

## **Specialized Competencies Required for Post-doctoral Specialization in Serious Mental Illness (SMI) Psychology**

In addition to the important foundational and functional competencies required in doctoral level training, post-doctoral training programs in SMI Psychology should ensure that residents develop competence in the following competencies. This is acquired via a Major Area of Study in SMI Psychology that leads to Specialization via specialized didactic and experiential training that builds on and extends basic preparation in health service psychology.

The specialized training needed to develop competence to treat persons with SMI/SED builds on, and expands doctoral level foundational and functional competencies, and includes:

Integration of science and practice related to work with persons with SMI/SED

Ethical and legal standards, both generally related to the practice of psychology and specifically related to practice with persons who have SMI/SED

Awareness of and respect for all manifestations of individual and cultural diversity

Additional assessment methods that assess strengths and functional capability rather than solely symptomatology and deficits

Evidence-based and promising practices designed specifically for this population

Interventions modified and found to be effective with people in this population within the forensic mental health system

Consultation for staff, family members, and organizations working with persons with SMI/SED

Supervision for psychology and non-psychology trainees and staff

Research methods adapted for populations such as this

Continuing professional development, and

Advocacy and systems transformation methods specific to mental health systems that serve this population.

These are the major areas of specialized training needed by psychologists to work with individuals with SMI/SED. While post-doctoral Specialty programs could not include in-depth training in all of these, post-doctoral residents should receive exposure to all of these domains and more intensive experience and training in as many as possible. Where appropriate, each of the following competency lists is broken into those that are required and those that training programs should make every effort in which to provide training. A broad, general descriptive narrative follows the heading of each:

## **Integration of Science and Practice**

### *Competence and Expected Outcomes in Integration of Science and Practice*

Competent practice with persons with SMI/SED requires an ability to locate, critically evaluate, and use the scientific and practice literature that provides guidance for clinical and research endeavors for the population of persons with SMI/SED.

#### Required

- Residents demonstrate the ability to locate, cite, and use scientific evidence related to SMI/SED to support professional activities in clinical and research settings
- Residents are able to incorporate knowledge into their practice with persons with SMI/SED in clinical and research settings
- Residents demonstrate the ability to recognize strengths and limitations in the scientific and practice literature about persons with SMI/SED

## **Ethical and Legal Standards**

### *Competence and Expected Outcomes Related to Ethical and Legal Standards*

SMI Psychologists often must confer with members of the legal and criminal justice system, as well as those who help individuals access resources such as social security disability payments, housing vouchers, appropriate health services, etc. With the growing emphasis on integrating behavioral and physical health services and the high rates of health problems and early mortality in adults diagnosed with schizophrenia and bipolar illness, SMI Psychologists often collaborate with internists and general medical practitioners who are managing the medical care of individuals diagnosed with SMI/SED. Thus, recognition of boundary issues and the legal and ethical practices of psychology and related health disciplines is important for work with this population.

#### Required

- Residents demonstrate good knowledge of and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct in all professional endeavors (e.g., assessment, intervention, research, consultation, communication, teaching, supervision, etc.)
- Residents demonstrate knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
- Residents demonstrate knowledge related to issues of competency, capacity, and ability to provide informed consent for both research and for clinical practice

- Residents demonstrate the ability to balance the need for competent decision making with self-autonomy in light of risks to self and others
- Residents demonstrate knowledge of the emergent literature on the dangers of seclusion and restraint and ability to determine if, when, and under what circumstances such procedures can be used

### Highly Desired

- Residents demonstrate ability to identify barriers (psychological, legal, financial, etc.) to community re-integration after hospitalization, jail, or residential placement
- Residents demonstrate knowledge of and respect for individuals' legal rights and are willing to provide information to help individuals exercise such rights as registering for and voting, obtaining housing of one's choice, and participating in community social events and services

### **Individual and Cultural Diversity**

#### *Competence and Expected Outcomes in Individual and Cultural Diversity*

Understanding of and respect for diversity are crucial for faculty, staff and residents and must be demonstrated toward those with SMI/SED, their family members and support systems and in a manner that reflects psychology's ethical principles and professional standards. Competence in individual and cultural diversity is especially important when working with the SMI/SED population given the wide ranging symptoms and functional deficits that typically accompany an SMI/SED diagnosis and the complexity of the social and cultural impact on the genesis, maintenance and amelioration of those symptoms. Interpretation of hallucinations, response to psychotic symptoms, and taking action on delusional thinking are all shaped by cultural influences and experts in the field have agreed for years that cultural context colors the experience of illnesses such as schizophrenia. This includes utilizing assessment and intervention methods based on knowledge of the full range of diversity-related characteristics including recognition of the importance of environmental, social, health disparity, and developmental factors that may account for illness and functioning in persons with SMI/SED.

