This handout provides you with an overview of the seven domains and the concepts that are presented in each one. This document was prepared by and generously donated to our course by Pat Nemec, an expert consultant in psychiatric rehabilitation, You can access her website at patnemec@patnemec.com.

Compiled by:

Patricia B. Nemec, Psy.D., C.R.C., C.P.R.P.
Consultant, Psychiatric Rehabilitation Workforce Development
Adjunct Associate Professor, University of Maryland College Park

Telephone: 781-367-8876
patnemec@patnemec.com
Rehabilitation and Recovery

Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some…recovery is the ability to live a full and productive life despite a disability. For others, it implies the reduction or remission of symptoms…. We envision a future when everyone with a mental illness will recover…, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community….

-Excerpts from the President’s New Freedom Commission

Recovery definitions:
- Ongoing journey of self-healing and transformation (Deegan)
- Reclaiming a positive sense of self despite the challenge of psychiatric disability (Legere)
- Actively managing one’s life and mental health to create a positive lifestyle
- Reclaiming roles and a life beyond being a “consumer” of mental health services

Recovery Oriented Services are those services that are:
- Grounded in positive expectations for peoples’ growth
- Focus on peoples’ strengths and abilities
- Teach people skills for self-determination
- Allow people the dignity of learning through trial and error (risk).

Recovery Oriented Services refers to:
- The orientation, not the service
- The principle or focus underpinning all services
- Practices that specifically promote and facilitate hope, self-determination, empowerment, and other recovery factors

The goals of a Recovery Oriented Service are to:
- Enhance Recovery
- Facilitate Community Integration
- Improve Quality of Life

“Recovery” is the person’s experience. Environments and program design can hinder or help in igniting the “fragile flicker of hope” (Deegan) that often initiates or drives the recovery journey.

Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with serious psychiatric illnesses. As such, it is an essential element of the human services spectrum. Psychiatric rehabilitation services are person centered, person directed, and individualized to meet the specific needs of service users. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice. (USPRA 2007)
Certified Psychiatric Rehabilitation Practitioner Competencies

This list is adapted from the 2008 USPRA Role Delineation Study that provides the basis for the certification examination. For the full list, see [www.uspra.org](http://www.uspra.org)

**DOMAIN I. Interpersonal Competencies**
- Communicate in ways that will develop a collaborative relationship and facilitate personal change
- Instill hope by engaging in positive interactions regarding an individual’s potential for recovery

**DOMAIN II. Professional Role Competencies**
- Acquire knowledge and skills to provide evidence-based services and emerging best practices
- Conduct all professional activities in compliance with the USPRA Code of Ethics
- Facilitate informed decision making to help persons with psych disabilities achieve their goals
- Maintain personal wellness to ensure the effective provision of services to others
- Seek input and feedback from stakeholders in order to determine ways of improving services

**DOMAIN III. Community Integration**
- Develop linkages with a wide range of community resources, including natural supports
- Challenge situations that discriminate against persons with psychiatric disabilities
- Connect persons with psych disabilities to legal and advocacy resources; promote self advocacy

**DOMAIN IV. Assessment, Planning, and Outcomes**
- Help identify personal priorities, preferences, strengths and interests to help to establish goals
- Perform holistic assessments across all life domains to identify strengths, supports, and barriers
- Collaborate with persons with psych disabilities to identify preferences for dealing with crises
- Collaborate to write goals with specific action steps in order to develop effective plans
- Provide information on options and opportunities for services and natural community supports
- Regularly evaluate satisfaction with progress and with services, and modify plans accordingly
DOMAIN V. Interventions for Goal Achievement

- Use outreach techniques to engage persons with psychiatric disabilities in interventions
- Teach communication skills, problem-solving skills, wellness development, relapse prevention
- De-escalate crises in order to avoid negative outcomes
- Modify environments to initiate and sustain the recovery process
- Use motivational enhancement and readiness development strategies
- Provide education on issues related to psychiatric disabilities

DOMAIN VI. Systems Competencies

- Intervene to stop stigma, oppression, discrimination, and prejudice against persons with psychiatric disabilities, and to increase access to jobs, housing, and community activities
- Advocate for civil rights, better services, resources and policies, and system integration
- Advocate for system changes to better address the needs of persons with psychiatric disabilities
- Develop leaders among persons with psychiatric disabilities for advocacy and peer support

DOMAIN VII. Diversity and Cultural Competency

- Identify one’s own culturally learned assumptions
- Assess factors to ensure culturally competent diagnoses, goals, planning, and interventions
- Conduct rehabilitation activities in the person’s preferred language and communication style
- Teach the skills to recognize and overcome cultural barriers
- Engage and include persons from all the diverse backgrounds in the community
- Receive input from and provide feedback to persons with psychiatric disabilities and their natural support systems, and evaluate utilization rates to determine match with community demographics
CPRP Domain: Interpersonal Competencies

Communicate with persons with psychiatric disabilities in order to develop a collaborative relationship.

