activities were originally developed and conducted in psychiatric centers, they have been revised to be able to be conducted in community settings (e.g., outpatient services) as well in inpatient settings. The original focus of the activities was on preparing patients for their discharge from the psychiatric centers to community residential environments. Therefore, some of the activities have a strong residential focus. Where possible, the environmental focus has been expanded through the use of language that refers to educational, vocational, and social environments as well as residential environments. The activities which still focus only on residential environments (e.g., Increasing Awareness about Residential Values), can be adapted by the activity leader for use with participants who are focusing on other types of environments.

Overview of Assessing and Developing Readiness[1]

The key factor in the successful participation of a person in psychiatric rehabilitation services is the person's desire for rehabilitation. Rehabilitation has been described as a service that must be done *with* a person never *to* a person. Therefore, it is essential to determine a person's desire for rehabilitation *before* providing rehabilitation services, and if necessary engage the person in activities to develop their readiness.

What Is a Readiness Assessment?

A readiness assessment determines a person's current level of interest in setting and achieving self-determined rehabilitation goals. The purpose of assessing readiness is to determine whether an individual is prepared to participate in psychiatric rehabilitation services. It is also used to identify those areas of readiness that need further development. Based on the results of this assessment, an individual could either begin using psychiatric rehabilitation services, choose to use alternative mental health services, or decide to participate in activities that develop his or her readiness for rehabilitation. Personal and environmental factors can influence a person's readiness for rehabilitation. Individuals cannot benefit from rehabilitation services if they do not feel a need for rehabilitation, if they do not perceive change as desirable or possible, or if their awareness of themselves and the community is too limited to make informed decisions. These individuals may choose to participate in developing readiness activities, engage in self-help or peer-support activities, use other mental health services, or choose to be left alone for awhile.

Cohen, Farkas, and Cohen (1992) describe a series of activities for assessing a person's readiness for rehabilitation services. The following description of the five dimensions of

[1] This chapter includes excerpts from: Cohen M., Farkas, M., & Cohen, B. (1992) *Training technology: Assessing readiness for rehabilitation*. Boston, MA: Center for Psychiatric Rehabilitation and Cohen, M. & Forbess, R. (1992) *Training technology: Developing readiness for rehabilitation*. Boston, MA: Center for Psychiatric Rehabilitation.

rehabilitation readiness is excerpted from the training technology developed by Cohen, Farkas, and Cohen (1992):

Need for Change

Need for change may be internally or externally motivated. An example of external motivation would be a patient who is being discharged from a psychiatric hospital because his or her treatment team feels the individual doesn't need inpatient treatment services. An example of internal motivation would be an individual who is dissatisfied with his or her current housing and wants to move to an independent apartment. A high rating for need results from a person being very dissatisfied with his or her current environment(s) and/or others in the person's environment expressing an urgent need for the person to either change or leave because she or her is perceived as unsuccessful in the environment.

Commitment to Change

Commitment to change is the person's *belief* that change is necessary, change is positive, change is possible, and change will be supported. A high rating for commitment to change results from the person possessing all four beliefs about change.

Environmental Awareness

Environmental awareness is the amount of *knowledge* a person has about actual residential, educational vocational and/or social environments, especially the specific characteristics of the place, people, and activities in the environment. A high rating for environmental awareness results from the person being able to talk about past environments and future alternative environments, describing in detail the people, the place, and the activities in a particular environment.

Self-Awareness

Self-awareness is the amount of *knowledge* a person has about the characteristics he or she liked and disliked in various environments in which he or she has been, and his or her personal values. A high rating for self-awareness results from a person describing his or her personal experiences and values without prompting, and having prior experiences choosing places to live, learn, work, and/or socialize.

Closeness to Practitioner

Closeness to the rehabilitation practitioner is the degree to which the person wants to engage in a long-term relationship with the practitioner. A high rating on closeness to the practitioner results from the person trusting the practitioner.

What Is Readiness Development?

The main purpose of activities that develop a person's readiness for rehabilitation services is to improve the person's rating on the dimensions in which he or she scored low during the readiness assessment. Higher scores on these readiness dimensions reflect an increase in the person's interest in engaging in a process of changing his- or herself and his or her environment. Many people with long-term psychiatric disabilities have given up hope. They have been expected to want little and have lost their dreams and sense of personal purpose. Developing readiness for rehabilitation is designed to empower a person to believe that he or she can improve his or her life.

In a training technology developed by Cohen and Forbess (1992), they describe five activities that facilitate the development of readiness for rehabilitation:

Processing Readiness

Processing readiness develops a person's conscious awareness of his or her interest in participating in rehabilitation services. This activity focuses on reviewing the results of the readiness assessment. It is most often done right after completion of the readiness assessment. The activity results in an understanding of the person's reactions to the readiness assessment and subsequent thoughts about the "next steps."

Choosing a Direction

Choosing a direction involves the person deciding how to proceed with rehabilitation. The alternative directions explored are: participation in rehabilitation services; participation in activities which develop readiness for rehabilitation, participation in other mental health services; participation in self-help and peer support activities; continued connecting with the practitioner, or to be left alone for now.

Developing Awareness

Developing awareness expands the person's understanding of his or her self, mental illness, potential for recovery, environments, and rehabilitation services. A variety of activities that increase the person's exposure to particular subject areas are conducted. The desired outcomes are an increase in information and a change in attitude about the future.

Mobilizing Environmental Supports

Mobilizing environmental supports enlists the help of significant others in stimulating the person's interest in rehabilitation. Significant people in the person's life (e.g., spouse, friends, family members) are asked to encourage the person's belief in rehabilitation. The desired outcome is

that the person is told that he or she will receive active support for participation in rehabilitation services.

