PSR RPS CANADA

Partners in Recovery

Uncovering Potential

Competencies of Practice for Canadian Recovery-Oriented Psychosocial Rehabilitation Practitioners

Second Edition 2017

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INTRODUCTION

BACKGROUND

Competencies are specific, measurable knowledge, skills, and attitudes needed to effectively perform a particular function or role. A competency serves as a human resource tool that puts the focus on worker behaviours. The successful completion of most work tasks requires simultaneous or sequenced demonstration of multiple competencies. For the mental health system, which is evolving towards integrating mental health and addiction/substance use, possessing certain underlying attitudes reflective of person directed care as well as strong interpersonal skills is just as important as possessing technical skills and knowledge.

Competency-based approaches to training, assessment, and staff development are increasingly viewed as a central strategy for improving the effectiveness of those who work in the field. Competencies have the potential to improve the quality of service and service outcomes by shaping education, training, and evaluation of workers.

In 2011, the Psychosocial Rehabilitation/Réadaptation Psychosociale (PSR/RPS) Canada Board of Directors appointed a working group consisting of Psychosocial Rehabilitation (PSR) experts across Canada to identify and reach consensus on PSR competencies for Canadian practitioners. The goal of the working group was to develop Core Competencies to reflect the knowledge, skills, and attitudes required for PSR and Recovery-oriented practices.

PURPOSE OF THIS DOCUMENT

This document describes the core competencies of practice that Canadian Recovery-Oriented Psychosocial Rehabilitation practitioners need to acquire when working in a PSR or Recovery-oriented practice in Canada. It is recognized that the competencies outlined in this document are not exhaustive, and it is anticipated that individual jurisdictions will develop additional competencies as required to address their specific workforce needs. There is an expectation that the mental health workforce workers must be educated and competent in evidence–based, recovery-oriented practice which is achievable with the use of these competencies.

The training standards and curricula for most licensed mental health professionals and mental health support workers shows gaps in the teaching and understanding of evidence–based, recovery-oriented practice, and recognition of recovery competencies. The competencies described in this document can serve as a foundation-piece in the development or enhancement of education and training curricula, professional development activities, program development, recruitment practices, performance evaluation, and workforce planning.

Competencies are dynamic and must be able to support and reflect emerging knowledge and skills within the mental health field. To this end, this document is the Second Edition (2017) and reflects changes in theory and practice.

A significant change in the Second Edition is the inclusion of problematic substance use services as areas of practice. This reflects the reality that many people with serious mental illness have concurrent problematic substance use. This addition also reflects the thinking and persuasive arguments by William Anthony and his colleagues that there should be a shared vision of recovery for mental health and addictions (Gagne, White, & Anthony, 2007).

PSR AND RECOVERY

What is recovery? "The concept of recovery in mental health refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness. Recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments.

Recovery principles including hope, dignity, self-determination, and responsibility can be adapted to the realities of different life stages, and to the full range of mental health problems and illnesses. Recovery is not only possible, it should be expected.

Championed by people with lived experience of mental health problems and illnesses for decades, recovery is being widely embraced by practitioners, service providers, and policy makers in Canada and around the world. It is recognized as key to achieving better mental health outcomes and improving mental health systems.

In recovery–oriented practice, service providers engage in shared decision-making with people with lived experience of mental health problems and illnesses, offering a range of services and supports to fully meet a person's goals and needs." (MHCC, 2017)

What is the relationship between PSR Practices and Recovery? The scientific evidence clearly demonstrates PSR and its supporting practices such as CBT to be the most effective, evidence-based practices (e.g. Kreyenbuhl, Buchanan, Dickerson & Dixon, 2009). As such, they are regarded as essential tools for recovery and should be available to people in recovery.

As essential tools for recovery, PSR practices build upon each individual's strengths and skills and support them in accessing the resources they need for successful and satisfying lives in the communities of their choice. PSR approaches include the best and most promising practices in key domains of living including housing, employment, education, leisure, wellness and living skills – and draw upon emerging areas of family involvement, peer support and peer-delivered services.

Evidence–based, PSR approaches such as Assertive Community Treatment (ACT) Teams, Supported Employment and Housing programs are effective in enabling people to live successfully in the community and substantially to reduce emergency hospitalizations (Kreyenbuhl, Buchanan, Dickerson & Dixon, 2009). Their adoption avoids the high personal, social and system costs associated with emergency admissions, police involvement, and social services. As such they are key to the transformation to effective, evidence–based and recovery–oriented practices and services in Canada.

