



Competencies of Practice for Canadian Recovery- Orientated Psychosocial Rehabilitation Practitioners

First Edition 2013

CONFIDENTIAL

All rights reserved. Any unauthorized broadcasting, public performance, copying or re-recording will constitute an infringement of copyright

PSR/RPS Canada 2013 ©

Table of Contents

ACKNOWLEDGEMENTS	1
INTRODUCTION	2
BACKGROUND	2
PURPOSE OF THIS DOCUMENT	2
DEVELOPMENT AND VALIDATION OF THE COMPETENCIES AND PERFORMANCE INDICATORS.....	3
THE COMPETENCIES FRAMEWORK.....	4
NUMBER OF COMPETENCIES AND PERFORMANCE INDICATORS IN EACH UNIT	4
UNIT A. CULTURE AND DIVERSITY	6
UNIT B. PROFESSIONAL SKILLS.....	7
UNIT C. PSYCHOSOCIAL REHABILITATION (PSR) PRACTICES AND SUPPORTING SERVICES.....	8
UNIT D. KNOWLEDGE OF PSYCHOSOCIAL REHABILITATION (PSR) AND RECOVERY BASED SERVICES.....	10
UNIT E. RELATIONAL SKILLS	12
UNIT F. SOCIAL INCLUSION	13
DEFINITIONS	14
REFERENCES/BIBLIOGRAPHY	16
APPENDIX A - RESOURCE DOCUMENTS	18
APPENDIX B - EXPERT WORKING GROUP - PARTICIPANTS	19
APPENDIX C - VALIDATION PANEL OF EXPERTS	20

ACKNOWLEDGEMENTS

The development of the *Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners in Canada* was made possible through the collaboration of numerous organizations and individuals.

The Psychosocial Rehabilitation/Réadaptation Psychosociale (PSR/RPS) Canada Board of Directors extend special thanks to the expert working group, the validation panel of experts and the consultants for their contribution to the development of the *Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners*.

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 the worker behaviours. Successful completion of most work tasks requires simultaneous or sequenced demonstration of multiple competencies. For the mental health system, possessing certain underlying attitudes reflective of person-directed care as well as strong inter-personal skills are just as important as possessing technical skills and knowledge. The mental health system is evolving towards integrating mental health and addiction/substance use services.

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 paper describes the core competencies of practice that Canadian Recovery-Orientated Psychosocial Rehabilitation practitioners need to acquire when working in a PSR or Recovery-oriented practice. 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 mental health workforce must be educated and competent in the recovery-oriented approach which is achievable with the use of these competencies.

An analysis of the training standards and curricula for most licensed mental health professionals and un-licensed mental health support workers showed that there are some gaps in the 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, recruitment practices, performance evaluation, and strategic workforce planning.

As well, it is important to consider that 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 has been identified as *First Edition* (2013) and will continue to evolve over time as new competencies are identified and others are possibly removed or adjusted to reflect changes in theory and practice.

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 initial draft of the Core Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners. The working group held a face-to-face meeting in the spring of 2011 and a consultant (Annette Osted) facilitated the process for the development of the competencies.

In developing the initial set of competencies, the expert working group consulted a number of 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.

The next step in the development of the core competencies involved validation of the competencies to examine the extent to which they reflect PSR and Recovery-oriented practices. There were several discussions regarding validation tool between the expert working group and PSR/RPS Canada board of directors. Subsequently, a tool was developed and the process of content validation was initiated with a national panel of PSR experts including PSR practitioners, academic/educators, researchers, administrators, lived experienced, and family members.

