



*Mental Health & Addiction
Certification Board of Oregon*

Research-based Mental Health Professional Competencies

CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint©
Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA
DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)



Research-based Mental Health Professional Competencies within State Certified Mental Health Programs

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Purpose: This document contains an empirically-based competency blueprint that is intended to guide professionals who are preparing for the mental health associate competency examination.

The following sources are nationally-recognized authorities on professional competencies for behavioral healthcare workers. Their publications are based on significant research and consensus opinions among panels of experts in the primary care, mental health, and addiction treatment sectors. The MHACBO guide is a conglomeration of the standards put forth by these authorities.

1. Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA

In 2014, the SAMHSA-HRSA Center for Integrated Health Solutions released the publication entitled, *Core Competencies for Integrated Behavioral Health and Primary Care* (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). The following competency categories were finalized upon analysis of data gathered through review of scholarly publications, review of other competency sets, and semi-structured interviews with experts on integrated care:

(1) interpersonal communication; (2) collaboration and teamwork; (3) screening and assessment; (4) care planning and care coordination; (5) best practice prevention and intervention; (6) multicultural competencies and affirmative application standards; (7) systems-oriented practice; (8) practice-based learning and quality improvement; and (9) informatics (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014).

2. DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)

In 2014, the Centers for Medicaid and Medicare Services (CMS) released the publication entitled, *National Direct Service Workforce (DSW) Resource Center: Final Competency Set* (CMS, 2014). This report included a detailed summary of empirically-based findings drawn from a multiphase research study involving a large sample of workforce stakeholders, competency development experts, direct service workers, service recipients, and family members (CMS, 2014). Analysis of the data yielded the following general competency categories:

(1) communication; (2) person-centered practices; (3) evaluation and observation; (4) crisis prevention and intervention; (5) safety; (6) professionalism and ethics; (7) empowerment and advocacy; (8) health and wellness; (9) community living skills and supports; (10) community inclusion and networking; (11) multicultural competencies and affirmative application standards; and (12) education, training, and self-development (CMS, 2014).

3. CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint©

Comprehensive Examination Services (CES) is a research-based testing company that is contracted with the Substance Abuse and Mental Health Association Services Administration (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center and Mental Health America. CES produces psychometric examinations for the mental health associate and mental health professional examinations. Content from the Behavioral Health Scientific Role Delineation Analysis Examination Blueprint© was evaluated by the MHACBO research team and included in this MHACBO guide.

This MHACBO competency guide has been formatted to align with the CES Examination Blueprint for the mental health professional exam.

Domain 1: QMHP Assessment

Task 1.1 Engagement

Establishes rapport with consumers to gather accurate information to determine need for state certified mental health services.

KSAs
Knowledge
Skills
Attitudes

- 1) Conceptualizes rapport as a continuous effort to achieve a harmonious relationship marked by mutual understanding between the consumer and QMHP; understands how rapport is the foundation of the therapeutic alliance; recognizes the importance and purpose of building a trusting relationship; role models willingness to establish a trusting relationship that is grounded in acceptance, compassion, respect, and tolerance.
- 2) Values and applies principles of the person-centered approach (having congruence with the consumer, providing unconditional positive regard, showing empathetic understanding towards the consumer); values and shows acceptance for the consumer throughout the helping relationship; values and demonstrates the ability to establish with the consumer a working alliance; recognizes and repairs ruptures when they occur in the emerging, working relationship.
- 3) Values and applies principles of trauma-informed care and multicultural sensitivity; accurately identifies and respects consumers' values, backgrounds, individual experiences, and worldviews; maintains own self-awareness of biases and stereotypes and brackets these; applies cultural humility.
- 4) Understands how past relationships might be associated with the consumer's present condition and their impact on the consumer's readiness, willingness, and ability to become involved in a new therapeutic relationship.
- 5) Creates and maintains a positive, trustworthy, comfortable, and confidential environment that facilitates the consumer's feeling of psychological safety, experience of feeling heard, and space where s/he can express thoughts and feelings.
- 6) Incorporates effective verbal and nonverbal response procedures that facilitate communication between the consumer and the QMHP; acknowledges the fact that it is difficult for consumers to open up and share their problems with a stranger in the first place.
- 7) Recognizes, accurately identifies, and normalizes the range of human emotions, reactions, impulses, and symptoms associated with psychiatric conditions, applies self-regulation and tolerance in response to these.