DEVELOPMENT AND VALIDATION OF THE COMPETENCIES AND PERFORMANCE INDICATORS

In 2011, the Psychosocial Rehabilitation/Réadaptation Psychosociale (PSR/RPS) Canada Board of Directors appointed an expert working group across Canada to develop an initial draft of the Core Competencies of Practice for Canadian Recovery-Oriented Psychosocial Rehabilitation Practitioners. In developing the initial set of competencies, the expert working group consulted several documents related to PSR and Recovery-oriented standards and competencies. The documents included published journal articles/books, unpublished documents and agencies/ organizations specific competency documents.

After extensive literature reviews and consultations, the expert working group developed the initial core competencies which were grouped into the following five broad competency categories: Culture & Diversity; Professional Skills; Psychosocial Rehabilitation (PSR) Practices and Supporting Services; Knowledge of Psychosocial Rehabilitation (PSR) and Recovery- oriented Services; and Relational Skills. The working group continued its work and developed specific performance indicators for each of the five broad competency categories. A performance indicator may be described as a specific behavioural description of the skills, knowledge, or attitudes necessary in order to demonstrate a certain competency.

In 2017, the Board of PSR/RPS Canada requested a review and revision of the First Edition of the Competencies of Practice. Accordingly, Regina Casey, John Higenbottam and Michael Lee agreed to review and update the Competencies in a Second Edition.

THE COMPETENCE FRAMEWORK

The PSR/RPS Canada Competence Framework provides a structure that assists psychosocial rehabilitation practitioners to systematically evaluate their practice against the relevant PSR/RPS competency standards, in order to identify practice development and learning needs, and to demonstrate their continued competence to practice.

The Competence Framework:

- Provides national standards for the assessment of competence needed for recovery- oriented practice;
- Provides a national, standardized set of competencies for Psychosocial Rehabilitation practitioners in Canada to demonstrate their continued competence to practice;
- Provides a resource that serves as a foundation piece in the development or enhancement of education and training curricula, professional development activities, recruitment practices, performance evaluation and strategic workforce planning.

The Competencies are organized according to three levels: Units, Competencies, and Performance Indicators.

- The Units describe broad categories of competencies. These are indicated by Unit A, Unit B, Unit C, etc.
- The competencies focus on general abilities/knowledge required to accomplish the main tasks, functions or roles within each Unit. These are indicated by A.1, A.2, A.3, etc.
- Performance Indicators provide some specific behavioural examples of how a particular Competency might be demonstrated. These are indicated by numbers such as A.1.1, A.1.2, A.1.3, etc

NUMBER OF COMPETENCIES AND PERFORMANCE INDICATORS IN EACH DOMAIN			
	Domain	Numbers of Competencies	Numbers of Performance Indicators
A	Diversity and Inclusion	4	14
B	Professional Skills	4	20
C	Psychosocial Rehabilitation (PSR), Supporting Practices and Recovery–Oriented Services	8	52
D	Equity and Social Participation	4	12
E	Facilitating Change and Providing Leadership	1	4
	Total	21	102

DEFINITIONS

Competence:

The combination of skills, knowledge, attitudes, values, and abilities required for effective performance in Psychosocial Rehabilitation and Recovery-oriented services.

Competency:

A statement describing a specific ability, or set of abilities, requiring specific knowledge, skill, and/or attitude.

Culture:

Culture (Srivastava, 2007): **C**ommonly, **U**nderstood, **L**earned, **T**raditions and **U**nconscious **R**ules of **E**ngagement.

Cultural Competence:

*"Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations". (*Cross et al. (1989)

Cultural Safety:

Culturally safe practice has been defined as those actions that recognize, respect and nurture the unique cultural identity of individuals and safely meet their needs, expectations, and rights.

"An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening"(William, 1999).

Diversity:

The Calgary Health Region defines diversity as ***all the ways we are unique and different from others.*** Dimensions of diversity include, but are not limited to, aspects such as race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual orientation, ability, education, age, ancestry, place of origin, marital status, family status, socioeconomic circumstance, profession, language, health status, geographic location, group history, upbringing and life experiences.

Diversity is a term used to describe variation between people with respect to a range of characteristics such as ethnicity, national origin, gender, social class, sexual orientation, age, religion, physical abilities, values and life experiences (Srivastava, R. 2007).