The CPRP demonstrates knowledge of and skills in:
- How a disorder and its symptoms may affect communication
- Interpersonal communication theories and techniques
- How questions and questioning techniques impact a person’s response

Use collaborative relationships in order to facilitate personal change in persons with psychiatric disabilities

The CPRP demonstrates knowledge of:
- The Core Principles of Psychiatric Rehabilitation, Recovery, the Strengths Model, and Distinctions between medical and rehabilitation models, Empowerment, Normalization
- Impact of serious mental illness on behavior
- Various cultural differences in help-seeking behaviors

The CPRP demonstrates skills in:
- Individualizing relationship development to match the needs of the person

Instill hope by engaging in positive interactions (verbal and nonverbal communication) regarding an individual’s potential for recovery from psychiatric disability

The CPRP demonstrates knowledge of:
- Recovery process
- Social learning theory
- Goal setting process, Motivational strategies, and Strengths-based approaches

The CPRP demonstrates skills in:
- Affirming individual’s accomplishments, Designing recognition activities, Highlighting opportunities to learn from disappointments, and Pointing out accomplishments of peers
- Setting and modifying measurable and incremental steps toward objectives and goals
- Explaining the recovery process, including varying courses
- Involving peer support
- Using self-disclosure appropriately

Facilitate groups in order to engage persons with psychiatric disabilities in a wide range of activities

The CPRP demonstrates knowledge of and skills in:
- Theories of group dynamics, Strategies for group development, management, evaluation
- The difference between rehabilitation and therapy groups
- Social skills training and other behavioral-based groups, including problem solving and conflict resolution
- Modeling leadership skills
- Providing feedback, Reinforcing newly learned skills and behaviors

Adapted from CPRP competency list (http://www.uspra.org)
Building Effective Relationships

Monitoring the relationship
- Working alliance: What does the person think about the relationship?
- Satisfaction: Is the person pleased with both the process and outcomes?
- Participation: Is the person an active and willing participant?
- Perceived effectiveness: Does the person think you are actually helping in some way?

Demonstrating empathy
- Acknowledge the person’s perspectives, experiences, attributions
- Reflect feelings, both explicit and implicit
- Consider timing of reflections, and limit interpretations (e.g., of transference)

Achieving goal consensus
- Develop a collaborative partnership
- Explore hopes, dreams, and expectations
- Clarify concerns
- Specify goals to determine agreement
- Use the person’s goals to guide interventions and to measure outcomes
- Revise goals and plans as needed

Providing feedback
- Use specific, concrete, descriptive feedback
- Provide positive feedback designed to increase behavior, rather than negative and critical feedback that aims to decrease behavior
- Establish a safe and trusting relationship before risking negative feedback
- Exchange feedback, rather than only providing feedback
- Encourage self-assessment
- Connect feedback to personal goals

Adapting to the other person
- Increase structure of intervention as needed to match willing participation and significant impairments in functioning
- Decrease directiveness in response to increases in resistance/reactance
- Improve your knowledge of and responsiveness to gender issues, ethnicity and culture, and religious / spiritual beliefs and needs
- Explore preferences for interventions and outcomes
- Develop knowledge and expertise in adjusting approach and in handling differences for variations in personalities and personality disorders

Helping Skills to Facilitate Change

The helping process: Exploring, Understanding, Acting

- **Orient** the person to what you will be discussing in order to build a partnership.
- Limit your use of questions but, if you do ask a question, use one that is *open-ended*.
- **Demonstrate understanding** by paraphrasing, especially paraphrasing the person’s answers to your open-ended questions!
- **Reflect feelings** when they come up, or when you suspect that there are feelings that are not expressed.

### Listen for:

<table>
<thead>
<tr>
<th>Problem behaviors</th>
<th>Reasons to change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem situations</td>
<td>Reasons not to change</td>
</tr>
<tr>
<td>Similarities to past efforts to change</td>
<td>Thoughts about how to change</td>
</tr>
<tr>
<td>Differences from past efforts</td>
<td>Barriers to making change</td>
</tr>
</tbody>
</table>

### Exploring:

| Need: External pressures to change | Feelings and concerns |
| Need: Internal dissatisfaction with situation | Commitment: Positive aspects of change |
| Awareness of self | Commitment: Possibility of change |
| Awareness of options | Commitment: Self-efficacy |
| Awareness of change process | Commitment: Presence of support |

**Exploring: Use open-ended questions and indirect leads** (if you have to use a question):

Tell me about (the problem behavior).
Tell me about a typical day (event, or situation). What exactly happened?
Walk me through what usually happens when (the problem behavior occurs)?
It can be hard to (use healthy behaviors consistently). What makes it hard for you?
Sometimes (unhealthy behavior) helps someone unwind. How about you?
What sort of pressures have you been under lately?
What sorts of things do you do to take care of yourself?
How does (problem behavior) fit in here?
How has (problem behavior) changed for you?

