

**Competencies for Direct Service Staff Who Work
with Adults with Serious Mental Illness
In Public Mental Health / Managed Care Systems**

Adult Panel of the Managed Care Initiative
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Fifth Revision**

	Page
Overview of Competencies	2
Introduction	3
Method	3
Notes and Appreciations	5
References	19

Overview of Competencies

1. Regards adults with serious mental illness as persons with dignity and competence and engages them as full collaborators in service planning, delivery, and evaluation	6
2. Where relevant, includes family members and caring others in all aspects of service planning, delivery, and evaluation	8
3. Demonstrates current knowledge of issues related to mental illness	9
4. Knows and uses best practices of intervention and support strategies	9
5. Designs, delivers, and documents highly individualized services and supports	12
6. Effectively accesses and employs community resources	13
7. Demonstrates knowledge of legal issues and civil rights relevant to work setting and occupation	14
8. Works collaboratively within and across the service system	15
9. Conducts activities in a professional and ethical manner	16
10. Conducts activities in a culturally competent manner	16
11. Knows methods of evaluation and applies them appropriately to own work	18

Introduction

DEFINITION OF COMPETENCIES: For this project, competencies were defined as attitudes, values, knowledge, and skills needed to deliver quality service to people with serious mental illness in public mental health systems that use some managed behavioral healthcare services. In this document, our focus is on outpatient care, although excellent guidelines/competencies exist for staff providing extended hospital care (21). Our competencies are attributes of an individual rather than a system, and they entail proficiencies that are acquired and developed through study, training, and experience. The level and type of knowledge and skills needed by each service provider may vary according to the particular role that each provider has in the service system.

In most discussions of competencies, values and attitudes are usually implicit rather than explicit. In the current document, they are more visible than usual, largely due to consumers' insight and insistence that they are critical in their treatment and their recovery. A more explicit and detailed examination of values and attitudes will be the topic of a second report of the Adult Panel. It will focus explicitly on articulating and organizing the values needed by service providers and service systems in order to enhance the recovery process.

Competencies are different from practice guidelines and standards of care. Practice guidelines and standards of care specify intervention algorithms, setting requirements, and standardized procedures for treating mental disorders. Of course, these can be a part of the knowledge and skills that providers might need, depending on their roles and placements in their mental health systems. However, at the current time, great variability exists in these documents both among and within the professions, service systems, accrediting bodies, and managed behavioral healthcare companies.

Method

The overall goal of this project was to review standards of care, clinical guidelines, outcome studies, and the views of the various stakeholders in order to identify the core competencies that mental health providers need to deliver effective services to adults with serious mental illness in a managed care environment.

An Adult Panel of 28 experts, who were balanced for areas of expertise and background, provided guidance throughout the process, identified and reviewed literature, and wrote nine of the 20 lists of core competencies that were gathered for this project (24, 25, 26). They also helped develop the final product by writing competency statements and by reviewing the outcomes at all stages of development.

The methodology of this study included bibliographic reviews and evaluation of the literature in 10 major areas (mental health workforce competencies, competencies from six mental health disciplines, consumers' roles and views, families' roles and views, managed behavioral healthcare perspectives, states' viewpoints, the biopsychosocial services literature, practice guidelines, standards of care, and outcome measures and studies). The resulting background documents and references used in this endeavor can be found at WWW.med.upenn.edu/CMHPSR/. See "Adults with SMI Reports" under "Managed Care Consensus."

The 10 areas were condensed into four domains for further critical reviews and implications for provider competencies (ref. 26): (a) standards and guidelines from managed care and states; (b) mental health professions' clinical practice guidelines; (c) outcome studies and outcome measures; and (d) views of consumers, family members, service providers, mental health service researchers, senior personnel in state agencies, managed behavioral healthcare organizations, and views from all of the mental health professions.

(a) Standards and guidelines for clinical care and quality management were gathered from 10 managed behavioral healthcare companies and from state agencies. Several outstanding guidelines in the public domain include Vermont's Preferred Clinical Practices Guide (112), South Carolina's report from their Adult Community Rehabilitation and Support Work Group (98), and the Science Applications International Corporation's (92) standards developed for CHAMPUS. The above were most useful in terms of best practices, qualities of good service programs, and criteria used for a variety of clinical decisions.