The five competencies and associated performance indicators were populated into the validation tool and mailed to members of the panel of PSR experts for specific feedback on relevancy and formulation of the draft competencies and performance indicators. The validation tool included two questions and a general statement for consideration when reviewing each competency. The first question was *"How often do you use these competencies in your current role?"* Responses were made on a 5-point Likert scale, with anchors that included: *never (1), rarely (2), sometimes (3), often (4), and always (5)*. The second question was *"How important is this competency in practice?"* Responses were made in a 3-point Likert scale, with anchors that included: *not important (1), somewhat important (2), and very important (3)*. The general statement was *"Can't answer the competency statement"* and applicable responses included: *"this does not apply to PSR work (1)", "I don't understand this statement (2)", "I don't know the answer to this (3)", and "Our organization context limits my ability to practice PSR which is person-directed (4)"*.

The panel of experts had an opportunity to reword, split or combine competencies, discard competencies or suggest addition of more competencies not covered. After the review, some competencies were reworded and some dropped. The panel suggested the addition of Social Inclusion as a competency category. Overall, the panel members confirmed that the

competencies and associated performance indicators were relevant, appropriate and suitable for use in their respective roles and work settings.

The expert working group reviewed the feedback from the panel of experts and made suggested changes. The following six competency categories (Units) were developed: Culture & Diversity; Professional Skills; Psychosocial Rehabilitation (PSR) Practices and Supporting Services; Knowledge of Psychosocial Rehabilitation (PSR) and Recovery-oriented Services; Relational Skills; and Social Inclusion. Content validity was established through the validation process.

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 practise.

The Competence Framework act as a benchmark by which PSR/RPS Canada and employers can measure the practitioner's continued competence to practise.

The Competence Framework:

- Provides national standards for the assessment of competence needed for recovery-oriented practise;
- Provides a national, standardised set of competencies for Psychosocial Rehabilitation practitioners in Canada to demonstrate their continued competence to practise;
- 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 six 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 UNIT			
Unit	Unit Title	Numbers of Competencies	Numbers of Performance Indicators
A	Culture & Diversity	4	16
B	Professional Skills	4	11
C	Psychosocial Rehabilitation (PSR) Practices and Supporting Services	6	33
D	Knowledge of Psychosocial Rehabilitation (PSR) and Recovery-oriented Services	4	20
E	Relational Skills	3	13
F	Social Inclusion	3	11

PSR/RPS Canada
Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners

Total	24	103
--------------	-----------	------------

The Competencies and Performance Indicators

UNIT A. CULTURE AND DIVERSITY

A1: 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 Uses appropriate engagement skills when interacting with individuals, families and communities.
- A.1.3 Able to recognize the limits of own competence in working with culturally diverse populations.
- A.1.4 Has an awareness of how biases manifest themselves and the impact on relationships.

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

- A.2.1 Appreciates and recognizes differences among individuals.
- A.2.2 Learns from individuals about their culture, values, needs, preferences and wishes and ensure these are included in the services provided.
- A.2.3 Demonstrates respect for the right of individuals to their customs, beliefs and practices.

A.3 Demonstrates knowledge of culture, diversity and intersectional framework

- 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 diverse population one serve, including strengths, challenges and or health and social issues impacting the population.
- A.3.3 Has an understanding of the need to avoid overgeneralization and negative stereotyping within and across cultural groups.
- A.3.4 Has an understanding of 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 Has an understanding of 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 difference issues and respond to culturally based cues.
- A.4.3 Has respect for the unique histories, cultures, languages and social circumstances manifest in the diversity of and communities.
- A.4.4 Has an understanding of cultural differences and power dynamics that affect cross-cultural interactions.
- A.4.5 Has an understanding of colonization and post-colonial processes and the impact on the lives of Aboriginal people

The Competencies and Performance Indicators

UNIT B. PROFESSIONAL SKILLS

B.1 Demonstrates ethical practices

- B.1.1 Demonstrates knowledge of and provides services by adhering to the Psychosocial Rehabilitation /Réadaptation Psychosociale (PSR/RPS) Canada *Code of Ethics*.
- B.1.2 Recognizes and appropriately responds to ethical issues encountered in practice.
- B.1.3 Maintains practitioner boundaries with individuals, families and communities.

B.2 Demonstrates commitment to competent practice on an ongoing basis.