### Understanding: Reflecting feelings:

<table>
<thead>
<tr>
<th>Worried</th>
<th>Afraid</th>
<th>Doubtful</th>
<th>Confused</th>
<th>Discouraged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous</td>
<td>Overwhelmed</td>
<td>Ambivalent</td>
<td>Torn</td>
<td>Disappointed in myself</td>
</tr>
<tr>
<td>Tired</td>
<td>Hopeful</td>
<td>Embarrassed</td>
<td>Sad</td>
<td>Angry at myself</td>
</tr>
</tbody>
</table>

### Acting: Match to stage of change*

Offer strategies to help plan and implement actions for change only when the person is ready.

*Stages of change:

Pre-contemplation Contemplation Preparation Action Maintenance (and sometimes relapse)

CPRP Domain: Professional Role Competencies

Acquire knowledge and skills in order to provide services that are evidence-based and emerging best practices and consistent with USPRA Practice Guidelines
- Interpreting, understanding, and sharing applicable research literature
- Observing and critiquing other programs

Conduct all professional activities in compliance with ethics, laws, and regulations
- USPRA code of ethics and applicable laws, including confidentiality regulations
- Applying ethical guidelines
- Resolving ethical dilemmas, including Consulting others with knowledge and expertise
- Reflecting on one’s own actions, emotional reactions, and worldview including values, beliefs, perceptions and culturally learned assumptions

Facilitate and advocate for informed decision making by persons with psychiatric disabilities by communicating information affecting rehabilitation and recovery
- Benefit and entitlement programs, and how to explain and access them
- Communicating confidentiality regulations to staff, clients, families and others
- Identifying and communicating clearly with stakeholders
- Speaking on behalf of persons consistent with their wishes and interests

Emphasize choices for persons with psychiatric disabilities to help achieve their goals
- Communication of choices and options in rehabilitation, treatment, housing, social support, and vocational services to help choose, get, and keep work
- Matching the goals of persons with psychiatric disabilities with service options

Provide practical and meaningful activities to persons with psychiatric disabilities to live in their environment of choice
- The advantages of natural environments as places in which to learn practical living skills
- Designing/facilitating activities in natural settings consistent with needs, interests, choices

Promote the effectiveness of psych rehab with colleagues and the service delivery system
- Developing workshops to present, and utilizing material learned from in-service training
- Imparting relevant information about guidelines, best practices, and research

Maintain personal wellness to ensure the effective provision of services to others
- Influence of stressors on physical and mental health, stress reduction
- Wellness promotion activities (e.g., exercise, weight management, and nutrition)

Take intentional personal action to support recovery of persons with psych disabilities
- Choosing actions that facilitate the recovery goals of persons with psychiatric disabilities
- Choosing actions appropriate to the stage and goals of an individual’s recovery

Seek input and feedback from stakeholders in order to improve services

Recognize one’s own role during conflict in order to facilitate resolution

Adapted from CPRP competency list (http://www.uspra.org)
USPRA Code of Ethics: Major Ethical Principles

The following principles should guide psychiatric rehabilitation practitioners in their various professional roles, relationships and levels of responsibility.

I. The Conduct of a Psychiatric Rehabilitation Practitioner
A. Practitioners maintain high standards of personal conduct in their role as a psychiatric rehabilitation practitioner.
B. Practitioners strive to be proficient in psychiatric rehabilitation and in the delivery of services.
C. Practitioners regard as primary the obligation to help individuals achieve their needs and self-determined goals.
D. Practitioners promote multicultural competence in all places and relationships in the practice of psychiatric rehabilitation.
E. Practitioners promote and participate in full discussion of potential ethical dilemmas and decision-making.

II. Psychiatric Rehabilitation Practitioners’ Ethical Responsibility to People Receiving Services
A. The primary responsibility of practitioners is to persons receiving psychiatric rehabilitation services.
B. Practitioners refrain from entering into dual relationships with persons receiving their services.
C. Practitioners act with integrity in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions in order to maximize benefits for persons receiving services.
D. Practitioners make every effort to support the maximum self-determination of each person served.
E. Practitioners respect the privacy of persons receiving services and hold in confidence all information obtained in the course of professional service.

III. Psychiatric Rehabilitation Practitioner’s Ethical Responsibility to Colleagues
A. Practitioners treat colleagues with respect, courtesy, fairness and good faith.
B. Practitioners understand the knowledge and skills other providers bring to the rehabilitation process.

IV. Psychiatric Rehabilitation Practitioners’ Ethical Responsibility to the Profession
A. Practitioners uphold and advance the mission, ethics and principles of psychiatric rehabilitation.
B. Practitioners assist the profession by promoting the field of psychiatric rehabilitation.
C. Practitioners take responsibility for identifying and developing experience-based psychiatric rehabilitation knowledge.
D. Use of Knowledge - Practitioners actively incorporate research and experience-based psychiatric rehabilitation knowledge into their practice.