### Required

- Residents demonstrate recognition of the human worth of people with SMI/SED and the importance of their integration into the society at large
- Residents are able to describe barriers faced by individuals with SMI/SED and the prejudices and discrimination that they may experience along with recognition of the impact of such prejudice and discrimination on persons with SMI/SED

- Residents demonstrate ability to articulate conceptualizations of diversity factors that influence clients of all ages, ethnicities, races, cultural backgrounds, genders, gender identities, religions, socioeconomic strata, and other potential diversity factors, and integrate these into clinical care
- Residents demonstrate ability to provide clinical, research, and education services that are culturally centered, i.e., guided by a conceptualization of behavior as influenced by culture and life experiences

### Highly Desired

- Residents demonstrate understanding of issues of social justice and equity as they affect persons with SMI/SED

### **Assessment**

#### *Competence and Expected Educational Outcomes in Strengths-Based and Functional Assessment Skills:*

Comprehensive assessment is essential to any recovery service plan. Residents should be able to appropriately assess, evaluate and then develop practical interventions for individuals with severe and persistent mental illnesses, including those with complicated mental, substance abuse, and medical co-morbidities, often with histories of trauma. Residents should achieve competence in conducting a cultural formulation interview; the DSM-5 Cultural Formulation Interview (American Psychiatric Association, 2013) is recommended for use in training programs in this Specialty.

### Required

- Residents demonstrate comprehensive knowledge of strengths based and functional capability assessments, subjective perceptions of recovery and quality of life, and ability to conduct assessments using these specialized measures
- Residents demonstrate the ability to utilize standardized assessments in ways that may require modification in light of the fact that these assessments were not developed or normed using persons with SMI/SED
- Residents are able to conduct an assessment of an individual's readiness and desire for PSR interventions
- Residents are able to conduct an assessment of resources available to the individual and the person's ability to utilize those resources

- Residents demonstrate ability to assess and address positive and negative symptoms using measures such as the Scale for the Assessment of Positive Symptoms (SAPS) and Scale for the Assessment of Negative Symptoms (SANS)
- Residents are able to recognize psychosis and thought disorder and understand in depth the nuances of each condition considered within the purview of SMI/SED
- Residents demonstrate ability to recognize and screen for potential cognitive deficits that are core areas of dysfunction for people with SMI/SED including processing speed, verbal memory, and attention
- Residents demonstrate ability to assess for the potential risk for suicide and violence to self or others
- Residents demonstrate knowledge of medication side effects especially those specific to psychotropic medications and ability to assess for medication adherence and barriers to adherence
- Residents are able to recognize the level of capacity and competence of an individual with SMI/SED in order to make appropriate recommendations regarding interventions or to refer to appropriate Specialty services including those provided by other disciplines
- Residents demonstrate ability to assess capacity to provide informed consent for treatment

#### Highly Desired

- Residents are able to recognize and screen for social deficits that often accompany these disorders
- Residents demonstrate ability to recognize the limitations posed by cognitive impairments and the potential for lessened insight and, as needed, ability to conduct behavioral observational assessments that accurately account for these
- Residents are able to recognize and understand etiology of co-occurring substance use disorders and the importance of trauma in SMI/SED disorders and be competent in differential diagnosis of similarly presenting diagnoses such as PTSD and personality disorders
- Residents demonstrate ability to integrate the intersection of diversity related to age, gender and gender orientation, race, cultural, spiritual/religious beliefs, etc. specifically related to the presentation of symptoms unique to SMI/SED
- Residents demonstrate the capacity to assess family burden in caregivers of individuals diagnosed with an SMI/SED

- Residents demonstrate ability to assess perceived recovery, life satisfaction/quality of life, and self-stigma
- Residents demonstrate ability to assess substance use in the context of serious mental illness
- Residents demonstrate ability to assess trauma exposure and PTSD in the context of serious mental illness

## **Goal Setting and Treatment Planning**

*Competence in Helping Individuals Set Goals and Develop Appropriate Treatment Plans:*

