# Psychoeducation in Quebec: An Overview of the Subject's Adaptive and Therapeutic Process

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#### **Abstract**

This is the last in a series of three articles on Quebec psychoeducation. While the first article introduced the historical and theoretical foundations of psychoeducation as a university discipline in Quebec, the second presented the Psychoeducative Intervention Method. This final article broaches the concept of psycho-social adaptation, with reference to the subject's adaptive process as a result of having learned skills within the context of a shared psychoeducational experience. This third article also further examines the *Utilizing of experiences for therapeutic purposes*, a fundamental professional process in the field of psychoeducation. The aim herein is to consolidate the many concepts presented in the previous articles and facilitate the reader's understanding of how they all come together and are activated by the psychoeducator in a treatment context by means of a highly-specialized therapeutic activity.

Psicoeducazione in Quebec: una panoramica del processo adattivo e terapeutico del soggetto

Questo è l'ultimo di una serie di tre articoli sulla psicoeducazione in Quebec. Mentre il primo articolo introdotto i fondamenti storici e teorici della psicoeducazione come una disciplina universitaria in Quebec, il secondo ha presentato il metodo di intervento Psychoeducative. Questo ultimo articolo affronta il concetto di adattamento psico-sociale, con riferimento al processo di adattamento del soggetto come risultato di avere abilità apprese nel contesto di un'esperienza condivisa psicoeducazionale. Questo terzo articolo esamina anche ulteriormente l'utilizzazione delle esperienze a scopo terapeutico, un processo fondamentale professionale nel campo della psicoeducazione. L'obiettivo è consolidare i molti concetti presentati negli articoli precedenti e facilitare la comprensione del lettore di come tutti si incontrano e si sono attivati dal psychoeducator in un contesto di trattamento per mezzo di un altamente specializzata attività terapeutica.

**Keywords:** psychoeducation, adaptive and therapeutic process, psycho-social adaptation, utilizing

**Parole chiave:** psicoeducazione, processo adattivo e terapeutico, l'adattamento psico-sociale, utilizzazione

#### Introduction

As the third in a trilogy of articles on psychoeducation, references will be made to the content of the two preceding articles<sup>1</sup>. It is assumed that the reader will have read the first two articles and already acquired a global understanding of the discipline. With the first article having introduced the historical and theoretical foundations (Bégin, Bluteau, Arseneault & Pronovost, 2012), and the second going on to present the methodological aspects (Arseneault, Bégin, Bluteau & Pronovost, 2012), this third article outlines how psychoeducative intervention allows for a learning process to take place and generates change within the subject<sup>2</sup>. It is worth noting that, within this article, the theoretical foundations that apply to the adaptive process are traditionally rooted in epistemology, which is key to properly comprehending more contemporary approaches within the fields of human adaptation and development. This text does not explore such concepts in comprehensive detail, but rather proposes a global overview of the psychoeducational intervention process as it applies to Quebec practitioners.

The adaptive process lies at the very core of the psychoeducator's therapeutic alliance with the subject and exists within the psychoeducational treatment context. This article will show the numerous dimensions that guide clinical practice in the treatment of an individual with adaptation disorders, in laying out and running

carefully-planned re-educational activities for psychoeducative purposes. Understanding these dimensions will facilitate an understanding of the adaptive process itself, which occurs through a dynamic interaction with environmental factors. In short, the article presents the concept of psycho-social adaptation from a disciplinary perspective, the notion of psychoeducative activities, the subject's adaptive process, a psychoeducator's therapeutic alliance with the subject and the *Utilizing* process.

# The object of psychoeducative intervention: psycho-social adaptation within the subject

The overall notion of adaptation is a relatively well-established concept, inherent to a range of disciplines that depend upon theories of human and animal evolution, in fields such as biology, ethology, psychophysiology, psychology and neuroscience. Adaptation refers specifically to a dynamic process of change that occurs in an individual. It must be directly associated with both the acquired and innate capacities of that individual to adjust towards a new state of "adapted" equilibrium when confronted with environmental stress factors (Tarquino & Spitz, 2012). Under this broad definition of adaptation, one studies the various reactions and strategies that come into play when an environment becomes modified. The key concepts studied in the field of human adaptation are those of coping with stress, adaptive strategies and the development of self-regulation processes. Consequently, being so broad a topic and with no single, unequivocal interpretation as a concept, the ambiguity and disparity among the various models of adaptation can lead to limitations in paradigms and raise questions of identity insofar as theoretical disciplines and professional operations are concerned.

