

in a positive manner, reaching out to the public through campaigns such as Mental Illness Awareness Week, National Depression Screening Day, and National Mental Health Month.

Our message in these campaigns, in testimony before Congress and state legislatures, and in countless other public forums is this: mental illnesses are real, they cause significant pain and disability, treatments against them are as effective as most treatments in medicine, and health insurance for mental illness should be equal to that for other illnesses. Furthermore, APA has declared repeatedly that severe illnesses such as schizophrenia and bipolar illness are diseases of the brain that must be treated medically.

As Drs. Szasz and Torrey know, membership in APA is granted on the basis of credentials, not opinions. Dr. Szasz is a member because he met the educational requirements and pays his dues. Our records show that Dr. Torrey—who met the same educational requirements—made his own decision to leave APA by not paying his annual dues.

*John Blamphin*

*Mr. Blamphin is director of APA's division of public affairs.*

## Readiness for Rehabilitation

**To the Editor:** I read with great interest the article in the May 1997 issue entitled "Assessing and Developing Readiness for Psychiatric Rehabilitation" by Drs. Cohen, Anthony, and Farkas (1) of the Center for Psychiatric Rehabilitation. The concept of readiness, if applied with a view to "screening in" as many candidates for psychiatric rehabilitation as possible, is one whose time has come.

The Community Employment Network (CEN) and the Center for Psychiatric Rehabilitation seem to be operating on convergent paths on the issue of rehabilitation readiness. CEN is part of Eastco, the vocational rehabilitation wing of Eastway Corporation, a full-spectrum behavioral health care provider for southwest Ohio. CEN's mission is to help those diagnosed as having a psychiatric condi-

tion choose, obtain, and keep jobs in the community. We operate in close conjunction with other mental health providers and with the Ohio Rehabilitation Services Commission.

We have found that integration of vocational rehabilitation and clinical concerns is crucial to the success of our customers. Our employment specialists need to understand the clinical issues in a holistic manner and be able to anticipate the implications they may have on the job. We look strongly at factors such as the customer's support system, age of onset of mental illness, and signs of decompensation.

Research and experience have taught us that personal readiness for employment seems to have less to do with symptoms than with a person's readiness to make a major life change. Some of the factors we have identified as influencing someone's readiness to work are the pace and quality of the rehabilitation program, the person's support system, substance use and abuse, motivation, the overall quality of the mental health system, and financial concerns.

A few years ago we developed an assessment tool called Personal Readiness for Employment (PRE) that we use to assess issues that might facilitate or impede community employment. The goal of this tool, which can be used both as a questionnaire and in a semi-structured interview, is to identify why someone may not be ready for community employment. It was developed by analyzing unsuccessful cases and identifying what the barriers were.

PRE looks at four areas of readiness: readiness for change; state of the support system; existing fears, uncertainties, and doubts about work; and motivations. The idea is to engage the customer in identifying factors that can be highlighted as strengths or weaknesses in relation to current readiness for community employment. The exercise leads finally to the clinician's identifying barriers and ways to address them. It also looks at which strengths can be employed to offset which barriers. The end result is that no one is turned away from programming without some kind of plan for returning.

Sample PRE items include the following.

**Readiness for change.** What things that you do now will have to change when you begin looking for work? Which of these things are you willing to give up? Why does it make sense for you to get a job at this time?

**Support system.** Who do you think would be most supportive of your going to work? If you started working tomorrow, would your relationship to your friends or family change?

**Fears, uncertainties, and doubts about work.** What worries you the most about working? When you worked in the past, what went wrong?

**Motivations.** What do you look forward to the most about going to work? Who wants you to go to work? Why? What does having a job mean to you?

We have also successfully adapted PRE as a card game that we use in pre-job-development group formats. PRE enables us to get to know our customers, to avoid screening out potential customers, to prepare customers to address tough issues, and to do advance planning for postemployment support needs. We are able to assess the customer while avoiding use of tests, diagnostic work-ups, and other modes of traditional work-readiness assessment. Above all, PRE helps establish a therapeutic rapport with a frequently distrustful population.

We agree with Cohen and associates that "it is the programs that are often not ready for the clients." We have found that use of PRE forces a philosophical change in staff members by establishing an environment supportive of dialogue and creative problem solving, thus countering the less tolerant attitudes that still exist in the world of psychosocial rehabilitation.

*Sean Wolf Hill, M.S., L.P.C.C.*

*Mr. Hill formerly was the manager of the Community Employment Network at Eastway Corporation in Dayton, Ohio, where he is now manager of quality management.*

## Reference

1. Cohen MR, Anthony WA, Farkas MD: Assessing and developing readiness for psychiatric rehabilitation. *Psychiatric Services* 48:644-646, 1997