

Core Principles of Psychosocial Rehabilitation

Principle 1: Psychiatric rehabilitation practitioners convey hope and respect and believe that all individuals have the capacity for learning and growth.

Principle 2: Psychiatric rehabilitation practitioners recognize that culture is central to recovery, and strive to ensure that all services are culturally relevant to individuals receiving services.

Principle 3: Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services.

Principle 4: Psychiatric rehabilitation practices build on the strengths and capabilities of individuals.

Principle 5: Psychiatric rehabilitation practices are person-centered; they are designed to address the unique needs of individuals, consistent with their values, hopes and aspirations.

Principle 6: Psychiatric rehabilitation practices support full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.

Principle 7: Psychiatric rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.

Principle 8: Psychiatric rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.

Principle 9: Psychiatric rehabilitation practices strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.

Principle 10: Psychiatric rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

Principle 11: Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Programs include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.

Principle 12: Psychiatric rehabilitation services must be readily accessible to all individuals whenever they need them. These services also should be well coordinated and integrated with other psychiatric, medical, and holistic treatments and practices.

Multicultural Principles of Psychosocial Rehabilitation Services

Principle 1: Psychiatric rehabilitation practitioners recognize that culture is central, not peripheral, to recovery, as culture is the context that shapes and defines all human activity.

Principle 2: Psychiatric rehabilitation practitioners study, understand, accept, and appreciate their own cultures as a basis for relating to the cultures of others.

Principle 3: Psychiatric rehabilitation practitioners engage in the development of ongoing cultural competency, in order to increase their awareness and knowledge, and to develop the skills necessary for appropriate, effective cross-cultural interventions.

Principle 4: Psychiatric rehabilitation practitioners recognize that thought patterns and behaviors are influenced by a person's worldview, ethnicity and culture of which there are many. Each worldview is valid and influences how people perceive and define problems; perceive and judge the nature of help given; choose goals; and develop or support alternative solutions to identified problems.

Principle 5: Psychiatric rehabilitation practitioners recognize that discrimination and oppression exist within society; these take many forms, and are often based on perceived differences in color, physical characteristics, language, ethnicity, gender, gender identity, sexual orientation, class, disability, age, and/or religion. Psychiatric rehabilitation practitioners play an active role and are responsible for mitigating the effects of discrimination associated with these barriers and must advocate, not only for access to opportunities and resources, but also for the elimination of all barriers that promote prejudice and discrimination.

Principle 6: Practitioners apply the strengths/wellness approach to all cultures.

Principle 7: Psychiatric rehabilitation practitioners show respect towards others by accepting cultural values and beliefs that emphasize process or product, as well as harmony or achievement. They demonstrate that respect by appreciating cultural preferences that value relationships and interdependence, in addition to individuality and independence.

Principle 8: Psychiatric rehabilitation practitioners accept that solutions to any problem are to be sought within individuals, their families (however they define them), and their cultures. The person using psychiatric rehabilitation services and his/her family are sources of expanding the practitioner's knowledge about that culture, how to interpret behaviors, and how to integrate these cultural perspectives into a rehabilitation/recovery plan. Alternatives identified by service providers are offered as supplementary or educational, rather than compulsory.

Principle 9: Psychiatric rehabilitation practitioners provide interventions that are culturally syntonetic, and accommodate culturally determined strengths, needs, beliefs, values, traditions, and behaviors.

Principle 10: Psychiatric rehabilitation practitioners are responsible for actively promoting positive inter-group relations, particularly between the people who attend their programs and with the larger community.

<http://www.psychrehabassociation.org/sites/default/files/images/PRA%20Multicultural%20Principles%20FINAL.pdf>