(b) Clinical practice guidelines developed by the different professions (4, 5, 6, 7, 26, 33, 49, 68, 79, 91) were generally thoughtfully crafted and offer important information about quality services for mental health service providers. However, they are primarily focused on the services that the particular profession practices and, therefore, they narrow and distort the full range of effective services. A project that has largely avoided this pitfall is the Schizophrenia Patient Outcome Treatment Team Project (58).

(c) A large body of short-term outcome studies (e.g., 35, 57, 88, 93, 102, 114) demonstrates the effectiveness of specific biological interventions and selected psychosocial services. Data from long-term studies (10 years or longer; e.g. 41, 43) provided an empirical foundation for an attitude of reasonable hope for clients with serious mental illness if they are provided with good systems of care. These studies provide a substantive basis for provider competencies and suggest the additional competency of research literacy for mental health providers.

The issue of the content of outcome measures (83, 107) is a critical one in order to fully evaluate acceptable services and mental health systems. The Task Force of CMHS Mental Health Statistics Improvement Program (107) provides a significant corrective to the narrowly focused measurement of symptoms and cost alone. Its consumer-oriented mental health report card provides an operationalization of what an effective consumer-friendly service system might look like and how it might be evaluated.

(d) There are numerous competency documents (e. g., 18, 30, 37, 50, 54, 81, 110; for copies of the nonpublished documents, see 25) by groups within all of the mental health professions, consumer and family organizations, and some state mental health systems. While they all add to our knowledge, each reflects their unique skills and perspectives. Moreover, none of them focus on the competencies needed in the current managed behavioral healthcare environment.

In order to provide a basic working document for a consensus conference, an effort was made to consolidate the information gathered from 20 competency documents.

Two documents stood out as the most comprehensive and the least parochial. They were developed for the mental health systems of Vermont (18) and of South Carolina (98). Five judges then reviewed all of the competencies in the other 18 documents to see if their material could be included within the frameworks of the Vermont and South Carolina statements. Remarkably, most statements from other documents fit easily within their framework. The Vermont document was chosen as the basis for developing the final competency set.

At the consensus conference, seven representatives from the Adult Panel developed a first draft. This draft was sent to all of the Adult Panel members who reviewed and provided extensive feedback on this and three other drafts. New or extensively revised sections were developed for consumers (competency # 1), families (competency #2), legal issues (competency # 7), and cultural competency (# 10). The feedback was then integrated into the final version.

Note 1: This set of competencies is a substantial revision and updating of the “Training Standards for Staff Who Work with Adults with Serious Mental Illnesses in Public Mental Health Services” (18), developed by Laurie Curtis, and published by the Vermont Department of Mental Health and Mental Retardation (1993). We are deeply appreciative of her pioneering work.

Note 2: For ease of reading, we have tried to limit the references for the competencies. The complete references and abstracts can be found in Coursey (24, 25, 26). We have tried to include those references that are the most important, less familiar, or have appeared most recently.

APPRECIATIONS: This document was developed in cooperation with a diverse group of dedicated mental health and managed behavioral healthcare professionals, consumers, and family members who have expertise in delivering services to people with serious mental illness. Their input contributed to and built upon an extensive set of material on adults with severe mental illness and on mental health systems. I would like to thank Denise Aiello, Susan Azrin, Tom Backer, Jean Campbell, Paul Carling, Victoria Conn, Laurie Curtis, Dwight Dickinson, Daniel Fisher, Jeanne Fox, Cynthia Feiden Warsch, Howard Goldman, Charles Goldman, Courtenay Harding, Scott Hinkle, Colanda Howard, Ruth Hughes, Dale Johnson, Catherine Kane, Michael Kelley, Nancy Lane, Susan Lee, Anthony Lehman, Alicia Lucksted, Diane Marsh, Noel Mazade, John McKena, Scot McNary, Robert Miller, Betsy Patullo, Bob Paulson, Charles Ray, Joseph Rogers, LeRoy Spaniol, Kathy Sternbach, Sandra Sundeen, Laura Van Tosh, and Jim Zahniser.