- B.2.1 Continuously acquires knowledge of evidence-based and evidence informed practices within the field of PSR and Recovery-orientated service.
- B.2.2 Facilitates informed decision making with individuals.
- B.2.3 Emphasizes choice of the individual when developing and working towards goals.
- B.2.4 Promotes the use of Psychosocial Rehabilitation and recovery oriented services with colleagues and the service delivery program.

B.3 Displays awareness of diversity and the power issues involved in professional relationships

- B.3.1 Demonstrates awareness of professional privilege.
- B.3.2 Demonstrates sensitivity to the individual's experience related to professional privilege and power.

B.4 Maintains personal wellness to ensure the effective provision of services to others

- B.4.1 Demonstrates knowledge of stressors on physical and mental health and options available to manage stress
- B.4.2 Demonstrates knowledge of wellness promotion activities.

The Competencies and Performance Indicators

UNIT C. PSYCHOSOCIAL REHABILITATION (PSR) PRACTICES AND SUPPORTING SERVICES

C.1 Possesses an understanding of Mental Illness and the impact on individuals

- C.1.1 Recognizes the population with serious mental illness (including complex cognitive and behavioural challenges) that is served by psychosocial rehabilitation services.
- C.1.2 Demonstrates an understanding of the signs and symptoms of the most prevalent serious mental illnesses.
- C.1.3 Understands the effects of stigma and discrimination.
- C.1.4 Assesses the effects of biological, social and environmental factors in mental health.

C.2 Understands the Interventions in Psychosocial Rehabilitation

- C.2.1 Has the ability to effectively implement crisis intervention strategies.
- C.2.2 Demonstrates effective relapse prevention and intervention strategies.
- C.2.3 Demonstrates skills training intervention strategies.
- C.2.4 Demonstrates family intervention strategies.

C.3 Has knowledge and understanding of best and promising practices in Psychosocial Rehabilitation and Recovery - oriented services and their contributions to recovery.

- C.3.1 Demonstrates knowledge of Assertive Community Treatment
- C.3.2 Demonstrates knowledge of Supported Employment
- C.3.3 Demonstrates knowledge of Supported Education
- C.3.4 Demonstrates knowledge of Supported Housing
- C.3.5 Demonstrates knowledge of Clubhouse Services
- C.3.6 Demonstrates knowledge of Peer Delivered Services

C.4 Has knowledge and understanding of major types of recovery-enhancing interventions/approaches and their contributions to recovery:

- C.4.1 Demonstrates knowledge of Cognitive Behavioural Therapy
- C.4.2 Demonstrates knowledge of Skills Training
- C.4.3 Demonstrates knowledge of Concurrent Disorders Treatment
- C.4.4 Demonstrates knowledge of Illness Management and Relapse Prevention
- C.4.5 Demonstrates knowledge of Health Promotion & Wellness interventions including Smoking Cessation and Weight management
- C.4.6 Demonstrates knowledge of Cognitive Remediation
- C.4.7 Demonstrates knowledge of Motivational Interviewing

- C.4.8 Demonstrates knowledge of Interventions for Trauma
- C.4.9 Demonstrates knowledge of Medication/Illness Management
- C.4.10 Demonstrates knowledge of Early Psychosis Interventions

C.5 Has knowledge and understanding of Continuous Quality Improvement

- C.5.1 Ensures model fidelity and the use of fidelity scales to ensure effectiveness.
- C.5.2 Integrates and coordinates services for the individual.
- C.5.3 Provides Recovery-Based services according to the goals and wishes of the individual.
- C.5.4 Monitors, evaluates and improves services to the individual.

C.6 Has the ability to support individuals to deal with the impact of their mental health experience.

- C.6.1 Demonstrates an understanding of how to minimize the impact of trauma that arises out of the experience of mental health related issues.
- C.6.2 Demonstrates the ability to support individuals with self-management of distressing aspects of mental health related issues.
- C.6.3 Demonstrates the ability to support individuals with self-monitoring of triggers and early warning signs of illness
- C.6.4 Demonstrates an understanding of the importance of exercise, nutrition, sleep, spirituality, creative outlets and stress management.
- C.6.5 Has the ability to support individuals with medication management.