### Required

- Residents demonstrate ability to assist clients identify their values as they develop individualized goals using shared decision making and person centered planning approaches
- Residents demonstrate competence in developing tailored clinical and recovery-oriented interventions that meet the client's identified goals and develop action steps for goal achievement
- Residents are able to recognize when modifications to treatment plans are needed to reflect the needs and values of the client and determine satisfaction of services provided

## **Interventions**

*Competence and Learning Outcomes in Psychosocial Rehabilitation (PSR) Interventions*

By the completion of their training year, residents with a Major Area of Study in SMI Psychology should demonstrate an ability to use appropriate self-disclosure and sharing of case studies/real-world examples to normalize experiences of persons with SMI/SED. Residents should demonstrate skill in applying and adapting evidence-based PSR interventions with SMI/SED individuals. Residents also are expected to manage crisis situations and identify opportunities for transition of services for persons with SMI/SED. Residents are expected to provide appropriate interventions in response to a range of presenting psychosocial problems and treatment concerns and demonstrate the ability to effectively work with diverse populations, interprofessional providers, and various program specialties.

### Required

- Residents display knowledge of the essentials of each of the schizophrenia PORT evidence based and promising practices recommendations (Kreyenbuhl, Buchanan, Dickerson, & Dixon, 2010), and their fidelity criteria where these have been developed
- Residents demonstrate full competence in Cognitive Behavioral Therapy for psychosis (CBTp) and the general practice of Cognitive Behavioral Therapy (CBT) and have thorough

knowledge of differences between CBTp and CBT and demonstrate the ability to competently practice and supervise others in both interventions

- Residents demonstrate full competence in providing social skills training and illness management skills for persons with SMI/SED and demonstrate ability to supervise others
- Residents demonstrate knowledge of Family Intervention/Psychoeducation – fidelity criteria and ability to implement intervention and supervise others
- Residents demonstrate knowledge of PSR interventions for first episode psychosis (FEP) – knowledge of recent research indicating the effectiveness of a set of interventions (RAISE) and are able to implement interventions, participate on teams, and supervise others

### Highly Desired

- Residents demonstrate stigma/self-stigma interventions – knowledge of, and ability to implement interventions to change attitudes and decrease discriminatory behaviors among health providers and the public at large
- Residents demonstrate knowledge of trauma interventions (trauma informed and trauma specific care) – ability to competently implement trauma interventions including CBT for trauma, relapse prevention for alcohol and drug use, stress inoculation training for PTSD and other components of trauma specific care
- Residents demonstrate suicide prevention – ability to recognize when individuals may be at risk and provide high levels of support, refer for appropriate intervention and provide treatment for depression to mitigate hopelessness and other risk factors
- Residents can utilize Assertive Community Treatment (ACT) – and display knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
- Residents are able to implement Supported Employment (SE) – and be able to adhere to fidelity criteria and ability to implement intervention, participate on team, and supervise others
- Residents demonstrate knowledge of social learning programs (Token Economy) interventions and, appropriate use, ability to implement and train and supervise others
- Residents are able to implement Integrated Dual Diagnosis Treatment (IDDT)/Co-occurring disorders treatment – and demonstrate knowledge of fidelity criteria and participate on team, and supervise others
- Residents demonstrate knowledge of weight management approaches and smoking cessation approaches – and are able to competently implement appropriate interventions and supervise others

- ☐ Residents demonstrate knowledge of illness self-management including Wellness Recovery Action Planning (WRAP) and behavioral tailoring for medication – and how to implement and supervise others
- ☐ Residents are knowledgeable about peer support/peer delivered services – including the latest research, and are able to implement and supervise peers
- ☐ Residents demonstrate violence prevention – ability to recognize when individuals may be at risk and refer for appropriate intervention while providing high levels of support
- ☐ Residents demonstrate interventions to decrease homelessness – ability to provide a comprehensive array of services designed to facilitate supported housing, e.g., trauma informed care, relapse prevention for substance abuse, and other supports to maintain housing
- ☐ Residents demonstrate supported education knowledge of interventions to help individuals achieve their educational goals
- ☐ Residents demonstrate motivational interviewing (MI) for those with SMI/SED – ability to competently implement motivational interviewing as appropriate and to supervise others in practice

### Highly Desired

*Specialized Interventions for Forensic/Criminal Justice Populations with SMI/SED - including knowledge of the factors that impact on success of interventions for forensic and criminal justice populations with SMI/SED:*