V. Psychiatric Rehabilitation Practitioners’ Ethical Responsibility to Society
A. Psychiatric Rehabilitation practitioners promote the general welfare of society by opposing discrimination and increasing understanding of psychiatric disability and recovery.
B. Practitioners advocate for a systems of cares that responds to the needs of people with psychiatric disabilities.
Ethical Minefields

A minefield is a location with the potential of tripping on an explosive device, with potentially disastrous consequences. An “ethical minefield” is a psychiatric rehabilitation service-related situation where the practitioner is at potential risk of an ethical violation. These are areas to tread carefully!

- **Coercion:** Autonomy requires a degree of free choice; some choices result in potential harm.

- **Informed Consent:** Fidelity involves helping a person get what they want from services; yet services both require action from the person, and do not guarantee a desired outcome.

- **Confidentiality:** Autonomy and “doing no harm” require privacy; maintaining personal must be balanced against society’s right to be safe, etc.

- **Culture:** Do we treat people equally (justice), or specially (beneficence)?

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Ethical Dilemmas

Any situation where you cannot uphold your responsibility to one constituency or principle while simultaneously being true to another is a signal that you are on the horns of a dilemma.

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Ethical Decision Making

This process was adapted from Corey, Corey, & Callanan (1993). *Issues and ethics in the helping professions.*

**Step 1: Identify the problem or dilemma.**

- What is the situation? What are the potential issue(s) involved?
- What ethical principles apply? What are the relevant ethical guidelines?
- What laws, personal beliefs (morals), and practice guidelines apply?

**Step 2: Obtain consultation.**

- Who should I consult?
- How do I handle confidentiality?

**Step 3: Decide on the best course of action.**

- What are possible courses of action? What are potential consequences (pros and cons)?
- What will I do? How will I document my decision?

*From a presentation at USPRA (2008) by Steve LaMaster & Pat Nemec*
CPRP Domain: Community Integration Competencies

Develop linkages with a wide range of community resources specific to meet the needs and goals of persons with psychiatric disabilities, including entitlements and benefits
- The relationship between community integration and recovery from serious mental illness
- Knowledge of community resources, including eligibility, access, appeals process, and awareness of benefits and risks associated with various resources, services, and programs
- Building relationships with key community resource personnel
- Basic eligibility requirements, application procedures, and appeals process for entitlement and benefit programs
- Assessing potential eligibility for entitlement and benefit programs
- Forwarding appropriate referral information and medical/rehabilitation assessments to entitlement/benefit program as per client request in a timely manner
- Providing support as needed to assist the person in obtaining entitlements and benefits, e.g., completing forms, transportation, etc.

Integrate community resources and entitlement programs into assessment, planning and outcomes, while promoting the use of natural supports
- Knowledge of Community support system principles, Available relevant resources, and entitlements and how to incorporate them into a plan
- Completing a resource assessment, developing a plan and projected outcomes that match the individual’s needs/goals with community resources
- Knowledge of natural community supports, and of the benefits of the person’s use of natural community support systems and reduced dependency on the mental health system
- Providing linkages with natural community support systems

Challenge situations in the community that discriminate against persons with psychiatric disabilities
- Teaching people the skills to recognize and respond to discrimination
- Identifying and combating stigmatizing behaviors, events, etc.
- Negotiating and advocating for individuals when inappropriately denied resource access
- Teaching self-advocacy skills

Connect persons with psychiatric disabilities to legal and advocacy resources as needed and/or requested in order to promote self advocacy

Provide information on alternatives and complementary supports to traditional psychiatric treatment
- Knowledge of the efficacy and goals of peer support groups, peer-run self-help groups, and peer-directed service and advocacy associations and wellness programs (e.g., WRAP, and culturally based wellness programs), and other alternative / complementary supports
- Collaborating to help a person initiate his/her own alternative programs

Develop community resources to meet needs of persons with psychiatric disabilities
- Partnering with all stakeholders to develop needed resources in the community

Adapted from CPRP competency list (http://www.uspra.org)
Community Integration

Community integration is the right of people with disabilities to have the opportunity to live in the community, but also the opportunity to live, study, work, and recreate alongside and in the same manner as people without disabilities.

-UPENN Collaborative on Community Integration

Social integration

A process, unfolding over time, through which individuals who have been psychiatrically disabled increasingly develop and exercise their capacities for connectedness and citizenship.

- Connectedness denotes the construction and successful maintenance of reciprocal interpersonal relationships. Social, moral, and emotional competencies are required to sustain connectedness.
- Citizenship refers to the rights and privileges enjoyed by members of a democratic society and to the responsibilities these rights engender.