The Competencies and Performance Indicators

UNIT D. KNOWLEDGE OF PSYCHOSOCIAL REHABILITATION (PSR) AND RECOVERY BASED SERVICES

D.1 Uses PSR and Recovery Principles and Values to guide practice

- D.1.1 Demonstrates the ability to form effective authentic relationships.
- D.1.2 Demonstrates an understanding of the central role of hope to the process of recovery.
- D.1.3 Emphasizes the imperative role of the person driving the PSR and recovery oriented process.

D.2 Uses knowledge and ability to implement PSR and recovery oriented services as tools for recovery

- D.2.1 Demonstrates strategies to remain current with literature in the field of PSR and Recovery oriented services.
- D.2.2 Demonstrates knowledge of evidence based and evidence informed practices.

D.3 Has system navigational skills

- D.3.1 Develops networks and linkages with community supports and resources to facilitate the recovery of the individual,
- D.3.2 Demonstrates knowledge of empowerment principles.
- D.3.3 Conveys an understanding of the significant relationship between social inclusion and recovery.
- D.3.4 Assists individuals to achieve financial well-being and engages individuals in the process of asset building.
- D.3.5 Assists in connecting individuals to legal and advocacy resources as required.
- D.3.6 Demonstrates knowledge regarding the continuum of resources and supports.

D.4 Assesses individual needs, create PSR and recovery oriented service plans and measure outcomes

- D.4.1 Demonstrates knowledge regarding the process of change and the ability to assess and develop change.
- D.4.2 Has knowledge and ability to apply a strengths based approach to assessment.
- D.4.3 Integrates physical, psychological, social, cultural, and spiritual dimensions in assessing strengths and needs.
- D.4.4 Implements SMART (Specific, measurable, action-oriented, realistic, timely) principles in goal development.
- D.4.5 Collaborates with individuals to develop plans for use during times of crisis.

- D.4.6 Negotiates interventions while respecting traditional/indigenous and mainstream perspectives and strategies.
- D.4.7 Evaluates progress including goal achievement and person satisfaction, and modifies PSR and recovery oriented service plans accordingly.
- D.4.8 Demonstrates ability to use standardized assessment and non-standardized tools used in rehabilitation and recovery planning.
- D.4.9 Demonstrates ability to modify assessment techniques and tools for use with diverse groups, with consideration of their inherent cultural values.

The Competencies and Performance Indicators

UNIT E. RELATIONAL SKILLS

E.1 Establishes collaborative relationships with whom they work

- E.1.1 Relates to others (the individual, colleagues and stakeholders) and creates a trusting environment which allows for open and honest communication.
- E.1.2 Presents opportunities for a meaningful exchange of information that strengthens understanding of each other and promotes the process of rehabilitation and recovery oriented services.
- E.1.3 Demonstrates their belief in the person's abilities, pursuits and who they are.
- E.1.4 Instills and holds hope for in the person by offering encouragement and confirming the person's value and abilities.
- E.1.5 Elicits intrinsic and external motivation in order for the person to consider change options while emphasizing personal choice and discussing strategies to facilitate pathways to personal change.
- E.1.6 Has the ability to establish a positive helping relationship with individuals, families and communities, characterized by understanding, trust, respect, honesty and empathy.

E.2 Communicates effectively

- E.2.1 Has an awareness of own communication styles and uses interpersonal skills such as active listening and paraphrasing. .
- E.2.2 Uses appropriate techniques (e.g. interviewing) specifically aimed at identifying relevant information needed to best serve individuals, families and communities.
- E.2.3 Demonstrates knowledge and abilities to respond to diverse modes of communication in a wide range of service situations.