- ☐ Forensic Assertive Community Treatment (FACT) – Residents demonstrate the ability to implement intervention, participate on team, and supervise others
- ☐ Residents are able to competently provide specialized CBTp and CBT services for persons with SMI/SED in criminal justice/forensic settings and to supervise others in practice
- ☐ IDDT/Co-occurring disorders treatment for those in criminal justice/forensic settings – Residents demonstrate knowledge of the specialized needs of people with SMI/SED in these settings, ability to provide integrated mental health and substance use services targeted to the population, and supervise others in practice
- ☐ Trauma interventions for those in criminal justice/forensic settings (trauma informed and trauma specific care) – Residents demonstrate recognition of trauma as the norm for those with SMI/SED in the forensic and criminal justice systems, ability to competently provide trauma specific interventions including CBT for trauma, relapse prevention for alcohol and drug use, stress inoculation training for PTSD and other components of trauma specific care, including services for those at highest risk and to supervise others in provision of services

- Residents able to implement comprehensive supported housing interventions for those in criminal justice/forensic settings to assure supported housing is available for individuals being released into the community
- Transition planning and follow-up for criminal justice/forensic settings – Residents demonstrate understanding of the critical nature of this intervention and ability to implement adequate and appropriate transition planning and follow up for individuals being released into the community

### Highly Desired

*Specialized Interventions for People with Bipolar Disorder - in addition to demonstrating competence with the above interventions for people with SMI/SED (several of which are also recommended specifically for this population), residents should:*

- Residents demonstrate an ability to competently provide Interpersonal and Social Rhythm Therapy (IPSRT) and Family Focused Treatment (FFT) for bipolar disorder and to supervise others in practice
- Residents understand the potential of Dialectical Behavior Therapy (DBT) and Mindfulness Based Cognitive Therapy, which may also be helpful for individuals with bipolar disorder and personality disorders

### **Consultation**

*Competence in Consultation Skills When Working with the SMI Population:*

Within the bounds of confidentiality and privacy, residents must demonstrate the ability to listen, understand, communicate, and display excellent rapport with relevant stakeholders including: the person served, family members, relevant community members, other healthcare providers within and outside of the system, and partnering agencies. The resident is expected to exhibit comfort and proficiency in providing effective consultation and feedback to the person served, family members, clinical programs, interprofessional staff and community partners.

### Required

- Residents demonstrate ability to educate and consult with families about their family member's illness and the role of family in treatment
- Residents are able to apply specialized knowledge and expertise concerning SMI/SED symptomatology and diagnosis to problems that arise in professional settings
- Residents demonstrate comprehensive knowledge of psychosocial functioning and recovery and ability to describe this to team members, other colleagues, and members of the public

- Residents demonstrate ability to integrate all information into a case formulation that presents an opportunity for use of PSR interventions designed to promote recovery and attainment of the goals articulated by each person
- Residents demonstrate ability to work with staff in specialized facilities such as supported housing, etc. to help them recognize and respond appropriately to symptoms and problem behaviors to help individuals with SMI/SED thrive in the community
- Residents demonstrate ability to educate, train, and supervise staff at all levels of training, from front-line behavioral health staff through to highly trained staff and managers/administrators, in the recovery paradigm, PSR interventions, and best ways to help people with SMI/SED manage symptoms, set and achieve goals for themselves, and access resources available to them. Some examples of potential issues and difficult behaviors include limit setting, stigma, empathy, delusions/hallucinations, and crisis intervention

### Highly Desired

- Residents demonstrate knowledge of resources to help with access to care (e.g., family members trying to get members into care and navigate a complex healthcare system)
- Residents are able to educate and train staff in facilities and on specialized units for youth, young adults, and older persons where knowledge and expertise is lacking about behavioral health particularly SMI/SED.
- Residents are able to competently work with an interprofessional team and present information about persons with SMI/SED so that team members can understand and learn from the presentation
- Residents are able to integrate the knowledge, values, and attitudes critical for successful work with people with SMI/SED into interprofessional team settings to facilitate shared decision making

### **Management/Administration**

#### *Competence in Understanding Organizational and Systemic Dynamics:*

By the completion of their training, residents should demonstrate an advanced level of knowledge of the various healthcare systems in which they have operated and have a broader understanding of health and mental healthcare systems both nationally and to some extent globally. They should show awareness of and sensitivity to systemic issues that impact the delivery of services to persons with SMI/SED. They should demonstrate a good understanding of organizational dynamics as well as systemic issues within programs, effectively functioning within various institutional contexts and appreciating how such forces impact and influence clinical care, especially for persons with SMI/SED.