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**Competencies for Direct Service Staff
Who Work with Adults with Serious Mental Illnesses
In Public Mental Health Services**

- 1. Regards adults with serious mental illness as persons with dignity and competence and engages them as full collaborators in service planning, delivery, and evaluation**
 - A. *Uses language and behavior that consistently reflect and enhance the dignity of individuals with mental illness (16)*
 - A.1 Recognizes consumers' abilities and strengths (e.g., 15)
 - A.2 Complements consumers respectfully on their abilities
 - A.3 Listens to consumers and considers what they say to be valid and important
 - A.4 Learns from consumers (e.g., 99, 100):
 - How they understand their illness and life issues (e.g., 16, 89),
 - How they live with and manage their disorders, including their psychotic symptoms, stressors, and coping strategies
 - B. *Fosters client empowerment (16, 20)*
 - B.1 Encourages consumers' independent thinking
 - B.2 Gives consumers freedom to make their own mistakes
 - B.3 Supports choice-making and risk-taking as leading to growth
 - B.4 Avoids controlling behaviors (e.g., 61, 66)
 - B.5 Uses a strength-based model (42)
 - C. *Fosters consumers' recovery (8, 27, 101)*
 - C.1 Believes in the consumers' ability to recover
 - C.2 Fosters a sense of hope
 - C.3 Shifts from a stance of demoralizing pessimism to rational optimism
 - C.4 Helps break the cycle of disempowerment, despair, and learned dependency
 - C.5 Reframes relapses from "failures" to "opportunities to learn"
 - C.6 Knows that recovery is not a linear process, but involves growth and setbacks, periods of rapid and of little change
 - C.7 Uses nonthreatening crisis response techniques
 - D. *Demonstrates holistic understanding of adults with mental illness, including awareness of*
 - D.1 Basic needs for food, shelter, clothing, affiliation, and dignity that are essential if direct mental health services are to be effective (74, 104)
 - D.2 Personal experiences and world view

- H.3 Does not treat consumers as children
- H.4 Educates staff, clients, family members, and the community about the harm caused by stigma and prejudice

2. Where relevant, includes family members and caring others in all aspects of service planning, delivery, and evaluation

- A. *Understands the unique issues facing family members of persons with mental illness*
 - A.1 Understands the experiences, needs, and concerns of family members (56, 81)
 - A.2 Considers the particular issues of parents, spouses, siblings, offspring, and caring others
 - A.3 Identifies the impact of mental illness on family relationships and dynamics that can put family members at psychological and physical risk

- B. *Engages families in the treatment and rehabilitation process*
 - B.1 Approaches families with tolerance, respect, and compassion
 - B.2 Acknowledges the strengths, expertise, and contributions of family members
 - B.3 Communicates effectively with families
 - B.4 Invites and fosters expression of family concerns, needs, and questions
 - B.5 Values family involvement in all phases of treatment and rehabilitation
 - B.6 Educates families (75, 108), and prepares family members to effectively participate in treatment and rehabilitation (1, 2, 3, 71, 76)
 - B.7 Solicits family input and collaboration in service planning and support activities
 - B.8 Provides support and resources as needed to facilitate involvement (e.g., child care, transportation)
 - B.9 Develops strategies for resolving problems related to confidentiality (115)

- C. *Becomes knowledgeable about family support resources and intervention strategies*
 - C.1 Identifies local, regional, statewide, and national family support services, such as NAMI and its affiliates
 - C.2 Makes appropriate referrals to family support resources such as respite care
 - C.3 Acquires information about effective family interventions, including family consultation, family education, family psychoeducation, and counseling or psychotherapy with family members (67)
 - C.4 Provides family interventions or makes appropriate referrals to qualified professionals

- D. *Addresses the expressed needs of individual families (67)*
 - D.1 Conducts a family assessment
 - D.2 Develops an individual family service plan
 - D.3 Provides information about serious mental illness and its treatment
 - D.4 Promotes the development of effective coping skills, including stress management, communication, illness management, wellness maintenance, problem solving, conflict resolution, and assertiveness skills
 - D.5 Assists families in meeting their own immediate and long-term needs for information, skills, support, and services
 - D.6 Addresses the unique needs of parents with serious mental illness who are raising their children and, if needed, provides preventive interventions for their children or provides referral and linkage services

3. Demonstrates current knowledge of issues related to mental illness

- A. *Demonstrates up-to-date knowledge of different characteristics and courses of mental illnesses, as well as risk factors, and how people are affected (111)*
 - A.1 Diagnosis, duration, disability, and recovery processes
 - A.2 Epidemiology, etiology, and the impact of mental illnesses on the patient's life

- B. *Recognizes the unique needs of individuals with mental illness and co-occurring disorders (e.g., substance abuse, developmental disabilities, physical disabilities, personality disorders, trauma, brain injury) (e.g., 19, 48, 72, 77)*
 - B.1 Comprehends diagnostic challenges
 - B.2 Implements appropriate intervention strategies across service system
 - B.3 Conducts outreach and case-finding (e.g., in jails, shelters, etc.)
 - B.4 Understands cultural dynamics related to disabilities