Personalizing Accomplishments

Personalizing accomplishments develops the person's recognition of the personal meaning of his or her recent achievements. Personalizing accomplishments focuses on creating experiences in which the person experiences a challenge doing something she or he did not think was possible. The practitioner assists the person in selecting, completing, and processing a personally meaningful action. The outcome is that the person feels increased self-confidence and self-efficacy.

SECTION

1 *Activities for* Orienting a Person to Psychiatric Rehabilitation Services

Orientation

SECTION ONE contains activities that are designed to explain psychiatric rehabilitation services to participants. Specifically, the personal benefit of participating in rehabilitation services, and the service activities, are described. The desired outcome of these activities is that the participants become interested in learning more about rehabilitation services.

The main focus of these activities is to increase participants' understanding about how rehabilitation is different from other mental health services. It is important for participants to understand the difference between treatment and rehabilitation services. Using analogies of physical treatment and physical rehabilitation is useful. The facilitator must present rehabilitation services as based on both common sense and research literature.

It is recommended that an orientation activity (Activity 1.1 or 1.2) be conducted right after admission or intake, or frequently thereafter. The activities are designed to answer questions such as "How can you help me?" and "What goes on here?"

Activity 1.1

Group Orientation to Psychiatric Rehabilitation Services

▼ What?

Group activity designed to orient new consumers to psychiatric rehabilitation services as an essential provider of assistance.

▼ Why?

To increase participants' awareness about alternative mental health services, rehabilitation services, and the difference between treatment and rehabilitation services.

▼ When?

Group meetings held weekly, for one hour. This is a recurring activity. Participants should be encouraged to attend the activity soon after intake.

▼ Where?

Large conference-style room with the chairs set up in a large circle. A blackboard or overhead projector may be used for presentations and demonstrations.

▼ How?

1. Orient the participants to the goal of the activity.
2. Ask the participants to introduce themselves and describe their experience with rehabilitation services.
3. Elicit from the participants their initial list of topics that they would like to know more about.
4. Introduce and define the basic services provided in mental health systems, i.e., basic support, treatment, rehabilitation, and enrichment using *Handout 1.1*.
5. Discuss the purpose of each service and give specific examples of how each service helps consumers using *Handout 1.2*.
6. Elaborate on the differences between treatment and rehabilitation using *Handout 1.3*.
7. Elaborate on examples of the rehabilitation activities currently being conducted in your setting to develop readiness, set self-determined goals, assess skills, and learn skills. (It is important here to have current consumers of rehabilitation services share their experiences of participation in rehabilitation).

8. Explain the benefits of participating in the activities in your setting and the steps for requesting participation in the activities. Give the participants literature that describes your rehabilitation program.

9. Summarize the session by requesting feedback from participants and answering their specific questions about rehabilitation services.

Handout 1.1
Key Services Provided by Psychiatric Centers

Key Services Provided by Psychiatric Centers

Services	Basic Support	Treatment	Psychiatric Rehabilitation	Enrichment
Mission	Basic support maintains and/or gains for consumers the things required for survival.	Treatment decreases consumers' emotional distress and symptoms of illness.	Psychiatric rehabilitation increases consumers' success and satisfaction in environments of their choice with the least amount of professional help.	Enrichment maintains and increases a satisfactory quality of life for consumers.
Focus	Providing the things required for survival.	Reducing symptoms.	Developing skills and supports.	Enjoyment and self-development.
Activities	• Financial support • Providing shelter • Meals • Health care • Protecting physical safety	• Psychiatric diagnosis • Treatment planning • Psychotherapy • Chemotherapy	• Setting an overall rehabilitation goal • Functional assessment • Resource assessment • Rehabilitation planning • Skills teaching • Skills programming • Resource coordination • Resource modification	• Socialization • Continuing education • Health promotion • Leisure-time activities

Reprinted from Cohen, M., Nemec, P., Farkas, M., & Forbess, R. (1988). *Training technology: Case management*. Center for Psychiatric Rehabilitation, Boston University, Boston, MA.

Handout 1.2

How Key Services Help Consumers: An Example

Service	Example of How Service is Helpful
Treatment	Reduces the discomfort of symptoms.
Rehabilitation	Assists in choosing satisfying residential, educational, vocational, and social environments and developing the skills and supports needed for success and satisfaction.
Enrichment	Reduces stress of being a recipient of mental health services by improving the quality of life.
Basic Support	Provides comfortable housing, food, clothing, and medical services.

Handout 1.3

Traditionally Perceived Differences between Rehabilitation and Treatment

Traditionally Perceived Differences between Rehabilitation and Treatment

	Rehabilitation	Treatment
Mission	Improved functioning and satisfaction in specific environments	Symptom reduction/control and the development of therapeutic insights
Underlying causal theory	No causal theory	Based on a variety of causal theories that determine the nature of the intervention
Focus	Present and future	Past, present, and future
Diagnostic content	Assess present and needed skills and supports	Assess symptoms and possible causes
Primary techniques	Skills teaching, skills programming, resource coordination, resource modification	Psychotherapy, chemotherapy
Historical roots	Human resource development, vocational rehabilitation, physical rehabilitation, client-centered therapy, special education and learning approaches	Psychodynamic theory, physical medicine

Reprinted from: Anthony, W., Cohen, M., & Farkas, M. (1990). *Psychiatric rehabilitation.* Boston, MA: Center for Psychiatric Rehabilitation.