Social support

People provide social support to one another by helping mobilize psychosocial resources and manage emotional burdens. Whether a person is considered a social support is determined solely by the experience of the person being supported. Practical support, advice, encouragement and inspiration are the “currency” of social support.

Social networks

Social support often is provided through a support system or network, where a number of individuals have an organized, enduring pattern of positive relationships. “Natural” support networks include informal caregivers such as family, friends, neighbors, co-workers, and other community members; while “professional” support networks include people who are paid to fill a social support role, such as mental health service providers.

Social capital

Social capital is a complex concept. The general principle underlying this concept is that payoffs result from investing in social relationships. The simplest image of social capital is a “bank” of community members helping one another who represent the resources that are embedded in social networks. In its broadest sense, social capital implies cooperation and collaboration for the betterment of the community. The development of social capital requires social ties, frequent interaction, and mutual obligation, and works by providing information, opportunities for influence, assistance, an identity, and a sense of belonging.

Cultural factors in community integration

Social roles and interaction rituals are largely defined by culture and traditions. Political, economic, and geographic realities also influence interactions and opportunities.

Natural Supports

Definition of natural supports

“Natural” supports include people, places, things, and activities that are available to anyone and that aid you in some way in being successful and satisfied in any or all of your life roles and domains. Natural support people include informal caregivers such as family, friends, neighbors, co-workers, and other community members; while “professional” support people include people who are paid to fill a specific support role, such as a personal exercise trainer or a housekeeper. Someone may be paid to provide one type of support or service (such as a hairdresser), but may be a natural support in some other way (providing emotional support).

Types of natural supports

Social supports: Primarily people, such as family, friends, co-workers, classmates

Community resources: Primarily places and things available to all community members, although some may involve a fee, such as a gym, a public library, a park

Community services: Primarily organizations (people, places, and activities) formed to provide a specific type of support to all community members, usually for a fee, such as dental care, laundry, financial management

“Personal medicine” (Deegan & Drake, 2006): Primarily things and activities (non-pharmaceutical), usually available to anyone that serve to manage stress/distress, decrease symptoms, and increase wellness, such as creative endeavors, puzzles, music

Examples of natural supports for one individual

<table>
<thead>
<tr>
<th>Domains →</th>
<th>Living With Family</th>
<th>Working Human Resources</th>
<th>Leisure Baseball</th>
<th>Volunteering Local Politics</th>
<th>Socializing With Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>Wife Neighbors</td>
<td>Boss (maybe) Assistant Some employees</td>
<td>Sons Other fans Friend w/ticket</td>
<td>Other reps Good candidate</td>
<td>Friends Co-workers</td>
</tr>
<tr>
<td>Places</td>
<td>Garden Parks Shops</td>
<td>Parking lot Cafeteria</td>
<td>Living Room Fenway Park Public Library</td>
<td>Town Hall</td>
<td>Restaurants</td>
</tr>
<tr>
<td>Things</td>
<td>Coffee Bird feeder Radio news</td>
<td>Car Lunch box</td>
<td>Sports TV Sports Radio</td>
<td>Computer E-news</td>
<td>E-mail</td>
</tr>
<tr>
<td>Activities</td>
<td>Yard work Walks Music (in car)</td>
<td>Watching games Reading</td>
<td>Town meeting Conventions Campaigns</td>
<td>Eating out Sport events</td>
<td></td>
</tr>
</tbody>
</table>
CPRP Domain: Assessment, Planning, Outcome Competencies

Assist persons with psychiatric disabilities to identify personal priorities, preferences, strengths and interests in order to help them establish goals that are consistent with their worldview

- Applying rehabilitation readiness assessment and development techniques
- Engagement and Motivational interviewing techniques
- Teaching people how to set SMART goals (Specific, Measurable, Action, Responsible, Time-limited), and how to identify multiple pathways for achieving specific goals
- Supporting individuals in using advanced directive

Perform holistic assessments across multiple life domains with persons with psychiatric disabilities in order to identify strengths, supports and barriers

- Knowledge of a skill in applying the rehabilitation process including rehabilitation goals, functional assessments, resource assessments, clinical assessments, and assessments of needed specialty services, as well as holistic and strengths-based assessment techniques
- Eliciting individual’s involvement in collecting subjective and objective data for them, and sharing information collected with the person to facilitate understanding

Collaborate with persons with psychiatric disabilities to write goals with specific action steps in order to develop effective treatment/rehabilitation/recovery plans

Collaborate with persons with psychiatric disabilities to help them identify their individual preferences in dealing with crises (advance directives)

- Facilitating individual’s choice of preferences for dealing with crises
- Identifying individual coping strategies and skills
- Developing a proactive plan with the individual which specifies steps to take in a crisis

Inform persons with psychiatric disabilities of service options in order for them to choose the appropriate types and levels of service

Identify opportunities that empower persons with psychiatric disabilities transition from professional provider service to natural community supports