- C. *Knows about societal, cultural, racial, gender, and other issues related to mental illness and its treatment*
 - C.1 Identifies cultural, economic, and social factors affecting the definition and manifestation of mental illness
 - C.2 Identifies the impact of housing and homelessness on mental illness
 - C.3 Recognizes the dynamics of physical and/or psychological and sexual abuse related to mental illness (77)
 - C.4 Recognizes the impact of gender, age, class, sexual orientation, and race on diagnosis, service utilization, and treatment (96)
 - C.5 Knowledgeable about mental illness and violence (77, 103)

4. Knows and uses best practices of intervention and support strategies

- A. *Demonstrates basic communication and other intervention skills*
 - A.1 Uses supportive interpersonal skills (e.g., attending, listening, empathizing, prompting, summarizing, responding to feeling and content, problem solving, using humor, limit-setting, and establishing a safe environment)
 - A.2 Identifies and reinforces individual skills, strengths, resources and preferences
 - A.3 Develops effective strategies for clients to manage their internal and external stressors
 - A.4 Negotiates conflict and mediates differences
 - A.5 Employs non-aversive and non-coercive intervention strategies

- A.6 Uses a variety of strategies and interventions that have been validated for specific problems and diagnoses (12-13). For example:
 - Assertive case management (94, 104)
 - Cognitive and personal therapy for schizophrenia (29, 45, 46, 95)
 - Dialectical behavioral therapy for borderline personality (57-59)
 - Family psychoeducation (1, 2, 3, 11)
 - Interventions for bipolar disorders (11, 38, 71)
 - Interventions for obsessive compulsive disorder (40)
 - Psychiatric rehabilitation (9, 22, 60)
 - Psychotherapies for depression (e.g., 35, 88, 93, 114)
 - Working with groups (51, 95)
- A.7 Knows practice guidelines for the types of patients being treated
- A.8 Knows relevant standards of care

- B. *Teaches both simple and complex skills, including physical, social, cognitive, emotional, and other relevant skills*
 - B.1 Understands the value of consumer choice and therapeutic contracting
 - B.2 Facilitates the client in:
 - Choosing and maintaining housing of choice (84)
 - Choosing and maintaining meaningful work activities
 - Identifying and accessing community resources
 - Building personal support and friendship networks
 - Performing daily living activities (shopping, cooking, banking , etc.)
 - Managing symptoms and using coping skills
 - Relaxing and managing stress (86)
 - Choosing and maintaining recreation, leisure, and social activities
 - If appropriate, supporting spiritual beliefs and activities
 - Developing skills in relationships, sexuality, HIV/AIDS prevention (105)
 - B.3 Uses interventions that have been validated for specific skills, e.g.
 - Achievement groups (31)
 - Cognitive retraining (22)
 - Independent living skills (60)
 - Social skills training (14, 85)
 - Social learning interventions (69, 85)
 - Supported education
 - Vocational rehabilitation (59, 70, 109)
 - B.4 Is attentive to the possible iatrogenic effects of both biological and psychosocial interventions (e.g., the use of coercion in treatment, memory effects in ECT, pharmacological side effects), and avoids/mitigates these effects to the extent possible
 - B.5 Makes periodic systematic reassessments and, if warranted, changes treatment plans

- C. *Knows a variety of program models and their philosophies, including*
 - C.1 Assertive Community Treatment (94, 104)