The object of study and intervention in the field of psychoeducation is bio-psycho-social adaptation. As stated by the field's forefathers, and reiterated in recent writings, a consensus has emerged which considers the human adaptation process as being central to psychoeducative assessment and intervention (Bleau, 1997; Caron, 2002; Gendreau, 1978, 1984, 2001; Guindon & Rouquès, 1970, 1995; Renou, 2005; Tessier, 1968; Vitaro & Gagnon, 2000). Scientific papers offer several definitions of *adaptation* from different perspectives. The definition advocated by the *Psychoeducative Assessment Guide*<sup>3</sup> (OPPQ, 2010), and adopted in this article, is specific to the psychoeducation discipline and is written as follows:

Adaptation feeds on the premise that humans possess a natural propensity for autonomy and for self-regeneration. Adaptation lies in the fact that an individual, when submitted to multiple stress factors, will attempt to maintain equilibrium and satisfy his or her own needs. [...] Not all individuals are endowed with an equivalent capacity for adaptation, taking factors into considera-

tion such as genetics, individual potential, maturity levels, personal development and environmental resources. [...] The more elaborate a person's repertoire of adaptive behaviours, the more susceptible a person is to react desirably to a state of disequilibrium and the array of stressful events that occur throughout a lifetime. The more favorable the environmental conditions, which Gendreau identified as meso-systems, to a person's development, the greater ease with which a person will adapt (OPPQ, 2010, p. 11).

In this definition of adaptation, there are three inextricable factors to be addressed: a subject, its environment and the interactive dynamic between them. Historically speaking, Tessier (1965) was the first in psychoeducation to perceive adaptive behaviour as being the purpose of observation. He defined adaptation as being a process by which new elements were integrated into an existing reality. This would indicate that any new information sourced from the environment, being information that engenders an adaptive effort, a process of behavioural change and a change in the learning process, is hence viewed as an adaptation to an existing reality. Tessier (1965) also states that *«all methods for assessing individuals that do not* account for the understanding of the subject's global adaptation to a given reality, in addition to being deemed inconclusive, may also lead to serious errors in judgement» (p. 63). It is important to note that a psychoeducator is bound by duty to focus on the desired adaptation rather than on the existing maladapted aspects. To do so, practitioners seek support from various models of adaptation phenomena, intervening with an aim to influence a subject's developmental trajectory and encourage subjects to take more suitable paths (Vitaro & Gagnon, 2000). With such a wide-ranging spectrum of developmental issues occurring among all possible person, the psychoeducator draws upon whichever recognized intervention approaches and theoretical models best apply to the situation at hand. Professionals tend to specialize in specific approaches that apply to their chosen field of practice. A practitioner in the adult mental health field will hence adopt and work with intervention approaches taken from evidence-based, proven practices specific to that clientele group such as, for instance, a cognitive behavioural approach.

# The Subject's Adaptive Process

A subject is considered "active" and engaged in a learning and adaptive process when participating in a treatment activity that, having been mobilized towards a treatment objective, forms part of a broader treatment program. The subject seeks to establish, or in some cases to re-establish, a state of equilibrium in response to what the person is being asked to accomplish. The adaptive process itself was inspired by Piaget's theoretical work and founded on the principles of equilibration and disequilibration adopted by Gendreau (1960). According to Piaget (1964),

learning and cognitive development are defined as a sequence of transformations in thought processes that allow an individual to become better and better adapted to an environment. A certain equilibrium must exist between a subject's potential and the external situational factors in order for the necessary learning and developmental process to lead to the adjustment of the individual's thought processes. Inspired by Piaget's work, Vygotsky (1978) suggests that people play active roles in their own learning and development. He goes on to describe the learning process as resulting from an active form of collaboration that establishes itself between the person and the given environment. With these principles in mind, Vygotsky brought us the concept of the *Zone of Proximal Development (ZPD)* which is defined as a discrepancy existing between an individual's current knowledge and the level that must be achieved in order to access more complex knowledge with the help of one's entourage (Vygotsky, 1978).

# Adapting and Learning: A Process

A subject within a particular environment, when forced to confront a problematic situation, will make efforts to adapt, drawing on all of his or her *potential* (whether innate or acquired and whether organic, psychological or social by nature). An individual's *potential*, when operationalized, is known as schemata<sup>4</sup>. Schemata refer to the repertoire of thoughts, attitudes and emotions that support a subject in action throughout an activity. Schemata allow for subjects to react to situations that arise in their surroundings, to choose a path of action and appropriate behaviours to then best adapt to the context. They provide a foundation upon which to base problem-solving efforts, undertake paths towards possible solutions and ultimately, become adjusted (Renou, 2005).