Evidence–Based Practices:

Evidence–based practices are recovery–oriented, psychosocial practices with demonstrated effectiveness in terms of evaluated outcomes for persons with mental illness. Evidence–based practices are validated by substantial research evidence. Examples include Supported Housing, Assertive Community Treatment, Supported Employment, etc.

Evidence–informed practices:

Evidence–informed practices are those practices which appear to be effective but for which there is less research evidence. Examples include Integrated Services of Concurrent Disorders and Cognitive Behavioural Therapy with Schizophrenia.

Helping Relationship:

"A relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the other. The other, in this sense, may be one individual or a group". (Rogers 1958).

Recovery:

Recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential" (SAMHSA, 2006).

Recovery-oriented Practice:

The term 'recovery-oriented practice' describes an approach to mental health care, which encompasses principles of self-determination and personalized care. Recovery-oriented practice emphasizes hope, social inclusion, community participation, personal goal setting, and self-management. Typically, literature on recovery-oriented practice promotes a coaching or partnership relationship between people accessing mental health services and mental health professionals, whereby people with lived experience are considered experts on their lives and experiences while mental health professionals are considered experts on available treatment services.

Recovery-oriented System:
A recovery-oriented mental health system is characterized by program structures such as mission, policies, procedures, record keeping, and quality assurance that are consistent with fundamental recovery values. (Farkas, et al, 2005).

Social Inclusion*:*

Social Inclusion is based on notions of belonging, acceptance, and recognition and entails the realization of full and equal participation in economic, social, cultural, and political institutions. It is about recognizing and valuing diversity; it is about engendering feelings of belonging by increasing social equality and the participation of diverse and marginalized populations.

THE COMPETENCIES AND PERFORMANCE INDICATORS

DOMAIN A. DIVERSITY AND INCLUSION

A.1: Demonstrates awareness of own cultural values and biases:

A.1.1: Self reflects on and has an awareness of own values and biases with respect to culture and diversity.

A.1.2: Able to recognize the limits of own competence in working with people from diverse cultures.

A.1.3: Is aware of biases and their effects on individuals.

A.2: Demonstrates awareness of individual's values, beliefs, experiences, and preference:

A.2.1: Learns from individuals about their culture, values, needs, preferences, and wishes and ensure these are included in the services provided

A.2.2: Demonstrates respect for the rights of individuals to their customs, beliefs, and practices

A.3: Demonstrates knowledge of culture and diversity:

A.3.1: Has basic knowledge and understanding of the concept of cultural competence and its application across a wide variety of cultural groups

A.3.2: Has specific knowledge and understanding of the diversity regarding people being served, including strengths, challenges, and or interconnected health and social issues impacting them

A.3.3: Understands the need to avoid overgeneralization and negative stereotyping within and across cultural groups

A.3.4: Understands how multiple identities such as race, gender, ethnicity, sexual orientation, social class, immigration, disability, etc. shape an individual's life experience

A.4: Demonstrates practical skills for enhancing cultural safety:

A.4.1: Understands and applies cultural safety principles (personal knowledge, cultural protocols, process, partnership, and positive purpose)

A.4.2: Demonstrates ability to openly discuss racial, ethnic, and cultural issues

A.4.3: Has respect for the unique histories, cultures, languages, and social circumstances manifest in different cultures

A.4.4: Understands cultural differences and power dynamics that affect cross-cultural interactions.

A.4.5: Understands colonization and post-colonial processes and the impact on the lives of Indigenous people.

DOMAIN B. PROFESSIONAL SKILLS

B.1: Demonstrated ethical, legal practices, and professional behaviour:

B.1.1: Demonstrates knowledge of, and provides services by adhering to the current Psychosocial Rehabilitation /Réadaptation Psychosociale (PSR/RPS) Canada Code of Ethics

B.1.2: Demonstrates knowledge of, and provides services by adhering to current Canadian and provincial/ territorial laws related to rights, certification, documentation, confidentiality and information sharing, accommodations, and International Human Rights laws along with relevant additional professional and organizational responsibilities

B.1.2: Recognizes and appropriately responds to ethical and legal issues encountered in practice

B.1.3: Behaves professionally and models professional behavior for colleagues

B.1.4: Understands professional boundary issues and maintains boundaries with individuals, families/loved ones/natural supports and communities

B.1.6: Reflectively demonstrates understanding and sensitivity to professional/client relationship issues including perceived power differences

B.1.7: Assures and maintains confidentiality of individual and family information

B.2: Communicates effectively:

B.2.1: Has an awareness of own communication styles and uses effective communication skills such as active listening, emphasizing, paraphrasing and responding to non-verbal cues.