Task 1.2 Screening

Screens the consumer for eligibility and risk potential to determine appropriate type of care setting and treatment needs, avoiding overly restrictive placement settings by using established criteria, interviewing and reviewing records.

KSAs
Knowledge
Skills
Attitudes

- 1) Conceptualizes screening as a purposeful method of detecting psychiatric symptoms, mental health status, risk factors associated with harm to self/others, problematic substance use patterns, substance intoxication and withdrawal signs and symptoms, risk of domestic violence, relevant past events including adverse life experiences that may be associated with the consumer's mental health challenges, markers of health/wellness, and markers of psychological resilience.
- 2) Is able to define and (at all times) accurately and timely identify a psychiatric crisis or behavioral health emergency and determine whether it is urgent or emergent; is able to effectively and (at all times) take immediate crisis prevention or crisis management actions necessary to ensure the health, safety, and welfare of the consumer or others whom the consumer may injure.
- 3) Understands that screening is a preparatory step whose outcome supports the justification for further psychological assessment and evaluation.
- 4) Has training in the use of validated screening instruments, uses clinical training and sound judgment in the selection of screening instruments; is able to (within scope of practice) accurately administer, score, and interpret the results of validated instruments.
- 5) Has training in the use of subjective methods to supplement screening procedures; accurately applies subjective impressions in tandem with objective screening method findings to justify the need for further psychological assessment and evaluation.

	<ul style="list-style-type: none"> 6) Values, has training in, and is able to describe in plain language the purpose of the screening, rationale for its use, and interpretive outcome in a compassionate and nonjudgmental manner. 7) Values and seeks consultation from a licensed medical professional or licensed mental health professional any time there is uncertainty or ambiguity about scoring methods, interpretation of validated instrument scores/results, or decisions about whether screening results necessitate further psychological assessment or evaluation. 8) Maintains knowledge of program-specific policies and procedures involving eligibility determination and admission; maintains knowledge of Oregon Administrative Rules corresponding to programs and services for which the QMHA is screening and admitting. 9) Adheres to eligibility/admission procedures in a nondiscriminatory manner and without bias to age, gender, sex, ethnicity, race, citizenship status, language of preference, disability status, socio-economic status, belief system, political affiliation, etc. State-approved programs with specific eligibility and admission criteria include (but are not limited to) the following that serve consumers who are involved in: <ul style="list-style-type: none"> a) Community Corrections/Community Justice b) Psychiatric Security Review Board d) Psychiatric Security Review Board and Juvenile Psychiatric Security Review Board e) Assertive Community Treatment f) Forensic Psychiatric Services g) Persons Committed to the State Institutions (including the Oregon State Hospital), Oregon Health Systems Division, Community Hospitals or Nonhospital Facilities h) Community Restoration i) Intensive Outpatient Services and Supports for Children j) Intensive In-Home Behavioral Health Treatment for Children k) Enhanced Care Services and Enhanced Care Outreach Services l) Treatment of Addiction(s) 10) Obtains and reviews complete information from collateral sources and referring parties to ensure that program eligibility and admission criteria are met. 11) Ensures that medical necessity and clinical appropriateness criteria take precedence in program eligibility and admission placement decisions and that services are rendered in the least-restrictive settings that ensure protection of consumers' health, safety, wellness, and legal rights. 12) Maintains up-to-date knowledge of benefits/risks of the program and associated services, alternative methods to services/supports; rules and policies related to informed consent and associated consent procedures; consumer Bill of Rights; regulations and rules that govern privacy and confidentiality of consumers receiving mental health services (HIPAA) and exceptions to confidentiality; mandatory reporting duties; and procedures involving Release of Information. 13) Prior to services and in plain language: explains to the consumer/guardian the program and its services, the intended benefits and possible risks of the services; explains alternative methods to receiving services/supports; obtains from the consumer/guardian verbal and written consent when legally required; explains with the consumer/guardian her/his rights and responsibilities; explains with the consumer/guardian privacy practices (including HIPAA) and exceptions to confidentiality (such as mandatory reporting duties); obtains from the consumer/guardian consent to release information related to services and supports, completes Releases of Information as appropriate. 14) Understands, is able to explain in plain language, and is able to assist a consumer/guardian in completing a legal document (i.e., psychiatric advance directive or "Declaration for Mental Health Treatment") that allows a person with mental illness to state her/his preferences for treatment in advance of a mental health crisis, such documents are termed. 15) Understands, is able to explain in plain language, and is able to assist a consumer/guardian in registering to vote.
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Task 1.3 Assessment

Completes the biopsychosocial assessment as defined by state administrative rules by gathering current and historic consumer information to review and analyze relevant data to make recommendations for care.