This repertoire of adaptive behaviours inherent to a subject acts as a valuable indicator for psychoeducators in planning out a sufficiently challenging learning experience. In other words, the learning situation must be sufficiently mobilizing to allow for new, more elaborate and more productive "adaptive behaviours" to develop. Consequently, psychoeducative intervention activities must be planned with precise objectives in mind, with an aim to develop and elaborate upon the existing repertoire of adaptive behaviours within the subject.

# Psychoeducative Intervention: An Ecosystemic and Interactionist Perspective

Since its inception, psychoeducation has been firmly anchored within a systemic conception of intervention practice. Psychoeducative treatment and care hinges upon the interactions that occur between individuals and their surroundings. For over 50 years now, attempts to define such systems have certainly abounded. The concept of «systems theory» and the adjective «systemic» stem from the work of biologist, Ludwig Von Bertalanffy. Systems continually share information with the

setting in which they occur in order to maintain or enhance their own complex operating structures (Bertalanffy, 1968). The external environment impacts the organization of intervention contexts in that it contributes to generating a higher state of equilibrium, herein fulfilling the entire purpose of intervention. Through such actions, a practitioner intends for system dynamics to lead the subject to appropriate or adopt their own set of objectives. From Gendreau's viewpoint (2001), by organizing and laying out the physical setting, the psychoeducator also lays out conditions for the learning environment to ensure approaches are maximally adapted to the subject, in turn allowing such individuals to activate their strengths and skills. The proper organization of a psychoeducative act requires an interest in a subject and in his surroundings from a holistic viewpoint. In support of this point, Guindon (1998) states that *spsychoeducative clinical practice requires a systemic conceptualization of an individual's epigenetic development combined with the socio-genetic evolution of the environment. These two factors act in considerable dynamic synergy with each other»* (p. 194).

To encourage the development of new adaptive behaviours, it is of the utmost importance to properly grasp and assess a subject's personal adaptive potential (PAP). The PAP refers to a subject's developmental levels and the means at someone's disposal to satisfy one's own needs and to confront the realities of the outside world. The PAP also encompasses the subject's capacity to dearn how to learn», in other words, to independently generate the means to adjust. The PAP partially stems from the subject's prior life experiences (Renou, 2005). To summarize, the PAP embodies the subject's overall behavioural repertoire which is drawn upon by the psychoeducator in proposing new educative experiences.

The specific characteristics inherent to the learning situation that has been proposed to the subject in order to produce new behaviours is called the Experiential Learning Potential (*ELP*) within the setting. The *ELP* refers to the opportunities furnished by an individual's entourage and surroundings to help learn, evolve and change (Gendreau, 2001; Renou, 2005). The *ELP* must hence comprise psychoeducative challenges, formulated into precise objectives and delivered by means of a psychoeducative activity. Any "gap" capable of inciting the use or further development of adaptive behaviours in the treatment of a maladjusted or atrisk individual is considered to be a psychoeducative challenge. Such challenges must be framed with specific and satisfactory organizational conditions as part of the treatment process (Gendreau, 2001; Renou, 2005).

A psychoeducative challenge is generated through an educational activity, organized in accordance with the thirteen components of the Structural Psychoeducative Model, as explained in the second article (Arseneault, Bégin, Bluteau & Pronovost, 2012). "Challenge" is characterized by certain factors that mobilize schemata (by calling upon existing knowledge base and familiar experiences). The challenge must be clearly stated, presented as a sequential series of actions, be

meaningful and handled in such as way as to elicit the subject's active participation in problem solving. Challenge must also extend across a sufficient time period for a gradual learning experience to take place as the subject embraces it. Lastly, for a learning situation to be deemed as sufficiently mobilizing, there needs to be some form of dialogue between the learning situation and one, or several, of the subject's schemata. This has come to be known as the level of appropriateness of the interactive dynamic between the PAP and the ELP.

