THE CENTER FOR PSYCHIATRIC REHABILITATION was established in 1979 in response to the recognition of the need for additional knowledge and skills to help to improve the lives of persons with severe psychiatric disabilities. The center is affiliated with Boston University’s Sargent College of Health and Rehabilitation Sciences and is staffed by professionals from many disciplines who have national reputations in the fields of rehabilitation and mental health.

The mission of the center is the development, demonstration, dissemination, and utilization of the new knowledge and technology contributing to the recovery of people with severe mental illness.

The Center for Psychiatric Rehabilitation is supported in part by the National Institute on Disability and Rehabilitation Research and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
## CONTENTS

Orientation for the Trainer ................................................................. .7  
Introduction ...................................................................................... 9  
Inferring Need .................................................................................. 20  
Validating Commitment to Change .................................................. 38  
Estimating Awareness ...................................................................... 51  
Discriminating Personal Closeness ................................................... 71  
Choosing a Direction ........................................................................ 88  
Evaluation ......................................................................................... 112  
Trainer Notes .................................................................................... 113  
References and Related Resources ................................................... 119  
Transparency Masters ...................................................................... 121
Orientation for the Trainer

The Center for Psychiatric Rehabilitation has worked with agencies in the field over the past 20 years to implement psychiatric rehabilitation skills taught on an agency-wide basis. During the course of this experience, it became apparent that different groups of clients were responding to the structured process of psychiatric rehabilitation at different rates. Some were able to complete the process in a relatively short period of time. Others seemed to require more support and more time just to complete the first component, Setting a Overall Rehabilitation Goal.

At the same time, some in the field began to think of rehabilitation as a process only appropriate for high functioning clients due to the emphasis placed on the involvement of the client as an active partner. Consequently, Rehabilitation Readiness Training Technology arose from the field’s questions about how to conduct rehabilitation efficiently and appropriately. Research is currently being done to refine and validate a research instrument based on the indicators of readiness. Once this scale is validated, formal research on the impact of readiness on the process and outcome of rehabilitation will be possible.

Organization of Rehabilitation Readiness Training Technology

The Rehabilitation Readiness Training Technology includes a training module for the trainer and a collateral reference handbook for the trainee for each activity of Rehabilitation Readiness (i.e., Assessing Readiness, Developing Readiness, and Connecting). These materials present a detailed procedure for developing practitioner or helper competence and expertise in Rehabilitation Readiness. They present how to perform the skills for each activity by demonstrating models for skill performance and providing opportunities for supervised skill practice. They provide a systematic training program that can be used by any trainer to teach the kind of “how-to-do-it” knowledge that practitioners need for consistently high levels of skill performance.

The Rehabilitation Readiness Training Technology also includes a text, Introduction to Rehabilitation Readiness which contains information useful in teaching the knowledge dimension of Rehabilitation Readiness. Participants can read the text, or it can be taught in a lecture and discussion format as designed by the trainer or teacher. The text explains the context and content of Assessing Readiness and Developing Readiness and presents information about recovery, rehabilitation, and readiness itself. The process of Assessing and Developing Readiness is briefly described. Trainer notes at the end of this module present further suggestions about the use of the Introduction to Rehabilitation Readiness. Masters for producing overhead transparencies related to the introduction of Rehabilitation Readiness are included at the end of this training module.
Although the training technology is designed for use by experienced trainers who have participated in the “Training of Trainers” program offered both by the Center and its affiliate, BCPR Consulting, Inc., it can be used without such background as well. The trainer notes at the end of this module present more information about the content and organization of the training technology.

Practitioner Tools

In addition to the technology for trainers, there are also tools for practitioners’ direct use (Psychiatric Rehabilitation Practitioner Tools: Assessing and Developing Readiness [BCPR Consulting, 2001b]) available from the Center for Psychiatric Rehabilitation. These tools provide step-by-step procedures that direct practitioners through the processes of Assessing and Developing Readiness; descriptions of suggested structured activities for Assessing and Developing Readiness with detailed activity plans, examples, and worksheets; and comprehensive lists of resources for a number of readiness development areas.