KSAs <i>Knowledge Skills</i>	<ul style="list-style-type: none"> 1) Conceptualizes mental health assessment and evaluation as a structured, purposeful, and ongoing process of gathering information that is used in differential diagnosing, mental status examination, and determination of psychological functioning.
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<i>Attitudes</i>	<ol style="list-style-type: none"> 2) Has training in and effectively uses the industry-accepted mental health assessment method (e.g., DSM-5 structured interviewing techniques). 3) Has training in the use of subjective methods to supplement mental health assessment procedures; accurately applies subjective impressions in tandem with information provided by relevant records, the consumer, and collateral sources. 4) Values, has training in, and is able to describe to the consumer and in plain language the purpose of the assessment and its rationale. 5) Has training in and (through records review, structured interviewing with the consumer, and discussions with collateral parties) is able to effectively gather and document accurate and complete information in the following areas: Psychiatric history, past treatment episodes and associated outcomes, medical history, social history, family history, developmental history, identification of and response to life stressors, mental health status, danger to self and others, high risk behaviors, daily conduct, interpersonal relationships, educational and work history, legal history, cultural and spiritual beliefs, financial status and identification of basic needs, recovery environment challenges and supports, consumers' goals and preferences, consumers' strengths, evaluation of insight, personal interests and leisurely interests, and detection of readiness to engage in recovery/wellness services and supports. 6) Maintains knowledge about medical conditions whose symptoms mimic mental health disorder symptoms; immediately refers consumers to their medical provider when a medical condition may explain what appears to be a mental health disorder. 7) Has training in and is able to accurately analyze, synthesize, and determine whether all relevant information represents evidence of symptomology associated with discreet DSM-5 diagnostic categories associated with mental health disorders; has training in and is able to accurately and effectively differentiate between two or more mental health disorders which share similar symptoms or signs (i.e., accurately make differential diagnosis decisions). 8) Understands how age, developmental level, education, history of trauma/marginalization, social class, diet, wellness practices, comorbid health conditions, racial/ethnic culture, gender, gender identity, sexual orientation, disabilities, family systems, parental substance use, and current intoxication and withdrawal can influence the validity and appropriateness of assessment, DSM-5 diagnosis and assessment instruments. 9) Values, has training in, and is able to describe in plain language to the consumer their DSM-5 diagnoses; provides psychoeducation about symptoms, disorder onset, treatment and recovery options, and prognosis in a compassionate and nonjudgmental manner. 10) Values and seeks consultation from a licensed medical professional or licensed mental health professional any time there is uncertainty or ambiguity about DSM-5 diagnostic impressions; refrains from rendering a DSM-5 diagnosis unless clear and clinically justifiable evidence exists for the mental health disorder. 11) Ensures that there is agreement among multidisciplinary treatment team members on the final DSM-5 diagnoses. 12) As QMHPs are mid-level mental health professionals: Yields to and respectfully accepts DSM-5 diagnoses rendered by high-level practitioners (such as licensed medical professionals) when the QMHP is in disagreement about a DSM-5 diagnosis. 13) Refrains (at all times) from prejudicial labeling of consumers in the absence of clear and clinically justifiable DSM-5 diagnostic symptoms; refrains from making pejorative and non-person-centered statements about "challenging" consumers (such as "she's a Borderline" or "he's an Antisocial"). 14) Maintains awareness that DSM-5 diagnoses become permanent aspects of consumers' records; appreciates the intrapersonal, interpersonal, legal, occupational, and social ramifications of DSM-5 diagnoses, especially those that are stigmatizing; understands the significant impact of DSM-5 diagnoses on a consumer's sense of identity and how they are perceived by others; understands the misuse potential of DSM-5 diagnoses (e.g., child custody hearings).
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Task 1.4 Initial Service/Recovery Plans

Develops an initial, individualized Service/Recovery Plan by working with consumer and other appropriate individuals to identify the consumer needs, preferences, desired outcomes, and resources available to initiate admission or referral and ensure follow-through.