- Facilitating connectedness to natural support systems
- Encouraging persons to use natural support systems
- Identifying useful natural supports
- Collaborating with natural support systems
- Assessing necessity with the individual of professional provider services

Regularly evaluate with the person’s satisfaction with progress toward his/her goals

Modify the rehabilitation plans based on service recipient’s evaluation of progress toward rehabilitation goal

Consult with individuals and their self-identified participants in their recovery about the individual’s satisfaction with current services

Adapted from CPRP competency list (http://www.uspra.org)
Psychiatric Rehabilitation Summary & Review
CPRP Preparation Online Training

Strengths-Based Assessments and Interventions

Principles
1. People with psychiatric disabilities can recover, reclaim, and transform their lives.
2. The focus is on individual strengths rather than deficits.
3. The community is seen as “an oasis of resources.”
4. The individual using mental health services is the director of the helping process.
5. The relationship between the service user and service provider is primary and essential.
6. The primary setting for mental health and rehabilitation services is the community.

Sample open-ended questions that can be used for exploring strengths

Home/Community
- Where do you like to spend your time?
- What do you like best about the place where you live?
- What things do you like best about your neighborhood or community?

Activities/Interests
- What do you like to do when you have free time?
- Tell me about some things that interest you.
- What is something you do well?
- What would you like to learn to do (or learn more about)?

Friends/Family
- Which people in your life are good company for you?
- Who has helped you feel worthwhile, cared for, understood, or supported?
- Which people in your life have helped you cope/survive?

Personal Characteristics
- What do people like/appreciate about you?
- Give me an example of something about you that makes you proud.
- Tell me about a time when things were going well for you.
- What did you do that helped make things go well?
- How have you coped with past challenges?
- What did you do that helped you cope/survive?
- What is it about you (characteristics, traits) that makes you a survivor?

CPRP Domain: Intervention Competencies for Goal Achievement

Use outreach techniques to engage persons with psychiatric disabilities in interventions
- Knowledge of methods to determine if and when outreach is necessary, and how to select different outreach techniques based on need and individual preference
- Strategies to locate people who may need services and determine if outreach is needed
- Privacy and confidentiality laws and regulations
- Choosing engagement techniques based on the individual’s needs and preferences

Teach communication skills to persons with psych disabilities to help them achieve their goals
- Teaching specific communication skills, including verbal and non-verbal communication
- Choosing the relevant skills to improve
- Explaining, demonstrating/modeling, and arranging opportunities for skill practice
- Giving useful feedback on skill performance

Provide interventions for change in order to promote the recovery process
- Facilitating participation in social and community activities
- Developing leadership among persons with psychiatric disabilities

Teach persons with psychiatric disabilities problem-solving skills to help achieve their goals
- Assisting the individual in defining problems
- Generating alternative solutions and using feedback to identify and modify proposed solutions
- Explaining problem solving steps and writing plans in understandable language

Develop relapse prevention strategies for mental and physical health and co-occurring disorders
- Knowledge of physical health/wellness strategies, psychiatric relapse prevention strategies
- Knowledge of medication therapeutic effects and side effects
- Knowledge of interrelationship of psychiatric disorders and other medical conditions
- Knowledge of psychiatric, substance abuse, and physical symptoms that can often be confused
- Assisting in the development of a Wellness Recovery Action Plans (WRAP), as desired
- Assessing changes in symptomatology, behavior, appearance that may indicate relapse
- Assessing concerns about symptoms, physical health, and recommended treatments
- Linking to appropriate services with follow-up of referrals to collaborating providers

Utilize group formats to engage persons with psychiatric disabilities in a wide range of activities

De-escalate crises experienced in order to avoid negative outcomes

Modify environments as needed to initiate and sustain the recovery process

Use motivational enhancement and readiness development strategies to foster recovery
- Knowledge of readiness assessment, motivational interviewing, and stages of change
- Sharing information with person served
- Using motivational interviewing techniques (including reflecting, affirmation, rolling with resistance and developing discrepancies) and other readiness development techniques
- Facilitating the individual’s exposure to ad interactions with successful peer role models

Encourage persons with psychiatric disabilities to continue fulfillment of desired roles

Provide education on issues related to psychiatric disabilities

Adapted from CPRP competency list (http://www.uspra.org)
CPRP Domain: Systems Competencies

Intervene to stop stigma, oppression, discrimination, and prejudice against persons with psychiatric disabilities in order to increase access to jobs, housing, and community activities

- Knowledge of forms of discrimination in housing, employment, and community
- Knowledge of applicable housing regulations, equal opportunity laws, protection and advocacy systems, disability legislation
- Advising persons of their rights and of strategies they can use to protect their rights

Advocate for better access to public services and resources for persons with psychiatric disabilities in order to facilitate their recovery and fill integration into the community