E.3 Maintains and utilizes professional skills and knowledge

- E.3.1 Maintains and utilizes knowledge of the recovery process
- E.3.2 Maintains and utilizes knowledge of social learning theories.
- E.3.3 Maintains and utilizes knowledge of motivational strategies.
- E.3.4 Maintains and utilizes knowledge of readiness assessment and development.

The Competencies and Performance Indicators

UNIT F. SOCIAL INCLUSION

F.1 Works with individuals to maximize access to work, education and community life

- F.1.1 Assists individuals to build skills to maximize their engagement and natural supports in community, life, education and work.
- F.1.2 Works with individuals to overcome personal and environmental barriers to community life.
- F.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.
- F.1.4 Collaborates and networks with community partners to facilitate access to valued goods and services in society.
- F.1.5 Assesses progress and recognizes successes valued by the individual in relation to social inclusion.

F.2 Supports and enables advocacy

- F.2.1 Works with individuals to recognize their self-worth.
- F.2.2 Works with individuals to overcome self-stigma.
- F.2.3 Works with individuals and their natural supports to develop advocacy skills.
- F.2.4 Recognizes and acts as an advocate for individuals when they are unable to advocate for themselves.

F.3 Prepares the community to identify and act to minimize social exclusion

- F.3.1 Understands and utilizes evidence informed approaches to social inclusion such as education and employment supports, social skills training and family psycho-education.
- F.3.2 Takes an active role in challenging the processes of social exclusion.

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): **Commonly, Understood, Learned, Traditions and Unconscious Rules of Engagement.**

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 (EBP):

Evidence based practices are recovery oriented, psychosocial practices with demonstrated effectiveness in terms of evaluated outcomes for persons with mental illness. Best 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 personalised care. Recovery-oriented practice emphasises 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 value. (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.

REFERENCES/BIBLIOGRAPHY

- Boutillier, C. L., Leamy, M., Bird, V. J., Davidson, L., Williams, J., & Slade, M. (2011). What Does Recovery Mean in Practice? A Qualitative Analysis of International Recovery-Oriented Practice Guidance. *Psychiatric Services* 62(12), 1470-1476.
- Brascoupé, S. & Waters, C. (2009). Cultural Safety- Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness. *Journal of Aboriginal Health*. Retrieved from http://www.naho.ca/jah/english/jah05_02/V5_I2_Cultural_01.pdf
- Farkas, M., Gagne, C., Anthony, W. & Chamberlin, J. (2005). Implementing Recovery Oriented Evidence Based Programs: Identifying the Critical; Dimensions. *Community Mental Health Journal*, 41(2), 141-158.
- Haarmans, M, Noh, S. & Munger, F. (2004). A Review of Clinical Cultural Competence: Definitions, Key Components, Standards and Selected Trainings. Toronto: Centre for Addiction and Mental Health.
- Kirschenbaum, H.; Henderson, V. L. (1989). *The Carl Rogers reader: Selections from the Lifetime Work of America's Pre-eminent Psychologist, author of On Becoming a Person and A Way of Being*. Boston: Houghton Mifflin
- Mental Health Commission (2001). Recovery Competencies for New Zealand Mental Health Workers. Mental Health Commission, Wellington: New Zealand. Retrieved from http://www.maryohagan.com/resources/Text_Files/Recovery%20Cometencies%20%27Hagan.pdf
- Mental Health Commission of Canada. (2009). Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement. Retrieved from http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf
- Mental Health Commission of Canada. (2009). Toward Recovery & Well-being. A Framework for a Mental Health Strategy for Canada. Retrieved from <http://www.mentalhealthcommission.ca/English/document/241/toward-recovery-and-well-being>
- NAHO. (2008). *Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators*. National Aboriginal Health Organization. Retrieved from http://archives.algomau.ca/drupal6/sites/archives.algomau.ca/files/2012-25_003_019.pdf
- Rogers, C. R. (1958). Characteristics of Helping Relationship. *Personnel & Guidance Journal* , Vol. 37 Issue 1, pg 6-16.
- Saldana, D. (2001). Cultural Competency: A Practical Guide for Mental Health Service Providers. Hogg Foundation for Mental Health – The University of Texas at Austin. Retrieved

http://www.uscristrefugees.org/2010Website/5_Resources/5_3_For_Service_Providers/5_3_3_Cultural_Competency/Hogg_Foundation_for_MentalHealth.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2006). National Consensus Statement on Mental Health Recovery. Retrieved from <http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf>