<i>KSAs</i>	
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<i>Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Create and periodically update integrated care plans in consultation with consumers, family members, and other providers, including individuals identified by consumers as part of their healthcare team. 2) Considers factors effecting the consumer’s comprehension of assessment findings such as user-friendly language that avoids clinical jargon. Recognizes the consumer’s right and need to understand assessment results in their own language. 3) Consistently communicates with consumers in a manner that is sensitive to race, culture, gender identity, sexual orientation, and disability status. 4) Assesses stages of change and readiness for treatment. 5) Translates assessment information into suggested service/recovery goals and outcomes, understanding that the individual will guide recovery planning. 6) Recognizes professional acts of coercion, manipulation and force. Recognizes one’s own treatment biases that may limit consumer choice. Demonstrates willingness to consider multiple approaches to recovery and change, based on the needs, desires and abilities of the consumer. 7) Considers importance of consumer resources and barriers to treatment and addresses those barriers. Provide or arrange access to “patient navigation” services that focus on benefits and finances, transportation, home care, and access to social services, peer support, and treatment, including medications. 8) Includes others in the service/recovery planning process and the necessity for full involvement of the person, family, support persons or advocates when appropriate. Appreciates the importance that the consumer, family and allies have on treatment decisions, outcomes and in determining choice of activities. Considers roles and expectations of others potentially involved in treatment. 9) Communicates assessment findings to invested stakeholders within the bounds of confidentiality regulations and practice standards. 10) Interprets data to inform the service/recovery plan. 11) Establishes service/recovery priorities based on all available data. 12) Respects the role of the consumer and others, including the right to refuse treatment. 13) Explains the system of care and navigation of the system without professional jargon. 14) Works with consumer, significant others, their family and allies of different ages, developmental levels, gender identities, sexual orientations, racial, language and ethnic cultures. Appreciates the strengths and limitations of the consumer and significant others. 15) Recognizes the value of thoroughness, timely follow-through, and follow-up.
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Task 1.5 Ongoing Assessment

Provides ongoing assessment through observation, review, and consultation with the individual consumer and other professionals to assess progress and update the comprehensive person-centered service/recovery plan in intervals defined by state administrative rule or as otherwise needed.

<i>KSAs Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Conceptualizes mental health assessment and evaluation as a structured, purposeful, and ongoing process of gathering information that is used in differential diagnosing, mental status examination, and determination of psychological functioning. 2) Has training in and effectively uses the industry-accepted mental health assessment method (e.g., DSM-5 structured interviewing techniques). 3) Has training in the use of subjective methods to supplement mental health assessment procedures; accurately applies subjective impressions in tandem with information provided by relevant records, the consumer, and collateral sources. 4) Values, has training in, and is able to describe to the consumer and in plain language the nature of the assessment as ongoing and its rationale. 5) Has training in and (through records review, structured interviewing with the consumer, and discussions with collateral parties) continuously gathers and documents accurate and complete information in the following areas: Psychiatric history, past treatment episodes and associated outcomes, medical history, social history, family history, developmental history, identification of and response to life stressors, mental health status, danger to self and others, high risk behaviors, daily conduct, interpersonal relationships, educational and work history, legal history, cultural and spiritual beliefs, financial status and identification of basic needs, recovery environment challenges and supports, consumers' goals and preferences, consumers' strengths, evaluation of insight, personal
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	<p>interests and leisurely interests, and detection of readiness to engage in recovery/wellness services and supports.</p> <ol style="list-style-type: none"> 6) Maintains knowledge about medical conditions whose symptoms mimic mental health disorder symptoms; immediately refers consumers to their medical provider when a medical condition may explain what appears to be a mental health disorder. 7) Has training in and is able to accurately analyze, synthesize, and determine whether all relevant information represents evidence of symptomology associated with discreet DSM-5 diagnostic categories associated with mental health disorders; has training in and is able to accurately and effectively differentiate between two or more mental health disorders which share similar symptoms or signs (i.e., accurately make differential diagnosis decisions). 8) Understands how age, developmental level, education, history of trauma/marginalization, social class, diet, wellness practices, comorbid health conditions, racial/ethnic culture, gender, gender identity, sexual orientation, disabilities, family systems, parental substance use, and current intoxication and withdrawal can influence the validity and appropriateness of assessment, DSM-5 diagnosis and assessment instruments. 9) Values, has training in, and is able to describe in plain language to the consumer additions of, deletions of, severity changes in, and remission status of their DSM-5 diagnoses; provides psychoeducation about symptoms, disorder onset, treatment and recovery options, and prognosis in a compassionate and nonjudgmental manner. 10) Values and seeks consultation from a licensed medical professional or licensed mental health professional any time there is uncertainty or ambiguity about DSM-5 diagnostic impressions; refrains from rendering a DSM-5 diagnosis unless clear and clinically justifiable evidence exists for the mental health disorder. 11) Ensures that there is agreement among multidisciplinary treatment team members on the addition of, deletion of, severity change in, or remission of DSM-5 diagnoses. 12) Yields to and respectfully accepts DSM-5 diagnoses rendered by high-level practitioners (such as licensed medical professionals) when the QMHP is in disagreement about a DSM-5 diagnosis. 13) Maintains awareness that DSM-5 diagnoses become permanent aspects of consumers' records; appreciates the intrapersonal, interpersonal, legal, occupational, and social ramifications of DSM-5 diagnoses, especially those that are stigmatizing; understands the significant impact of DSM-5 diagnoses on a consumer's sense of identity and how they are perceived by others; understands the misuse potential of DSM-5 diagnoses (e.g., child custody hearings).
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Domain 2: QMHP Person-centered Service/Recovery Planning