- C.2 Clubhouse approaches (87)
 - C.3 Supported education and employment approaches
 - C.4 Case management/Assertive Case Management (47, 74, 94)
 - C.5 Consumer-operated alternatives, peer support
 - C.6 Hospitalization and partial care / day treatment models
- D. *Knows about a range of crisis prevention and crisis intervention approaches, including*
- D.1 Components of wellness
 - D.2 Crisis prevention strategies
 - D.3 Crisis planning, guardianship, advanced directives
 - D.4 Risk assessment
 - D.5 Crisis intervention
 - D.5 Hospital alternatives
 - D.6 Hospitalization
 - D.7 Respite services for family caregivers
 - D.8 Emergency room strategies
 - D.9 Assessment for self-care
- E. *Understands the principles of community support, rehabilitation, and managed behavioral healthcare (17, 36, 73, 106)*
- E.1 Understands the basic principles, values, interventions, strengths, and limitations of the medical model, psychiatric rehabilitation, community support programs, and managed behavioral healthcare
 - E.2 Knows empirical bases for specific program models or service approaches
- F. *Knows about psychotropic medications (e.g., 5, 6, 33, 35, 68, 90)*
- F.1 Identifies the primary psychotropic medications, their actions, and side effects
 - F.2 Recognizes and acts on high-risk side effects
 - F.3 Provides accurate and timely information about medications and their side effects to the client and relevant others
 - F.4 Assists clients to understand the benefits and side effects of medications
 - F.5 Uses medication maintenance strategies (52, 53, 55, 113)
 - F.6 Identifies interactions of medicine with other drugs, food, caffeine, tobacco, and illegal substances, and knows appropriate intervention strategies
 - F.7 Recognizes when medication exacerbates medical conditions, and refers appropriately
 - F.8 Recognizes basic medical problems and refers (for nonphysicians); recognizes medical problems and treats or refers (for physicians)
 - F.9 Titrates medication for optimal balance between symptom control versus side effects and optimal expression of emotional, cognitive, and behavioral abilities (for practitioner with prescriptive authority)
 - F.10 Keeps current about new developments in psychotropic medication and other biological interventions

5. Designs, delivers, and documents highly individualized services and supports

- A. *Encourages and facilitates personal growth and development toward recovery and wellness*
 - A.1 Helps clients to develop their vision of a positive personal future
 - A.2 Helps individuals to identify practical strategies for achieving their vision
 - A.3 Reinforces attitudes and behaviors that promote health and wellness
 - A.4 Undoes prior messages of "chronicity"

- B. *Routinely solicits personal goals and preferences*
 - B.1 Helps individuals identify personal preferences
 - B.2 Provides accurate information regarding options
 - B.3 Assists individuals to explore options and consequences of various choices
 - B.4 Facilitates and supports self-advocacy and empowerment

- C. *Designs service plans based on individual needs, choices, and preferences*
 - C.1 Assesses the client's skills and disabilities in order to set goals, focus treatment, and to demonstrate outcomes (10, 12, 13)
 - C.2 Integrates personal choices into service plans
 - C.3 Builds upon personal strengths, resources, and abilities
 - C.4 Helps individual re-evaluate plan success or "fit" over time
 - C.5 Makes changes in plans to accommodate new learning and new preferences
 - C.6 Negotiates differences in choices between staff and consumer and between consumer and others

- D. *Ensures individualized services and supports*
 - D.1 Assists individuals to meet the demands of everyday life
 - D.2 Matches type and intensity of supports and services to individual circumstances and preferences
 - D.3 Adjusts support as needed to meet individual needs and preferences
 - D.4 Advocates for services and resources that meet specific individual needs
 - D.5 Assesses areas of vulnerability (e.g., perceived or actual rejection, exploitation, neglect, or abuse) and assists client with coping strategies
 - D.6 Uses technological advances to support individualized services

- E. *Facilitates and supports natural support networks*
 - E.1 Assists individuals to identify and connect with personal supports
 - E.2 Values and fosters use of peer-support and self-help

- E.3 Where appropriate, helps individuals expand and strengthen or renew family ties and/or other personal support networks
 - E.4 Advocates for social inclusion and community integration
 - E.5 Mediates conflicts effectively within support networks impacting consumers
 - E.6 Recommends personal assistants/companions/aides to foster independent living
- F. *Designs, delivers, and documents services that meet the requirements of state, regulatory, and funding agencies*
- F.1 Knows the requirements of managed care service utilization guidelines and those of other entities that require specific types of interventions and documentation
 - F.2 To the extent possible within professional and ethical guidelines, uses interventions and procedures that also conform to the requirements of payers and other regulatory entities
 - F.3 Knows and provides the appropriate documentation required by the relevant entities in a concise and timely fashion
 - F.4 Works effectively with utilization review personnel to ensure that the client's service needs are met