Sears, K. P. (). Improving cultural competence education: the utility of an intersectional framework. *Medical Education* 46, 545-551. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.2011.04199.x/pdf>

Srivastava, R. H. (2007). *The Health Care Professional's Guide to Clinical Cultural Competence*. Toronto: Mosby Elsevier

State of Victoria, Department of Health. (2011) Framework for recovery-oriented practice. Retrieved from [http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/\\$FILE/framework-recovery-oriented-practice.pdf](http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/$FILE/framework-recovery-oriented-practice.pdf)

Whitley, R., & Drake, R. E. (2010). Recovery: A Dimensional Approach. *Psychiatric Services* 61(12), 1248-1250.

Williams, R. (1999). Cultural safety – what does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 23(2), 213-214

APPENDIX A - RESOURCE DOCUMENTS

The following documents were consulted to help define and structure the context of the *Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners*

Association of Canadian Occupational Therapy Regulatory Organizations (2003). Essential competencies of practice for occupational therapists in Canada (2nd ed.). Toronto: Author

Mental Health Commission (2001). Recovery Competencies for New Zealand Mental Health Workers. Retrieved from http://www.maryohagan.com/resources/Text_Files/Recovery%20Cometencies%20%27Hagan.pdf

Saldana, D. (2001). Cultural Competency: A Practical Guide for Mental Health Service Providers. Hogg Foundation for Mental Health – The University of Texas at Austin. Retrieved http://www.uscrirefugees.org/2010Website/5_Resources/5_3_For_Service_Providers/5_3_3_Cultural_Competency/Hogg_Foundation_for_MentalHealth.pdf

APPENDIX B - EXPERT WORKING GROUP - PARTICIPANTS

The list of participants in the expert working group for the development of the Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners included:

Annette Osted -	Former Executive Director, College of Registered Psychiatric Nurses of Manitoba.
Beverley Thompson	Fitzroy Centre Clubhouse, Canadian Mental Health Association, Charlottetown, Prince Edward Island.
Diana McDonald	Lanark County Mental Health, Ontario.
Dorothy Edem	Capital Health Addictions and Mental Health Program, Dartmouth, Nova Scotia
Glenda Carter	Frontenac Community Mental Health & Addiction Services, Kingston, Ontario.
Jan Minaker	Frontenac Community Mental Health & Addiction Services, Kingston, Ontario.
Joanne Mayo	Frontenac Community Mental Health & Addiction Services, Kingston, Ontario.
John Higenbottam	Douglas College, Vancouver, British Columbia
Karyn Mathewson	Canadian Mental Health Association, Sudbury/Manitoulin, Ontario
Kathi Stilson	St. Joseph's Health Care, London, Ontario
Linda Harrison	Lindas Daily Living Skills Blog, Winnipeg, Manitoba
Marion Wright	Frontenac Community Mental Health & Addiction Services, Kingston, Ontario.
Melanie Darling	Frontenac Community Mental Health & Addiction Services, Kingston, Ontario.
Ru Tauro	Oak Centre, Welland, Ontario.
Susan Hardie	Board member, PSR RPS Canada
Vicky Huehn	Frontenac Community Mental Health & Addiction Services, Kingston, Ontario.

APPENDIX C - VALIDATION PANEL OF EXPERTS

The list of panel experts who participated in the validation of the draft competencies included:

Cathy Stevens

Marlene Fitzsimmons

Christine Grace McMulkin

Terry Krupa

Chris Summerville

Peter Berry

Roy Muise