B.2.2: Uses appropriate techniques (e.g. interviewing) specifically aimed at identifying relevant information needed to best serve individuals, families and their supporters

B.2.3: Demonstrates knowledge and abilities to respond to diverse modes of communication in a wide range of service situations, including use of plain language that is easily understandable.

B.2.4: Communicates effectively using written and electronic modalities.

B.2.5: Communicates effectively with natural supports, government officials and advocates.

B.2.6: Develops and writes rehabilitation plans in understandable language in partnership with individuals.

B.2.5: Communicates effectively with natural supports, government officials, and advocates

B.2.6: Develops and writes rehabilitation plans in understandable language in partnership with individuals

B.3: Maintains personal wellness to assure the effective provision of services to others:

B.3.1: Demonstrates knowledge of stressors on one's own physical and mental health and manages stress

B.3.2: Utilizes personal wellness strategies to maintain self-care and wellbeing

B.4: Assures competence through life-long learning and on-going professional development:

B.4.1: Identifies personal learning needs and participates in on-going personal and professional development activities

B.4.2: Integrates new learning and evidence into practice. Helps to translate new evidence to practice

B.4.3: Critically evaluates evidence and engages in continuous quality improvement and research efforts

DOMAIN C. PSYCHOSOCIAL REHABILITATION, SUPPORTING PRACTICES AND RECOVERY–ORIENTED SERVICES

C.1: Understands mental illness and its impact on individuals:

C.1.1: Understands the needs of people with mental illness (including complex cognitive, behavioural, substance use/misuse, and physical challenges) who are best served by psychosocial rehabilitation services

C.1.2: Demonstrates an understanding of the signs and symptoms of mental illnesses and their impacts on daily functioning / participation in activities of choice

C.1.3: Has a basic knowledge of diagnostic systems such as DSM V

C.1.4: Has a basic knowledge of psychiatric medications including therapeutic and adverse events, risks and reasons for discontinuation

C.1.5: Understands the effects of stigma and discrimination

C.1.6: Assesses the effects of biological, psychological, spiritual, and environmental factors on mental health

C.2: Has the ability to form effective relationships with individuals/ and their supporters:

C.2.1: Applies trauma informed practice guidelines and approaches

C.2.2: Demonstrates the ability to support individuals with self-monitoring of triggers, early warning signs of illness, and identify strategies to self-manage distress

C.2.3: Uses appropriate engagement skills when interacting with individuals, families, and communities including partnering with stakeholders to develop needed resources and services

C.2.4: Supports people to seek alternative therapeutic supports when indicated and to disengage from a therapeutic relationship as needed

C.3: Understands and coaches in applying effective techniques in Psychosocial Rehabilitation and Recovery:

C.3.1: Understands and coaches individuals in individual crisis intervention techniques

C.3.2: Understands and coaches individuals in relapse prevention techniques

C.3.3: Understands and coaches individuals in skill building and skill programming techniques

C.3.4: Understands and coaches individuals apply effective family intervention techniques

C.4: Understands and can implement evidence-based and evidence-informed PSR practices as essential tools for recovery:

C.4.1: Demonstrates knowledge of and can implement Assertive Community Treatment practices

C.4.2: Demonstrates knowledge of and can implement Supported Employment practices

C.4.3: Demonstrates knowledge of and can implement Supported Education practices

C.4.4: Demonstrates knowledge of and can implement Supported Housing practice

C.4.5: Demonstrates knowledge of and can implement Wellness practices, including:

- Illness Management and Recovery (IMR) and relapse prevention
- Health education regarding problems associated with mental illness and problematic substance use
- Healthy Eating
- Active Living
- Smoking cessation
- Weight management

C.4.6: Demonstrates knowledge of and can implement Leisure Services

C.4.7: Demonstrates knowledge of and can implement accredited Clubhouse services

C.4.8: Demonstrates knowledge of, and can implement Peer Support Services

C.5: Has knowledge and understanding of major types of recovery-enhancing interventions/approaches and their contributions to recovery:

C.5.1: Demonstrates knowledge of Cognitive Behavioural Therapies including Mindfulness

C.5.2: Demonstrates knowledge of Skill Building and Skill Programming

C.5.3: Demonstrates knowledge of Integrated Treatment for Concurrent Disorders

C.5.4: Demonstrates knowledge of Cognitive Remediation

C.5.5: Demonstrates knowledge of Motivational Interviewing

C.5.6: Demonstrates knowledge of Interventions for Trauma

C.5.7: Demonstrates knowledge of Medication/illness Management

C.5.8: Demonstrates knowledge of Early Psychosis Interventions

C.6: Assesses individual needs, creates PSR and recovery-oriented plans, and measures outcomes:

C.6.1: Understands the biopsychosocial approach and applies it to rehabilitation including steps such as assessment, intervention, evaluation, and discharge

C.6.2: Applies client centered/directed approach and collaborative approach in identifying individual needs, and assists the individual in developing recovery–oriented plans, and measuring outcomes.