## Required

- Residents demonstrate knowledge of the complexity of systems change issues, an ability to promote resiliency as resistance is encountered, and to effect change in systems in which they work
- Residents demonstrate knowledge of needed systems of care and a recovery orientation for persons with SMI/SED and the importance of integration and interprofessional cooperation
- Residents demonstrate familiarity with reimbursement structures and with PSR services that are not funded or are partially funded and ability to secure funding for needed specialized services
- Residents demonstrate knowledge of Commission on Accreditation of Rehabilitation Facilities (CARF) and Joint Commission and Centers for Medicare and Medicaid Services (CMS) requirements for accreditation and ability to implement policies and procedures needed to secure and maintain accreditation
- Residents demonstrate knowledge of the Americans with Disabilities Act and its amendments and application to those with SMI/SED
- Residents demonstrate knowledge of implementation and dissemination challenges and opportunities of EBPs for those with SMI/SED and the challenges of this in multiple, complex, uncoordinated settings
- Residents demonstrate recognition of the importance of conducting program evaluation and/or quality improvement studies and ability to convince management and team members of this

## Highly Desired

- Residents demonstrate ability to develop comprehensive programs across the full continuum of care that incorporates needed interventions such as supported employment and other interventions specifically developed for this population
- Based on comprehensive knowledge of PSR assessments and interventions residents are able to impart knowledge about these and promote cooperation and implementation within teams and the overall system

## **Supervision/Teaching**

### *Competence in Teaching and Supervision Skills:*

By the completion of the training year, residents should demonstrate the ability to give presentations in a formal didactic setting, develop mentoring skills for working with small

groups and/or one to one to teach skills, communicate knowledge, and provide feedback to those they serve, their support networks, other professionals, trainees, para-professionals, and/or community partnering agencies. Residents demonstrate capability to competently supervise trainees in the full range of clinical activities, including use of fidelity measures where these exist. When providing supervision and teaching, residents should demonstrate sensitivity to ethical, legal, and cultural issues and demonstrate ability to teach the principles and practices of PSR.

### Required

- Residents are able to assist supervisees and team members in the management of difficult behaviors that may be exhibited by persons with SMI/SED
- Residents demonstrate capability to competently supervise trainees in the full range of clinical activities, including psychosocial assessments, interventions and use of fidelity measures where these exist
- Residents demonstrate ability to impart knowledge and help others develop an understanding of, and ability to convey the importance of hope, respect, positive regard, and acceptance of person's goals, wishes, and preferences in the development of the therapeutic relationship (which is key and sometimes difficult to form) and to supervise others in their development of these factors
- Residents demonstrate ability to impart an understanding of the pace and non-linear process for recovery and ability to develop positive expectations for the person's progress, recognizing the importance of incremental improvements and shaping in goal setting and recovery despite the combination of social, functional, and cognitive impairments that are commonly observed
- Residents are able to impart knowledge of the phenomenology of the disorders of SMI (e.g., auditory hallucinations, negative symptoms such as diminutions of basic drives, conceptual disorganization, etc.)
- Residents demonstrate ability to supervise effective goal setting with persons with SMI/SED that is often different in quality (i.e., level of difficulty) and outcome (i.e., type of goals set) than those without SMI/SED
- Residents are able to promote self-reflection and self-examination of fear, stereotypes, pre-conceptualizations of, and biases toward people with SMI/SED including stigma and self-efficacy
- Residents demonstrate ability to teach and supervise trainees about appropriate boundaries and differences in working with this population

### Highly Desired

- Residents demonstrate ability to use feedback from live or recorded sessions to understand the often complex nuances of work with persons with SMI/SED
- Residents are able to provide education, training, and supervision for a range of other mental health providers (e.g., psychiatrists, peers, nurses, social workers, pharmacists, occupational therapists)

### **Research and Evaluation**

#### *Competence in Scholarly Inquiry and Application of Theoretical and Scientific Knowledge to Practice with the SMI Population:*

Residents participate in scholarly inquiry, and apply theoretical and scientific knowledge to work with persons with SMI/SED. They are expected to engage in their own scholarly endeavors which may include research, grant proposal writing, as well as program development, implementation, and evaluation.