Language Use

Throughout this training program, different terms are used to refer to the person with the psychiatric disability—“person,” and “individual,” “client,” and “consumer.” When possible, the terms individual or person are used to underscore the fact that psychiatric rehabilitation is focused on the whole person—not on stereotypes or a person’s illness. When necessary for the purpose of describing or clarifying different roles in the readiness process, the terms client and consumer are used interchangeably. We acknowledge that people have different preferences regarding the use of these terms and wish to express our intent to present a training program that is respectful to all individuals. A more in-depth discussion of the use of language in psychiatric rehabilitation is included in the Introduction to Rehabilitation Readiness.
INTRODUCTION

Tell: This training is about assessing readiness for the psychiatric rehabilitation process. You will hear some information about the activity of Assessing Readiness for Rehabilitation, and you will read about some information in your reference handbooks. You will see some examples, and you will have a chance to practice some of the skills. We also will discuss concepts about readiness, so please ask questions as we go along.

Ask: Read REFERENCE 1 – Summary of Rehabilitation Readiness.

Make the Point:

• Rehabilitation Readiness is the process of making sure that the client is prepared to use the type of process involved in psychiatric rehabilitation.

• Being prepared means feeling willing and sufficiently knowledgeable to begin a lengthy process of gaining or regaining a valued role in society (the process of rehabilitation).

• The benefit of Rehabilitation Readiness is that it increases the likelihood that the client will want to get involved.

• A person who is ready for rehabilitation will be more willing to put energy into the process, and will be able to contribute in ways that make the process easier. In addition, the person is more likely to “own” the rehabilitation process.

• There may also be a greater likelihood that the individual will want to stay involved over time.

• Being prepared means first, understanding how willing and knowledgeable the person is at the moment, and then providing the individual with whatever is needed and wanted to become prepared.
Ask: Re-read the Activities and Condition on REFERENCE 1 – Summary of Rehabilitation Readiness.

Tell: • *Assessing* helps the person understand how ready he/she is at the moment.

• *Developing* helps the person overcome the barriers to readiness.

• *Connecting* helps the practitioner and the consumer form a bond throughout the process.

• The person may consider the possibility of using rehabilitation when he/she has a choice of services (e.g., treatment, rehabilitation, or case management). The person may be unknowingly considering rehabilitation if the person talks about issues related to rehabilitation (e.g., wanting to get a place to live, a decent job, finish school, join a club, or wanting to improve any of the above). Rehabilitation Readiness can be used to help the person enter rehabilitation successfully.

Make the Point: Assessing Readiness is one of the three activities of Rehabilitation Readiness.

Ask: Look at REFERENCE 2 – Summary of Assessing Readiness for Rehabilitation.

Make the Point: • Assessing Readiness is a pre-activity in preparation for the psychiatric rehabilitation process.

• Assessing Readiness precedes the first major component of the psychiatric rehabilitation process, which is Setting an Overall Rehabilitation Goal. Before I present any more about Assessing Readiness, I will give you an image of Setting an Overall Rehabilitation Goal to see where the readiness assessment is leading.
Show: TRANSPARENCY 1 – Image of Setting an Overall Rehabilitation Goal.

Make the Point: This image of Setting an Overall Rehabilitation Goal is to show that the process is a calculated decision-making method for choosing a place to live, learn, work, or socialize. The process involves a comparison between a person’s criteria and possible alternative environments. The criteria are personal standards used to judge the relative qualities of one environment in relation to another. The end result is a decision about a particular place where the individual intends to live, learn, work, or socialize within the next 6 to 24 months.
Show: TRANSPARENCY 2 – Sample Overall Rehabilitation Goal Statements. Read the statements aloud.

SAMPLE OVERALL REHABILITATION GOAL STATEMENTS

• I intend to live as a resident at the Transitional Apartments on Tremont Street in Boston by next October.

• I intend to enroll as a part-time psychology student at the North Shore Community College by next September.

• I intend to work as a stock clerk at the Rockport Shoe Factory until next June.

• I intend to socialize at the Singles Sports Club in Cambridge until next December.

Ask: What similarities do you notice in these sample overall rehabilitation goal statements?

Discuss: Any answers and respond.

Explain: All are statements of intention, all name a place and a role, and dates are 6 to 24 months in the future.

Make the Point: Assessing Readiness is done prior to Setting an Overall Rehabilitation Goal.

Make the Point: • This diagram shows the entire psychiatric rehabilitation process. Assessing Readiness needs to be conducted before the psychiatric rehabilitation process can begin.

• The goal of this training is to learn how to assess readiness for rehabilitation. During the lesson some strategies that can be used to increase readiness will be identified.


DEFINITION OF ASSESSING READINESS FOR REHABILITATION

Definition
Assessing Readiness for Rehabilitation is finding out a person’s preparedness to set an overall rehabilitation goal.