C.6.3: Has knowledge and conducts strengths based holistic assessment approaches including readiness, functional, needs and resource assessments

C.6.4: Integrates physical, psychological, social, cultural, and spiritual dimensions in assessing strengths and needs

C.6.5: Demonstrates ability to use evidence–based standardized assessment and non-standardized tools used in rehabilitation and recovery planning such as WRAP

C.6.6: Applies reasoning skills to modify assessment techniques and tools for use with individuals

with diverse needs and with consideration of cultural values

C.6.7: Demonstrates an understanding of the central role of hope in PSR and recovery

C.6.8: Implements SMART (Specific, measurable, action-oriented, realistic, time specific) principles in goal development

C.6.9: Emphasizes participation/choice /responsibility of the individual when developing and working towards goals

C.6.10: Facilitates informed decision-making and problem solving with individuals

C.6.11: Collaborates with individuals to develop, utilize, evaluate, and upgrade plans for use during times of crisis

C.7: Continuously monitors, evaluates and improves services:

C.7.1: Uses fidelity scales, when applicable, to assure the implementation of evidence–based practices

C 7.2: Continuously evaluates individual progress including goal achievement, satisfaction, and safety

C.7.3: Understands and applies the principles of Continuous Quality Improvement (CQI) to services

C.7.4: Involves stakeholders, including service providers, management, people with lived experience and their family members in conducting CQI initiatives

C.8: Has system navigational knowledge and skills and connects and coordinates with community resources and services:

C.8.1: Demonstrates knowledge of community resources and supports

C.8.2: Develops networks and linkages with community resources and services to facilitate the recovery of the individual

C.8.3: Integrates and coordinates services for the individual

C.8.4: Empowers individuals in accessing community supports and services

C.8.5: Conveys an understanding of the significant relationship between social inclusion and recovery

C.8.6: Assists individuals to achieve financial well-being and engages individuals in the process of asset building

C.8.7: Assists in connecting individuals to legal and advocacy resources as required

DOMAIN D. EQUITY AND SOCIAL PARTICIPATION

D.1: Works with individuals to maximize access to work, leisure, education, and community.

D.1.1: Assists individuals to build skills to maximize their engagement and natural supports in community life, education, and paid and unpaid work

D.1.2: Works with individuals to overcome personal and environmental barriers to community life

D.1.3: Actively supports and encourages individuals to locate, utilize, enhance, or create opportunities in the community that reflect their personal values, interests, and aspirations and leads to self-reliance

D.1.4: Collaborates and networks with community partners to facilitate access to valued goods and services in society

D.1.5: Assesses progress and recognizes successes valued by the individual in relation to social inclusion

D.2: Supports and enables advocacy with individuals:

D.2.1: Works with individuals to recognize their self-worth

D.2.2: Works with individuals to overcome self-stigma

D.2.3: Works with individuals and their natural supports to develop advocacy skills

D.3: Assists the community to maximize social inclusion and equity:

D.3.1: Understands and utilizes evidence informed approaches to social inclusion such as education and employment supports, social skills training, and family psycho-education

D.3.2: Takes an active role in maximizing social inclusion

D.4: Fosters recovery, well-being, and equity within systems and across the social determinants of health:

D.4.1: Advocates against marginalization

D.4.2: Advocates and helps the individual to access services and supports in the promotion of recovery

DOMAIN E: FACILITATING CHANGE AND PROVIDING LEADERSHIP

E.1: Promotes application of recovery–oriented PSR in practice:

E.1.1: Facilitates a shared vision and engages others in the change process to effectively apply recovery principles and competencies

E.1.2: Engages people with lived experience in all aspects of mental health service delivery

E.1.3: Advocates for resources, allocation of services and supports

E.1.4: Participates in outcome evaluations and research efforts to promote wellness and inclusion of people with lived experience in all aspects of the organization

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