### Required

- Residents demonstrate awareness of current literature, and have the ability to search relevant literature that is applicable to the SMI/SED population and evaluate it
- Residents recognize the importance of incorporating persons with lived experience of SMI/SED into all aspects of research and evaluation from conception to completion and publication. This includes formulation of hypotheses, study questions and design, determination of statistical methods, participants to be recruited, etc.
- Residents demonstrate full recognition and understanding of the needs of vulnerable populations vis a vis their participation in research efforts, including but not limited to their ability to provide informed consent
- Residents demonstrate recognition of importance and ability to incorporate family members and first degree relatives into designs (research provides insight into how the illness manifests in individuals vs. family members looking at the phenotypes in individual and family)
- Residents demonstrate up to date knowledge of the latest assessments and interventions for this population and use this to guide evaluation and research efforts.
- Residents are able to utilize research/evaluation knowledge to adapt/modify assessments and interventions that have excluded persons with SMI/SED and to do so appropriately recognizing when fidelity to the original practice is essential

- Residents are able to identify appropriate outcomes for program evaluation efforts due to the broad nature of quality of life, psychosocial functioning, involvement of multiple stakeholders, and recovery in work with persons with SMI/SED
- Residents are able to inform and educate IRBs about the type of intervention research common with SMI/SED populations such as PSR interventions

### Highly Desired

- Residents demonstrate understanding of the unique needs of persons with SMI/SED vis a vis study design and, for those conducting research, ability to apply this knowledge to prevent/minimize drop out as typically this is different for persons with SMI/SED 1) drop outs tend to be doing worse and 2), severe economic disadvantages impact people with SMI/SED disproportionately 3), follow up studies need to include more time (>1 year) due to the nature of the illness
- Residents demonstrate knowledge of mixed methods research designs and other methods that are best suited to the environments and situations of persons with SMI/SED and to seek consultation from experts as needed
- Residents demonstrate familiarity with and ability to use single case designs (disorders may be persistent over time and multiple baselines provide a clearer picture of the impact of different treatment components and their helpfulness to individuals) and to seek consultation from experts as needed
- Residents demonstrate knowledge of and, where appropriate, ability to conduct multifactorial designs of programs with SMI/SED populations; understanding of the importance of controls for non-specific factors and to seek consultation from experts as needed
- Residents demonstrate ability to collaborate with other disciplines (e.g., psychiatry, rehabilitation services, nursing, occupational therapy, etc.) on research projects

### **Continuing Professional Development**

*Competence in Recognizing the Importance of, and in Participating in On-going Professional Development that Leads to Life Long Learning:*

### Required

- Residents demonstrate awareness of personal biases, assumptions, stereotypes, and potential discomfort in working with persons with SMI/SED, their families and supporting team members, particularly those of backgrounds divergent from the psychologist
- Residents are open and responsive to feedback and supervision

- Residents affiliate with professional organizations whose mission it is to advance knowledge and practice in PSR theory and practice
- Residents demonstrate knowledge and understanding of the APA *Recovery to Practice Curriculum*, the NICE *Clinical Practice Guidelines* and other professional practice and research materials necessary to remain current with the Specialty
- Residents engage in continuing education and life-long learning activities to strengthen existing competencies and add new competencies in the assessment and treatment of individuals with SMI/SED

### **Advocacy and Public Interest**

*Competence in Working for Adequate, Appropriate and Equitable Systems of Care for Persons with SMI/SED:*

Residents should demonstrate an understanding of, and appreciation for, the impact that stigma, self-stigma, discrimination, and social and community exclusion have on persons with disabilities and impairments of all kinds, especially those with SMI/SED. Residents should be prepared to work on behalf of, and together with clients, their families and friends to encourage, promote, and assist persons with SMI/SED to develop social networks, access appropriate health/mental health care, access needed social services, and fully participate in their communities.

#### Required

- Residents are able to create opportunities for people with SMI/SED to meet and interact with others with and without SMI/SED, build social capital, promote community wellbeing, overcome social isolation, increase social connectedness and address social exclusion
- Residents demonstrate knowledge of community resources and ability to reach out to these as a means of expanding access to services for people with SMI/SED
- Residents demonstrate knowledge of laws that affect individuals with SMI/SED negatively and may lead to human rights violations (e.g., laws about competency restoration process, not guilty by reason of insanity, etc.)