Task 2.1 Individualized Care Plans

Interprets all relevant assessment information by obtaining and reviewing available documentation to begin the development of the individualized service plan.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Conceptualizes service/recovery planning as the continuous goal-planning and achievement-monitoring process whose purpose is to improve a consumer's mental health disorder and/or further the consumer's recovery toward health and wellness. 2) Conceptualizes the service plan as a written and goal-oriented blueprint (plan) which contains a list of wellness-focused activities that are individualized, specific, measurable, attainable, time-limited, and measurable. 3) Understands the precedence of addressing basic needs (such as food, clothing, shelter, and physical safety). 4) Immediately negotiates a safety/crisis or prioritizes referrals to agencies/services to mitigate imminent risk of harm to self or others. 5) Creates and periodically updates integrated care plans in consultation with consumers, family members, and other providers, including individuals identified by consumers as part of their healthcare team. 6) Considers factors affecting the consumer's comprehension of assessment findings such as user-friendly language that avoids clinical jargon. Recognizes the consumer's right and need to understand assessment results in their own language.
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	<p>7) Consistently communicates with consumers in a manner that is sensitive to race, culture, gender identity, sexual orientation, and disability status.</p> <p>8)</p> <p>9) Assesses stages of change and readiness for treatment.</p> <p>10) Translates assessment information into suggested service/recovery goals and outcomes, understanding that the individual will guide recovery planning.</p> <p>11) Recognizes professional acts of coercion, manipulation and force. Recognizes one’s own treatment biases that may limit consumer choice. Demonstrates willingness to consider multiple approaches to recovery and change, based on the needs, desires and abilities of the consumer.</p> <p>12) Considers importance of consumer resources and barriers to treatment and addresses those barriers. Provide or arrange access to “patient navigation” services that focus on benefits and finances, transportation, home care, and access to social services, peer support, and treatment, including medications.</p> <p>13) Includes others in the service/recovery planning process and the necessity for full involvement of the person, family, support persons or advocates when appropriate. Appreciates the importance that the consumer, family and allies have on treatment decisions, outcomes and in determining choice of activities. Considers roles and expectations of others potentially involved in treatment.</p> <p>14) Communicates assessment findings to invested stakeholders within the bounds of confidentiality regulations and practice standards.</p> <p>15) Interprets data to inform the service/recovery plan.</p> <p>16) Establishes service/recovery priorities based on all available data.</p> <p>17) Respects the role of the consumer and others, including the right to refuse treatment.</p> <p>18) Explains the system of care and navigation of the system without professional jargon.</p> <p>19) Works with consumer, significant others, their family and allies of different ages, developmental levels, gender identities, sexual orientations, racial, language and ethnic cultures. Appreciates the strengths and limitations of the consumer and significant others.</p> <p>20) Recognizes the value of thoroughness, timely follow-through, and follow-up.</p>
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Task 2.2 Consumer, Family/Supporter Involvement in Care Plans