# Level of Appropriateness

Level of appropriateness refers to a measuring of the gap perceived between the *PAP* and the *ELP* and which likely leads to a subject's state of equilibrium or disequilibrium. It is the quality of the relationship between the *PAP* and the *ELP* that ultimately determines the level of appropriateness (Renou, 2005). A desirable gap would engender a stimulating level of challenge and give rise to a desired path of action undertaken by the subject in their effort to adjust. Too wide a gap would potentially lead to failure, or inhibit the taking of action, whereas too narrow a gap would not generate any adaptive effort whatsoever on the part of the subject, leading to no learning process or behavioural modification being initiated. It is worth noting that the level of appropriateness of the gap between the *PAP* and the *ELP* correlates to the gap between the challenge inherent to the current learning situation and the most recent adaptive skill successfully acquired by the subject.

As shown in Figure 1, the level of appropriateness of the subject's adaptive process and of interactions between the *PAP* and the *ELP* is determined via two forms of equilibrium and two forms of disequilibrium (Renou, 2005). The level of appropriateness determines how suitable the challenge will prove, and therefore its ability to mobilize the subject and foster learning. It is influenced by a *static* or *dynamic equilibrium* or, conversely, by an *inhibiting* or *dynamic disequilibrium* (Gendreau, 2001; Renou, 2005, p. 141).

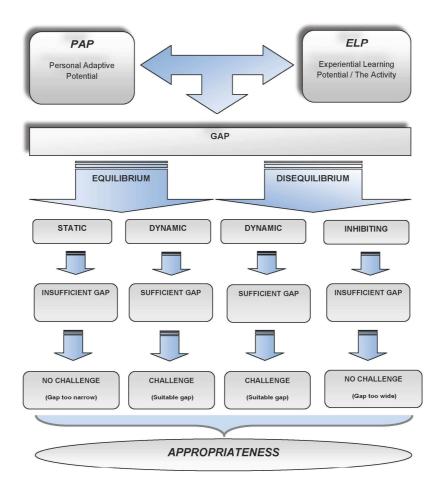
**Static equilibrium**. Refers to a situation wherein the subject easily closes the "gap" and fulfils all challenges presented by the situation as they correspond with the subject's existing schemata and adaptive behaviours. Consequently, the level of challenge is not great enough to induce an adaptive effort or any progress on the part of the subject. Herein, the subject neither progresses, nor learns, nor acquires new skills.

**Dynamic equilibrium**. Occurs when the learning situation optimally coincides with the subject's personal adaptive potential (*PAP*). A significant "gap" maximizes the subject's potential for adaptation. Being sufficiently new or different, the situation mobilizes the subject into adaptation and learning efforts, herein calling upon an existing behavioural repertoire to produce new, more elaborate and more effective behaviours.

**Dynamic disequilibrium**. Refers to a partial connection between the subject's adaptive potential (*PAP*) and the experiential learning potential (*ELP*). The "gap" could be deemed too great, jeopardizing the level of appropriateness. The unfamiliar territory certainly leads the subject to build new schemata in order to maintain equilibrium. This form of disequilibrium may, however, be unsuitable, causing the subject to fall back on previously-acquired skills in order to progress. Should the subject's existing adaptative repertoire prove insufficient in maintaining equilibrium, he will fall into disequilibrium, at which point the psychoeducator must reassess the level of appropriateness.

**Inhibiting disequilibrium.** Forms when the personal adaptive potential (*PAP*) and the learning situation (*PEX*) do not correspond. Herein, too wide a "gap" means the subject's behavioural repertoire impedes the ability to handle the challenges put before them. A disequilibrium arises wherein the proposed challenges inhibit the subject and hinder any action. In such a case, no learning takes place.

Figure 1. A schematic representation of adaptive behaviour



# The psychoeducative activity: fostering adaptation

For the psychoeducation practitioner, the psychoeducative activity holds special meaning. The activity symbolically replaces the psychoeducator's «office». The activity provides the context within which to carry out the professional processes, giving rise to a shared psychoeducational experience<sup>5</sup> and then working to develop the subject's adaptive behavioural repertoire. The shared psychoeducational experience lies at the very foundation of any and all educational activities carried out with those in need of treatment. A shared experience becomes a shared *psychoeducational* experience when a structured and planned activity is used to intervene (Gendreau, 2001). Thus, a psychoeducator draws on the everyday interaction that occurs with the person being treated in order to put forth a clinical hypothesis.

