Specialty Endorsement
Mental Health
Competencies and Essential Content

About the Development of the Competencies

A workgroup consisting of a broad group of stakeholders in direct care and mental health services and training convened on Tuesday, June 18, 2013, and Wednesday, July 17, 2013, in Des Moines, Iowa. Members received information in advance about mental health and the roles of the direct care workforce to prepare them for the work sessions. The workgroup discussed current policies and regulations related to mental health education and training for direct care professionals in developing necessary competencies in the field.

Target Audience – Direct Care Workers

These are individuals who provide supportive services and care to people experiencing illnesses or disabilities, not including nurses, case managers, or social workers. This definition directly aligns with the definition developed and used by the Iowa Direct Care Worker Task Force and Advisory Council. For the purposes of this project, a direct care worker is an individual who is employed to aid and attend individuals with mental health diagnosis.

Competency Categories

Competencies are defined as the skills, knowledge and approach that a direct care worker must possess and demonstrate to effectively provide care for a person with mental health issues. Mental health education curricula must have learning objectives and related content that address the following competencies:

1. Acceptance
2. Overview of Mental Health
3. Recovery
4. Crisis Assessment, Prevention, and Intervention
5. Collaboration with the person served and their health providers
6. Self-Care for the DCP
7. Medication Management

1. Acceptance

Competency #1: Maintain professional boundaries with persons served.

Competency #2: Demonstrate validation of person's served feelings.
- a. Person first language

Competency #3: Demonstrate listening without judgment through use of verbal and nonverbal cues of acceptance.

Competency #4: Appreciate individual differences in functioning levels within the continuum of mental health.

2. Overview of Mental Health

Competency #5: Discuss the different issues of mental health.
- a. Acute versus chronic
- b. How mental illnesses present themselves among various age groups

c. Trauma-informed care
d. Multi-occurring capabilities

Competency #6: List the major categories of mental health.

a. Schizophrenia, Mood disorders, Personality disorders, Anxiety disorders, Addictions

Competency #7: List the major categories of medications.

a. Mood stabilizers, antipsychotics, stimulants, antianxiety, and antidepressants

3. **Recovery** (provided by NAMI)

Competency #8: Discuss the meaning of "recovery".

a. "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential"
b. Components of recovery:
    i. Emerges from hope
    ii. Is person-driven
    iii. Occurs via many pathways
    iv. Is holistic
    v. Is supported by peers and allies
    vi. Is supported through relationship and social networks
    vii. Is culturally-based and influenced
    viii. Is supported by addressing trauma
    ix. Involves individual, family, and community strengths and responsibility
    x. Is based on respect
c. How mental illnesses present themselves among various age groups
d. Other resources of recovery and wellness
e. Relapse and the signs

4. **Crisis Assessment, Prevention, and Intervention**

Competency #9: Complete a risk assessment.

a. Observe person and environment
b. WRAP/IHH/Individualized crisis plan

Competency #10: Following completion of risk assessment, identify approaches to reduce harm.

Competency #11: Demonstrate effective de-escalation techniques.

a. Effective interactions in communicating with a person in psychiatric crisis
    i. Do - Slow down
    ii. Do - Give them space; don't make them feel trapped
    iii. Do - Speak slowly and softly. Use short, simple sentences
    iv. Do - Avoid sudden or quick movements
    v. Do - Be helpful; respond to basic needs, be low key, "We are all here to help"
    vi. Do - Give firm, clear directions; one person should talk to the subject
    vii. Do - Respond to delusions or hallucinations by talking about the person's feelings rather than what he or she is saying
    viii. Do - Listen to their story
    ix. Do -Explain policy, especially if handcuffed
b. Ineffective interactions to avoid in communicating with a person in psychiatric crisis
    i. Do NOT - Take control if you don't have to
    ii. Do NOT - Argue or reason with psychotic thinking
    iii. Do NOT - Stare at the subject
    iv. Do NOT - Confuse the subject. One person should interest with the subject. Other should keep their distance. Ask casual observers to leave. Follow through with directions or commands

v. Do NOT - Touch the subject unless necessary. For people with mental illnesses it may cause fear and lead to violence
vi. Do NOT - Shout
vii. Do NOT - Give them multiple choices. This can increase the subject's confusion
viii. Do NOT - Whisper, joke, or laugh
ix. Do NOT - Deceive the subject. Dishonesty increases fear and suspicion: the subject will likely remember it in any subsequent contact
x. Do NOT - arrest a person for mentally ill behavior not criminal in nature
xi. Do NOT - Join into behavior related to the person's mental illness
xii. If a person has to be restrained, Do NOT - hogtie. Immediately raise him/her from prone into sitting position, monitor vital signs, and call for medical aid

Competency #12: Locate crisis intervention plan for assigned person served.