Discusses assessment findings with the consumer and approved significant others to facilitate the development of the individual’s service plan.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<p>1) Understands and applies regulations, rules, and policies that govern privacy and confidentiality; limits disclosure of aspects of services on a minimum necessary and need-to-know basis; only provides information relevant to the consumer’s mental health treatment and recovery; timely discloses to the consumer/guardian about information shared with parties, what information was shared, why it was shared, and how it will impact the individual.</p> <p>2) Upholds mandatory reporting and duty-to-warn obligations; immediately notifies appropriate parties when the consumer is at risk of harm to self or others.</p> <p>3) Values and effectively advocates on behalf of the consumer’s self-determined goals when involved parties have goals that compete with those of the consumer; facilitates conflict resolution when involved parties engage in ways that are not conducive to the consumer’s wellbeing or recovery.</p> <p>4) Uses motivational enhancement strategies to engage loved ones in the recovery plan.</p> <p>5) Provides psychoeducation, emotional support, and community resources to assist family members and loved ones to address their own self-care needs.</p>
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Task 2.3 Mutual Service/Recovery Goals

Formulates mutually agreed upon and measurable service/recovery goals to assist the consumer in the recovery process.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<p>1) Is mindful of hierarchy of needs in service/recovery planning.</p> <p>2) Understands how to write measurable, user-friendly, person-first outcome statements.</p> <p>3) Recognizes the relationship among strengths, potential barriers, desired outcomes, and treatment strategies.</p> <p>4) Is creative in proposing non-linear service arrays that are flexible and not rigidly sequential.</p> <p>5) Understands disparity and service needs of diverse populations.</p> <p>6) Recognizes the importance of both short-term and long-term service/recovery planning.</p>
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	<ol style="list-style-type: none"> 7) Understands ACT teams, aid & assist, mental health court, hospitalization, residential, respite, partial hospitalization, intensive outpatient, outpatient, peer services and their respective roles. 8) Collaborates and contracts with the consumer in developing an action plan in positive, proactive terms. 9) Establishes criteria to evaluate progress. 10) Adept at negotiating, mediating, advocating, timing, sequencing, and prioritizing of service/recovery planning and activities. 11) Able to translate assessment information into measurable service/recovery goals and outcome statements. 12) Works with the consumer to develop realistic time frames for achievement of goals. 13) Respects and appreciates consumer's individual pace toward change and recovery. 14) Recognizes the critical importance of the consumer's input and ownership of service/recovery goals and process. Does not engage in service planning without the consumer (<i>"nothing about us without us"</i>). 15) Respects the consumer's life goals and choices.
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Task 2.4 Defining Recovery

Defines the course of recovery by identifying appropriate strategies, resources, and outcome indicators to assist the consumer in reaching the desired goals.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Recognize availability of services through other professions, mutual-help or peer support groups, and alternative/complimentary services as an element of service/recovery planning. 2) Recognize the importance of consumer's racial or ethnic culture, age, developmental level, gender, and life circumstances in coordinating and referring to community resources. 3) Define the intervention strategies, including short- and long-term service/recovery planning. 4) Assesses and develops strategies to overcome barriers. Coordinate resources and solutions with consumer's needs, desires, and preferences. 5) Elicit the consumer's preferences for services and community resources. 6) Explain the rationale behind service/recovery recommendations. Provides informed consent regarding the nature of community recovery activities and support groups. 7) Implement strategies in terms understandable to the consumer. 8) Summarize mutually agreed upon recommendations. 9) Recognize the importance of coordinating treatment activities. 10) Recognize of the value of monitoring outcomes, for both the consumer and the organization. 11) Demonstrate respect for consumer's own recovery process, and their definitions of recovery.
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Task 2.5 Service/Recovery Plan Reviews

Reviews the service/recovery plan at regular intervals and/or when indicated by changing circumstances in order to revise the service plan.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Understands how to evaluate ongoing treatment and stages of recovery. 2) Knows when and how to review and revise the individualized plan of care, consistent with agency policies and state regulations for state approved mental health agencies. 3) Elicit consumer feedback on service experiences. Demonstrates receptivity to consumer feedback. Recognizes the value of consumer's input into service/recovery goals and process. 4) Engage, negotiate, contract, and modify the service/recovery plan based on review of the consumer progress and/or changing circumstances. 5) Demonstrates openness when critically examining one's own work. 6) Demonstrates willingness to learn from clinical supervision/emerging science and modify practice appropriately.
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Task 2.6 Monitor Progress towards Recovery Goals & Objectives

Monitors and records consumer activities and outcomes in relation to recovery goals and objectives using accepted principles of documentation.