All psychoeducative activities are uniquely structured in direct relation to the components that form the structural model, meaning that an activity is seen from an eco-systemic and interactionist perspective. Educational activities have traditionally taken various shapes and forms: sporting or culinary endeavors, art, crafts, manual skills and so on, as well as both individual and group programs. Routine activities also contribute to the shared psychoeducational experience. For instance, routines such as meals, gatherings, doing homework, personal hygiene, and so on, can all be structured to contribute to the program. The term activity encompasses multiple environments, events, acts and meanings, which may be more or less congruent. In Legendre's view (2005), pedagogical activities are defined as an ensemble of acts and steps undertaken « wherein the central purpose is to engender a deliberate effort on the part of the subject in the acquisition and/or development of know-how (knowledge, skills and attitudes) in order to succeed » (p. 11). Legendre also specifies that for an activity to be deemed worthwhile, it must: 1) allow for enlightened choices to be made in its execution and for consequences of such choices to be examined; 2) have the subject take an active role; 3) ask the subject to come up with ideas in resolving cognitive, emotional or social problems; 4) require risks to be taken and, finally, 5) foster the development of skills on a range of levels.

According to Le Blanc (2000), historically, one of the classic hallmarks of psychoeducation is the way in which practitioners organize, run and utilize an educational activity for therapeutic purposes. Renou (2005) states that the design of an activity in itself depends very specifically upon the nature of its objectives and the means it affords. As such, any form of planned psychoeducational treatment, with a set of goals and a means by which to accomplish them, and that generates an interactive dynamic among the various people involved, is entitled to call itself an « activity ». Quebec psychoeducation is founded on the philosophy that each and every moment in an individual's life contains an opportunity to develop the *PAP*. The overall structure of treatment programs, as they are being both planned and delivered, must therefore take this into account (Renou, 2005).

Psychoeducative treatment has two end goals. The first being educative in that it targets evolution within the subject's knowledge base and skill levels. The second being psychoeducational with a focus on clinical and therapeutic aspects (Pronovost, Gagnon & Potvin 2000). An activity acts simply as a pretext and a means by which adaptive behaviours can be cultivated within an educational and therapeutic context. An activity consolidates prior learning, fosters the subject's awareness of his or her own strengths and limitations, and generates new learning. The clinical element of a psychoeducational activity is activated and operationalized by developing a set of effective and productive adaptive behaviours occurring within the context of a shared psychoeducational experience.

# Utilizing: A Professional Practice Specific to Psychoeducators

Utilizing, in the psychoeducative sense which refers to the utilizing of experiences for therapeutic purposes, is introduced in the second article as one of the eight professional processes (Arseneault, Bégin, Bluteau & Pronovost, 2012). This article elaborates on the matter, as it is without a doubt a key operation that distinguishes the psychoeducateur from other social intervention professionals and takes the psychoeducative act to a higher level as a therapeutic process. Utilizing is commonly viewed as a professional act that allows a practitioner to launch a process of introspection, engendering heightened awareness within the subject. Yet it is also crucial to understand how utilizing comes into play with two other key processes - the layout and delivery of treatment activities. More specifically, the utilizing of a past experience may become clinical (or therapeutic) only when it enters into a dialogue with these two other supporting mechanisms, namely how an activity is organized and run (Puskas, 2009).

As originally intended by Gendreau (1978, 1984, 2001), the practice now known as *utilizing* suggests that a psychoeducator generate action in order to increase the person's awareness of the intrinsic and extrinsic realities involved in a given experience (Pronovost, Gagnon & Potvin, 2000). The practice of utilizing aims to heighten the subject's overall awareness, encouraging a mobilization of and modification in behaviours, with the individual gradually evolving towards a greater level of adaptability. The act of utilizing must enhance an individual's capacity to draw connections between his or her own attitudes, behaviours and inner being (Puskas, 2010). One final definition worth retaining follows:

Utilizing is a process wherein a practitioner aims to make use of the experiential content of a real-life event. As a set of interventions, it allows an individual to associate with a variety of internal and external factors operating within an educational situation in order to then adopt any appropriate or potentially appropriate behaviours that may be at his or her disposal, and to bring them

into more widespread use. [...] herein forming a second layer within the shared experience (Gendreau, Cormier, Lemay & Perreault, 1995, p. 323).

This professional process comes to fruition through the Psychoeducational Model which is based on interactionist theory. *Utilizing*, under this definition, is carried out via whichever intervention approach the psychoeducation practitioner designates. As previously mentioned, the designation of an appropriate approach depends heavily on the very specific characteristics of the subject, of the condition being treated, and of the intervention setting. The treatment occurs through a structured therapeutic activity wherein the thirteen psychoeducative components are deemed to be suitably organized (see Article 2. Arseneault, Bégin, Bluteau & Pronovost, 2012) and wherein an interactive dynamic between the PAP and the ELP can be generated/fostered. No matter which form of therapeutic approach has been selected as a means of intervening (behavioural, cognitive behavioural, psychodynamic, systemic and so on.), it is then integrated within the Psychoeducative Intervention Method to support the professional process known as *utilizing*.