6. Effectively accesses and employs community resources

- A. *Identifies, develops, and maintains good relationships and linkages with a wide range of community resources, including*
- A.1 Mental health services and medical resources (e.g., primary care, dental, vision, hearing)
 - A.2 Social service organizations
 - A.3 Educational, vocational, social, legal, housing, and transportation resources
 - A.4 Self-help, consumer-run, and advocacy groups
 - A.5 Individual community members
 - A.6 Business, civic organizations, and agencies
 - A.7 Recreation resources
 - A.8 Spiritual/religious resources
 - A.9 Personal caregivers, companions, and personal aides
 - A.10 Where necessary, uses telecommunications
- B. *Knows about entitlement and benefit programs*
- B.1 Knows the full range of entitlement programs (Social Security, vocational rehabilitation, social services, housing subsidy programs, Medicaid, Veterans' Administration, etc.)
 - B.2 Understands both the positive and negative impact of entitlement programs
 - B.3 Works constructively with consumers to restore responsibility and

Autonomy, and to promote self-sufficiency and independence

C. *Integrates community resources and entitlement programs into service planning and delivery*

- C.1 Promotes use of natural supports and community resources
- C.2 Demonstrates awareness of and sensitivity to community concerns and political dynamics

D. *Participates in public education and advocacy*

- D.1 Provides accurate information about mental illness and persons with mental illness
- D.2 Identifies and challenges situations that are stigmatizing and discriminating
- D.3 Advocates for policies and procedures that respect individual rights and dignity
- D.4 Willing to work across disciplines to achieve needed changes

7. Demonstrates knowledge of legal issues and civil rights that are relevant to work setting and occupation

A. *Knows about legal issues applicable to provider's mental health setting*

- A.1 Americans with Disabilities Act
- A.2 Commitment laws and procedures (inpatient and outpatient commitment, grave disability, and relevant patient rights); Tarasoff and the duty to warn
- A.3 Relevant civil laws and court procedures
- A.4 Relevant criminal law and evaluation procedures (competency to stand trial and insanity plea)
- A.5 Reporting requirements, including duty to protect, child abuse, elder abuse, and domestic abuse
- A.6 Advance directives, guardianship, and conservators
- A.7 Competency to make treatment, financial, and placement decisions
- A.8 Informed consent for treatment and research

B. *Knows about individual rights*

- B.1 Confidentiality and privilege, including differences between the two when doing evaluations for the courts or evaluations on patients in correctional settings.
- B.2 Civil rights
- B.3 Patient rights including rights to treatment, to refuse treatment, to privacy, to proper care, and to treatment in least restrictive setting
- B.4 Staff rights
- B.5 Other rights defined by state and local authorities

- C. *Recognizes ethical guidelines and boundaries for community support work*
 - C.1 Works responsibly and flexibly with boundary issues
 - C.2 If unable to resolve the issue in a collegial manner, reports the transgression of ethical or civil rights to appropriate authorities according to standards and procedures of own profession and setting. If patient confidentiality is involved, the reporting needs to be done with the consent of the client. See A.5 for exceptions.

- D. *Knows about and connects individuals to legal and advocacy resources as needed and/or requested*

8. Works collaboratively within and across the service system

(e.g., with other professions, with agency and interagency teams, managed behavioral healthcare organizations, state and county systems, community boards, all in the best interests of the client)

- A. *Demonstrates knowledge of own agency and its place within the mental health care system, including*
 - A.1 Agency mission, goals, and policies
 - A.2 Roles of various professionals within the system
 - A.3 Formal and informal systems
 - A.4 Interagency contractual agreements

- B. *Assists in building positive working relationships within and across the service system (e.g., agency and interagency teams, family members, service recipients, concerned others)*
 - B.1 Coordinates service and support activities with others (107)
 - B.2 Communicates information efficiently and accurately
 - B.3 Solicits, accepts, and provides consultation and feedback
 - B.4 Takes into account the perspectives of various stakeholders
 - B.5 Supports other team members
 - B.6 Contributes to positive partnerships and team morale

- C. *Knows about and skilled in working within a managed behavioral healthcare Framework (73)*

9. Conducts activities in a professional and ethical manner

- A. *Adheres to recognized ethical and other relevant standards*
 - A.1 Observes ethical guidelines, including informed consent, confidentiality, reporting child and elder abuse, duty to warn, dual relationships, and other relevant principles
 - A.2 Evaluates relationships, interventions, programs, and contracts according to ethical standards
 - A.3 Solicits feedback from others on any questionable behavior or intervention
 - A.4 Knows about and conforms to recognized practice guidelines, standards of care, agency policies, and relevant accreditation requirements