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<i>Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Establish accepted measures of service and recovery outcomes, approved by consumer, significant others, family, supporters, allies, treatment team, and clinical supervisor. 2) Appropriate and clear terminology necessary to describe consumer progress that is user-friendly and without jargon. 3) Understands the components of a discharge summary. 4) Understands the distinctions between process and outcome evaluation. 5) Maintains essential components of consumer records, complying with Federal, State, local, and program confidentiality regulations, and Federal, State, local, and program and documentation regulations. 6) Understands how to review and update records, recognizing the legal nature of records. 7) Uses various methods of gathering outcome data. 8) Understand the importance of data collection and principles of using outcome data for program evaluation. 9) Composes and documents in a timely, clear, and concise records that comply with regulations. 10) Participates in gathering and recording outcome data in multiple places (e.g. EHR, other data tracking systems). 11) Incorporates outcome measures during the treatment process. 12) Prepares clear and legible documents/correspondence in the treatment process. 13) Continues vigilance in protecting and communicating consumer rights. 14) Practices vigilance in security for clinical records. 15) Request, prepares, and completes additional releases of information when appropriate. 16) Accepts personal responsibility in learning/utilizing new software/technologies in the production of consumer records. 17) Appreciates the importance of accurate documentation and how documentation can impact consumer's in court, child welfare, entitlement proceedings, etc. 18) Appreciates the importance of using data to improve clinical practice. 19) Recognizes that treatment and ongoing evaluation should occur simultaneously. Recognizes that treatment is not a static, singular event.
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Domain 3: QMHP Counseling and Intervention

Task 3.1 Establishing a Helping Relationship

Establishes a helping relationship with the consumer by demonstrating warmth, respect, positive regard, genuineness, and empathy to build ongoing rapport, trust, and motivation for change.

<i>KSAs Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Awareness of contemporary counseling theory, treatment, and practice literature as it applies to mental illness/emotional disturbances. 2) Aware of varied and alternative theories and methods for motivating consumers in a culturally appropriate manner. 3) Aware of approaches to counseling that are based on evidence of effectiveness with mental illness/emotional disturbances. 4) Aware of counseling strategies that promote and support successful engagement of consumers. 5) Knowledge of comfort strategies and measures to avoid crisis or the use of coercive measures. 6) Understands multifaceted role as counselor, collaborator, advocate, provider, broker, partner, etc. 7) Demonstrates unconditional warmth, respect, genuineness, concreteness, and empathy. 8) Aware of the consumer's cultural needs. Conveys warmth, respect, and genuineness in a culturally appropriate manner. Uses culturally appropriate counseling strategies. 9) Cognizant of counselor biases, transference, countertransference, and projective identification. 10) Practices active listening, including paraphrasing, reflecting, identifying ambivalence and summarizing. 11) Assesses consumer readiness for change. 12) Assesses the consumer's responses to therapeutic interventions. 13) Implements appropriate engagement and interviewing approaches. 14) Uses power and authority appropriately to advocate in support of service/recovery goals.
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	15) Maintains professional objectivity 16) Recognizes the importance of cooperation, collaboration and collegiality with consumers, allies, and other professionals.
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Task 3.2 Maintains Consumer Involvement

Maintains the consumer’s involvement in the treatment and recovery process by reinforcing and affirming behaviors that are beneficial in progressing toward treatment goals.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Accesses peer run services and supports. 2) Recognizes behaviors and cognition that are consistent with development, maintenance, and attainment of service/recovery goals. 3) Demonstrates skills in counseling treatment methods that support positive consumer behaviors consistent with recovery, including behavioral and cognitive methods, and therapeutic optimism that reinforces positive behaviors and consumer engagement. 4) Understands relapse prevention theory, research, practice, and outcome literature. 5) Uses objective observation and maintains documentation of those observations. 6) Demonstrates patience and appreciation for incremental change and nonlinear change.
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Task 3.3 Promotes Illness Self-management