- Collaborating with other advocates to ensure access and to increase resources
- Using cost and outcome data as an advocacy tool

Advocate for needed regulatory policies related to persons with psychiatric disabilities in order to reduce discrimination and to increase resources for services and accommodations

- Communicating with relevant public officials
- Explaining limitations in existing laws and regulations to public officials
- Explaining proposals for improvements in laws and regulations

Advocate for system integration among public resources and community resources in order to expand opportunities for persons with psychiatric disabilities

- Gathering information about public and community resources
- Facilitating visits and meetings between providers

Advocate for system changes to make services responsive to the needs of persons with psychiatric disabilities

- Assessing relevant needs of the person served
- Advising persons and their natural support systems on the navigation of service systems
- Initiating meetings of individuals from different systems
- Advocating for flexibility and any needed changes in the service systems
- Using services and resources from diverse systems

Advocate civil rights and protections as well as human rights and protection for persons with psychiatric disabilities

- Teaching civil rights and protection to persons so they can self advocate
- Quoting law to persons/programs in violation and advocate for change
- Linking with others to bring legal action

Assist persons with psychiatric disabilities in their use of other service systems to meet their personal goals

- Explaining service systems outside psychiatric rehabilitation and suggesting access strategies

Develop leaders among persons with psychiatric disabilities in order to advocate for and work with peers

- Recognizing the capacity for various levels of leadership
- Assisting persons to identify preferences in leadership roles
- Providing opportunities for persons to perform a variety of leadership roles
- Providing coaching, feedback, modeling, reinforcement, reassurance and recognition of achievement

Adapted from CPRP competency list (http://www.uspra.org)
CPRP Domain: Diversity and Cultural Competency

Engage and include persons with psychiatric disabilities from all the diverse backgrounds that comprise the demographics of the community where services are provided.

- Knowledge of all aspects of cultural identity, including socio-economic status, race, ethnicity, gender, sexual orientation, age, nationality, disability status, religion, spirituality
- Finding information regarding demographics of persons with psychiatric disabilities from diverse cultural groups
- Using techniques and modalities that match specific cultural parameters
- Making referrals to the appropriate cultural providers and healers

Identify one’s own culturally learned assumptions to promote culturally competent collaborative relationships with persons with psychiatric disabilities and their natural support systems (e.g., families, significant others, friends, community supports)

- Knowledge of the dynamics of stigma, oppression, discrimination and prejudice
- Seeking guidance to determine the impact of one’s own culturally learned assumptions
- Using awareness and knowledge of one’s own cultural background and assumptions (e.g., ethnocentrism, cultural encapsulation) to enhance the collaborative relationship

Assess cultural factors to ensure culturally competent diagnoses, goals, planning, and rehabilitative interventions

- Knowledge of how cultural factors influence diagnosis and assessment and of the cultural limitations of assessment and diagnostic tests
- Knowledge of culture specific [emic] and cultural general [etic] symptoms, syndromes, rehabilitation/treatment modalities and interventions
- Selecting and using appropriate interpreters, healers, providers while incorporating cultural expectations of natural support systems into all aspects of the rehabilitation process

Conduct all rehabilitation activities in the preferred language and communication style of individuals and their natural support systems

Remove institutional barriers that sustain stigma, oppression, discrimination, add prejudice in order to provide culturally competent service

- Evaluating services to determine their impact on diverse cultural groups
- Soliciting and incorporating input from natural support systems on the development and implementation of culturally appropriate services
- Teaching people who use services when/how to use organizational grievance procedures

Teach persons with psychiatric disabilities and their natural support systems the skills to recognize and overcome cultural barriers

- Impact of barriers on person’s readiness to change, including cultural and discriminatory barriers to services in areas such as language, agency policies, regulatory environment
- Recognizing behaviors and symptoms that may result from discriminatory experiences
- Teaching coping skills for responding to discrimination and institutional barriers
- Facilitating self-advocacy by teaching clients and families to access services and resources
- Referring to community organizations that work to remove cultural barriers and discrimination

Receive input and provide feedback to persons with psychiatric disabilities and their natural support systems in order to provide services that meet their needs

Evaluate service utilization rates to determine consistency with community demographics

Adapted from CPRP competency list (http://www.uspra.org)
Workforce Credentials

An academic degree requires the successful completion of courses as determined by the degree-granting institution.

Accreditation is awarded to both institutions and individual programs within the college or university. An academic degree program should be offered by an accredited institution, and may have program accreditation as well.

Examples (in the US):
- The Council on Rehabilitation Education accredits masters degree programs in rehabilitation counseling.
- A number of private accrediting bodies evaluate colleges and universities, and the US Department of Education maintains a list of reliable and nationally recognized accrediting agencies (information available at http://www.ed.gov).
- Institutional accreditation is required for students of a college or university to be able to access publicly funded educational grants and loans.