- B. *Performs work in a positive manner*
 - B.1 Is aware of personal biases and attitudes
 - B.2 Provides necessary support, mediation, and intervention, regardless of personal biases and attitudes
 - B.3 Demonstrates creativity in work activities
 - B.4 Demonstrates tenacity in work activities
 - B.5 Recognizes one's own level of stress and avoids or remedies burnout
 - B.6 Uses stress management strategies

- C. *Shows commitment to professional development*
 - C.1 Seeks out and uses available learning opportunities, including supervision, in-service training activities, professional and field-related literature, conferences, and other training events
 - C.2 Effectively uses feedback from supervisors, colleagues, consumers, families, and others involved in service planning and delivery
 - C.3 Responsibly practices new skills and uses new knowledge and integrates new learning into daily work activities

- D. *Values accountability and observes appropriate procedures*
 - D.1 Participates in quality assurance activities (e.g., peer review)
 - D.2 Promotes high standards of professionalism in the workplace

10. Conducts activities in a culturally competent manner

- A.. *Understands and values cultural and racial differences, their alternative perspectives on mental illness, help-seeking, and alternative healing practices, as well as lifestyles, goals, family and community life (34)*
 - A.1 Demonstrates basic cultural competency, especially with those minority groups that live within their catchment area

- A.2 Provides culturally competent interventions and models of care that take into account the client's values (e.g., spirituality, community, family) and critical life experiences (e.g. racism, discrimination)
- A.3 When appropriate, works collaboratively with culturally appropriate allies such as traditional healers, priests, local racial/ethnic community based organizations, and other members of the cultural community in all aspects of service delivery

- B. *Able to clearly understand and communicate effectively with the client*
 - B.1 Uses language and communication style that is understandable to the client
 - B.2 Is fluent in the common foreign languages spoken by clients, or
 - B.3 Seeks out culturally competent linguistic support for treatment and interventions, or
 - B.4 Refers to providers who have relevant language skills

- C. *Makes diagnoses that are culturally informed (32)*
 - C.1 Pays particular attention to different levels of physical and medical comorbidities among cultural groups
 - C.2 Able to separate cultural aspects from the person's psychopathology
 - C.3 Integrates culturally relevant information into assessment and treatment records

- D. *Makes assessments that are culturally informed (7)*
 - D.1 Provides evaluations that are culturally and linguistically competent
 - D.2 When needed, seeks input from qualified practitioner trained in ethnic-specific biological, cultural, socioeconomic, and psychological variables
 - D.3 Has specific knowledge concerning norms, biases, and limitations of each assessment instrument used

- E. *Develops treatment plans that are culturally informed (7, 80)*
 - E.1 Writes treatment plans and records that include culturally relevant issues that impact treatment responsiveness and take into account cultural beliefs about health, mental health, and interventions
 - E.2 If not sufficiently knowledgeable about the client's culture and life experiences, seeks the guidance of a culturally competent provider in conjunction with the consumer and family, where appropriate

- F. *Provides culturally competent treatment (7, 81, 82)*
 - F.1 Tailors treatment modalities (e.g. psychoeducation, psychotherapy, rehabilitation, family therapy, specialized group therapy, behavioral approaches, use of traditional healers, and outreach) so that they are culturally acceptable and effective

- F.2 Conducts psychosocial interventions within the context of the value system of consumers and family members (e.g., egalitarian, participatory, family-focused, and spiritually-oriented) and addresses issues specific to their life experiences (e.g., racism, discrimination, violence, gender role conflicts, and life transitions)
- F.3 Provides psychotherapeutic interventions that address psychological issues specific to consumers cultural background (e.g., current and historical trauma, acculturation, intergenerational and gender role distinctions, and life transitions)
- F.4 Knows the differential effects of psychotropic medication on racial groups and the problems of literacy in labeling medication

11. Knows methods of evaluation and applies them appropriately to own work

A. Knows research findings applicable to position

- A.1 Knows and reads relevant research literature
- A.2 Knows basic research methods
- A.3 Able to critically evaluate research
- A.4 Knows relevant research funding sources
- A.5 Applies relevant research to own work

B. Uses evaluation and feedback in own work

- B.1 Systematically evaluates own work
- B.2 Contributes constructively to program evaluation and managed care evaluations
- B.3 Obtains and uses supervisory and collegial feedback, peer reviews
- B.4 Obtains and uses feedback from consumers and family members
- B.5 Knows how to identify and use reliable and valid client and family satisfaction surveys and other evaluation measures (e.g., 83, 107)
- B.6 Where relevant, obtains informed consent and evaluates for diminished capacity to consent

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