5. **Collaboration with the person served and their health providers**

Competency #13: Discuss the role of the DCP in collaborating with the person's served health provider.

a. Define the different health providers (psychiatrist, pharmacist, doctor, etc)

Competency #14: Document the facts related to support of person served in a chronological manner.

a. Who, what, where, when, and how (no why)
b. Using the right key terms that the providers are looking for
c. Breakthrough symptoms, setting events, ABC's
d. Medications
e. Signs of relapse

Competency #15: Develop skill set to observe the environment and the person served in his/her environment

Competency #16: Discuss HIPPA/confidentiality and ethics as it relates to collaboration with health providers of persons served.

Competency #17: Discuss the role of teaching and encourage the person served to self-report information.

6. **Self-Care for the DCP**

Competency #18: Discuss self-care techniques.

a. Compassion fatigue or secondary traumatic stress disorder
b. Know your limits/boundaries
c. Stress reduction techniques

Competency #19: Discuss methods of being an effective team member.

a. Define who your team is
b. What happens when team is ineffective

Competency #20: Discuss self-care when catastrophic events occur.

7. **Medication Management**

Competency #21: Describe the role of medication for persons served with mental health conditions.

a. Person centered medication rights

Competency #22: List common medication classifications and their treatment purpose for mental health conditions.

a. Provide common drug examples of each classification
b. Some medications have a positive atypical response based upon the person's served body chemistry

Competency #23: Discuss common side effects for drug classifications.

a. Potentially less frequently occurring side effects
b. Interaction with over the counter medications and herbals
c. Stressors in person's served life

Competency #24: Define polypharmacy.

a. Lowest effective dose

Competency #25: Identify best practices for collecting data related to medication management.

a. Medication compliance
b. Looking for behavior patterns, not just isolated spikes
c. Medication history
d. How to collect information in a respectful manner

Modes of Delivery

Training may be delivered in a variety of ways, including classroom instruction, audio-visuals, web-based, case study discussion, and other methods. A combination of methods is recommended to enhance accessibility and effectiveness and to allow for different learning styles among direct care workers.

Competency testing

The curriculum must provide information on how direct care workers will be evaluated for competency. Competency testing should include an assessment of knowledge, affective and psychomotor skills and may include such methods as written pre-and post-tests, skills checklists, supervisor observation and/or client response.

Credential earned upon completion of an approved curriculum

Direct care workers will receive a Certificate of Completion issued by the instructor of approved curriculum.

Instructor qualifications

It is preferred that instructors of mental health curriculum have a minimum of two years experience providing care or services for individuals with mental health conditions, professionally or otherwise and/or instructors shall have completed educational coursework on learning or have experience with teaching adults or supervising direct care workers.

Continuing Education

The workgroup recommends direct care professionals with a specialty in mental health receive two hours annually of continuing education that is specific to mental health.

Portability

The Certificate of Completion is valid in all settings in which mental health care is provided and is transferable from one employer to another.

BACKGROUND

Recovery has been identified as a primary goal for behavioral health care. In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of recovery. Prior to this, SAMHSA had separate definitions for recovery from mental disorders and substance use disorders. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

Building on these efforts and in consultation with many stakeholders, SAMHSA has developed a working definition and set of principles for recovery. A standard, unified working definition will help advance recovery opportunities for all Americans, and help to clarify these concepts for peers, families, funders, providers, and others.

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

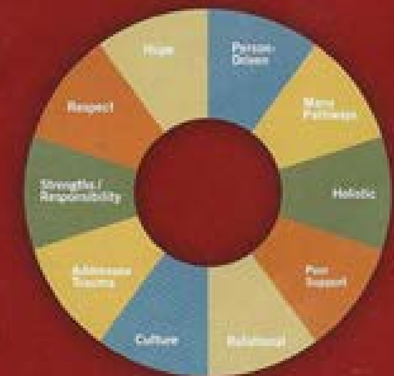
Community

Relationships and social networks that provide support, friendship, love, and hope

Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

Please see SAMHSA's Recovery Support Initiative (http://www.samhsa.gov/recovery) for more information on recovery.

SAMHSA's WORKING DEFINITION OF RECOVERY



10 GUIDING PRINCIPLES OF RECOVERY

10 GUIDING PRINCIPLES OF RECOVERY

Hope	**Relational**
Person-Driven	**Culture**
Many Pathways	**Addresses Trauma**
Holistic	**Strengths/Responsibility**
Peer Support	**Respect**

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experiences—that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.