Certification* is awarded to an individual. Certification usually occurs through a professional association or credentialing body, and may be nationally recognized. National Association for Competency Assurance (www.noca.org) set standards (2006) that specify that certification programs are voluntary and involve assessing individuals in some manner using “predetermined standards for knowledge/skills/competencies;” individuals who pass a certain threshold of competence are granted a time-limited credential. Often, an academic degree, or at least some academic training, is required for certification. Some certifications, such as the CPRP, require work experience in addition to training.

Examples of nationally recognized certifications (in the US):
- Counselors: National Board for Certified Counselors (http://www.nbcc.org)
- Rehabilitation counselors (CRC): Commission for Rehabilitation Counselor Certification (http://www.crccertification.com)
- Addictions counselors: Association for Addictions Professionals (http://www.naadac.org)

Licensing is a government-issued authorization. In some jurisdictions and for some professions, a license is required to practice legally. Sometimes, if a person holds a certification, that person is then eligible for licensure; however, licensure is not automatic, even with a professional certification. Holding a certification or licensure does not necessarily imply that the person is completely competent in his/her field, and does not guarantee professional behavior at all times.

*“Certificates” are not the same as certification.

Examples:
- An academic certificate, also known as a “curriculum-based certificate” (NOCA, 2006), requires completion of a series of courses, with each of the courses having its own completion requirements. Graduates of an academic certificate program will be able to produce a transcript indicating grades for each of the courses in the curriculum.
- An attendance-based certificate program requires a minimum amount of seat-time. The participant may have been required to sign in and out, and to turn in an evaluation form, but not to demonstrate any knowledge, skills, or competencies from their attendance.
- Assessment-based certification programs, on the other hand, require successful completion of some form of knowledge and/or performance assessment.

References & Resources


Psychiatric Rehabilitation Summary & Review
CPRP Preparation Online Training


Psychiatric Rehabilitation Summary & Review
CPRP Preparation Online Training

Advance Directives (includes templates; site also information on US legal and civil rights)
http://www.bazelon.org/issues/advancedirectives/index.htm
Agency for Healthcare Quality and Research, National Guidelines Clearinghouse
Annapolis Coalition on the Behavioral Healthcare Workforce: http://www.annapoliscoalition.org
Center for Psychiatric Rehabilitation, Boston University: http://www.bu.edu/cpr
Certified Peer Specialist Programs: http://www.naops.org/
Chicago Consortium for Stigma Research: http://www.stigmaresearch.org/
The Cochrane Collaborative (evidence-based practice library): http://www.cochrane.org
Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Study
http://www.catie.unc.edu/schizophrenia/
http://www.nimh.nih.gov/healthinformation/catie.cfm
http://content.nejm.org/cgi/content/abstract/NEJMoa051688
Computer Assisted Cognitive Remediation [also see Schiz Bulletin, 31(4), October 2005]
http://www.incrediblehorizons.com/Cogtrainresearch.htm
http://www.braintrain.com
Dartmouth Psychiatric Research Center (Drake, Mueser, and Associates)
http://dms2.dartmouth.edu/prc/
Human Services Research Institute (The Evaluation Center): http://tecathsri.org/
Institute of Medicine, Improving the Quality of Health Care for Mental and Substance-Use Conditions
(from the Crossing the Quality Chasm Series)
http://www.iom.edu/?id=30836&redirect=0
Intentional Care, Pat Deegan and Associates
International Center for Clubhouse Development: http://www.iccd.org
Leadership Academy: http://wvla.wvmhca.org/
MacArthur Coercion Studies (also competence assessment, risk assessment, violence)
http://www.macarthur.virginia.edu/mentalhome.html
Mental Health Services Research Program, University of Illinois at Chicago
http://www.psych.uic.edu/mhsrp/
National Consensus Statement on Mental Health Recovery
(US Dept. of Health and Human Services Substance Abuse & Mental Health Administration)
http://www.mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/
National Alliance for Mental Illness
http://www.nami.org
National Empowerment Center (Dan Fisher; PACE program): http://www.power2u.org/
New York Association of Psychiatric Rehabilitation Services (Peer Bridger Project)
http://www.nyaprs.org/Pages/View_Content_A.cfm?ContentID=47
President’s New Freedom Commission: http://www.mentalhealthcommission.gov/
Psychiatric Services: http://psychservices.psychiatryonline.org
SAMHSA ADS Center: http://www.promoteacceptance.samhsa.gov/
Substance Abuse Prevention Registry: http://preventionpathways.samhsa.gov/nrepp/default.htm
UK Department of Health National Knowledge Skills Framework (October 2004):
US Psychiatric Rehabilitation Association (formerly IAPSRS): http://www.uspra.org
University of California Los Angeles (Liberman and Associates)
http://www.npi.ucla.edu/crc/faculty/faculty.html
Wellness Recovery Action Plan (Mary Ellen Copeland) http://www.mentalhealthrecovery.com/