#### Conclusion

It should be noted that the intention behind these articles was to introduce a blossoming field and a unique profession to others working in social and community intervention fields elsewhere in the world. It is an attempt to briefly summarize the key elements that particularize Quebec psychoeducators. Naturally, a Quebec psychoeducator interacts with other professionals from psychosocial intervention fields who together share the common goal of enhancing an individual's state of wellbeing. Any given individual suffering from psychosocial (or psychiatric) adaptation issues is likely to be in seek treatment from multiple health and psychosocial services professionals, with each provider basing a professional assessment of the subject on their specific field of study. The psychologist, for instance, is directed towards a subject's psychological capacities while the social worker centres on a subject's social interactivity with society, and a psychoeducator aims assessment and intervention activities towards the subject's psychosocial adaptation within its environment, and this remains true irrespective of the maladaptive issue concerned. The question at hand is not to rule on which is the greater of the professions or the greater of intervention approaches, but rather, in the interest of best serving the person, to explore the complementary and interdisciplinary aspects of each form of expertise. Theoretically, the complementary nature of such professions suggests a clear definition of boundaries between the various fields of expertise would exist. Nonetheless, as is commonly found in practice, it is not an effortless task to differentiate roles, with professionals themselves experiencing confusion at times as to the clarity of who does what, and how. Whilst the Quebec gov-

ernment has recently adopted a law<sup>6</sup> which serves, among other purposes, to better delineate responsibilities and prescribe tasks for each provider of psychosocial and health services, many professionals still find themselves confronted with an identity crisis of sorts.

As a relatively young profession, psychoeducation is subject to the very same identity predicament. For Larouche and Legault (2003), constructing an identity is a two-fold concept; a question of both heritage and of belonging. This series of articles aligns itself with that same mind-set. Larouche and Legault (2003) define heritage as being not only the history, but also the sum total of all formerly acquired knowledge constructs, as well as the commitments undertaken as part of our ancestors' legacy and henceforth inherited by future generations. The authors describe the other facet of identity as belonging, and in particular the extent of belonging, which, within this model of identity, promotes the act of passing the heritage onwards. Heritage comes to face multiple realities and challenges over time, mobilizing a process of appropriation wherein inherited values are affirmed, dismissed or transformed. Despite its young age, Psychoeducation has undergone numerous changes in recent years, greatly benefiting from influences brought in through science and other related disciplines, contributing to its maturity as a field on the path towards establishing identity. Along those very same lines, as authors, we truly hope that these articles mark the beginning of constructive exchanges to come, among professionals practicing in many countries and who share our desire to help those in need.

#### **Notes**

- <sup>1</sup> For the purpose of overall coherency, terms adopted in the second article also apply herein.
- <sup>2</sup> See article 2 for the definition of this term as it pertains to the field of psychoeducation. Briefly, The « Subject » component is the focal point of any re-educative action, being the purpose for which a treatment program is designed. A subject should be viewed as a unique and global individual, in his or her entirety. Given that psychoeducative intervention centres on adaptation within humans who, by their very nature, experience a wide range of maladjustment issues, at any age and in assorted contexts, a psychoeducator should expect to address a wide spectrum of individuals within his or her work. The term «subject» is hence employed herein to designate all those undergoing treatment, for a more global, non-prejudicial perspective.
- <sup>3</sup> Published under the French title *Guide d'évaluation psychoéducative* by the OPPQ industry body.
- <sup>4</sup> Our definition of a schema (pl. schemata) is based on Piaget's work, referring to mental frameworks and the underlying organizational patterns or structures which provide the basis by which one relates to the events one experiences and by which one interacts with the world around.
- <sup>5</sup> A shared psychoeducational experience is exemplified in how the activity leader and/or practitioner engage in the *here* and *now* with the person through their daily lives. (Lemay, 1990; Capul & Lemay, 1996). A shared experience becomes a shared *psychoeducational* experience when a structured and planned activity is used to intervene (Gendreau, 2001).

<sup>6</sup> Bill 21 amended the Professional Code and other legislative provisions in the fields of mental health and human relations and was adopted in 2009 (Quebec Government National Assembly Publication, 2012).

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