Promotes illness self-management by educating the consumer to identify signs and symptoms of mental illness/emotional disturbances and to develop effective self-management strategies to reduce relapse and facilitate recovery.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Understands medication adherence issues, consumer choice regarding medications, the five classes of psychiatric medication, the lay-consumer general pharmacology of medication by drug class, and MAT for opioid dependence. <ul style="list-style-type: none"> · Anti-depressant · Anti-bipolar · Anti-ADHD · Anti-psychotic · Anti-anxiety 2) Awareness of medication management including lay-consumer information regarding benefits and risk of various medications, usual side effects, right to refuse medication, adverse effects, common drug interactions, polypharmacy issues (drug interactions), and evidenced based medications. 3) Educates consumers and significant others regarding general lay information of medication facts/issues within professional scope of practice. Does not give recommendations or advice regarding medications, does not practice medicine without a license. 4) Recognition of role, strengths and limitations of psychopharmacology in treating mental illness/emotional disturbances. 5) Demonstrates effective communication with medical professionals and prescribers regarding the subjective and objective effects of medications on clients. Able to identify and provide information on signs and symptoms of a variety of mental and emotional illnesses or emotional disturbances to medical professionals/prescribers. Recognizes signs of medication discontinuation or over medication/overdose and reports observations to prescribers. 6) Assist consumers in self-identifying their own symptoms, triggers, and patterns of symptom escalation and relapse. 7) Recognizes the importance of empowering consumers to recognize and intervene on their own symptomology and assist consumers in conceptualizing self-recognition as a part of their recovery process. 8) Has awareness of a variety of self-management techniques. 9) Teaches and rehearses illness self-management coping strategies and self-implemented interventions (cognitive, behavioral and social). 10) Recognizes the importance of the role of peer support and alternative/complimentary illness management strategies.
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Task 3.4 Uses Constructive Therapeutic Responses

Uses constructive therapeutic responses to assist the consumer in recognizing and reducing/eliminating behaviors that are inconsistent with progress toward service/recovery goals and recovery.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Supports cognitive, behavioral, and pharmacological interventions appropriate for illness self-management and relapse prevention. 2) Encourages and supports behaviors and cognition that reinforce and are consistent with the recovery process. 3) Teaches conflict resolution, decision-making, and problem-solving skills. 4) Instructs consumers in methods of identifying, anticipating, interpreting, re-framing, and resolving impediments or obstacles to progress. 5) Monitors the consumer's behavior for consistency with the individualized plan of care. 6) Practices patience, perseverance and flexibility when faced with consumer relapse. 7) Recognizes the value of constructive helping partnerships including those with peer run services. 8) Understands and accepts relapse as an opportunity for positive change. 9) Identify and rapidly address errors in care and assist in implementing policies and procedures to reduce future errors.
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Task 3.5 Educate on Life Skills Associated with Recovery

Facilitates the development of life skills associated with recovery by the delivery of illness and recovery educational sessions.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Recognizes of the importance of life skills competencies to the process of recovery. 2) Recognizes that the consumer must assume responsibility for their own recovery but requires adequate skills and supports throughout the process. 3) Recognizes that recovery involves a much broader life context than simply eliminating symptoms. 4) Understanding relapse as an opportunity for positive change. 5) Defines and develops rehabilitation readiness for consumers. 6) Identifying the skills needed for the consumer to reach mutually established goals. Instructs core sets of critical living skills and tasks. 7) Understands how living skills are effectively taught to individuals and groups. 8) Defines important life skills associated with recovery or improved quality of life from the perspective of the consumer. 9) Identifies and accesses instructional resources/materials for training life skills. Knowledge of local resources available to teach living skills, including, theory, research, and practice literature that examines the relationship of life and recovery skills to the attainment of recovery and the outcomes in the service plan. 10) Utilizes tools to determine a consumer's current and desired quality of life and skills needed to reach these individualized outcomes. 11) Assists the individual to use infection control procedures and prevent illness.
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Task 3.6 Recognize Potential Crisis

Ensures safety by recognizing the warning signs of a potential crisis and implementing indicated prevention and/or intervention strategies.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Recognizes characteristics and behaviors of a serious crisis. 2) Knowledge of community resources that can be used to respond to varied types of crises. 3) Knows differences between crisis intervention and other kinds of therapeutic intervention. Understands evidence-based crisis/suicide/violence intervention practices. 4) Assesses history of violence and trauma, post-traumatic stress and other relevant psychiatric disorders and life experiences. 5) Knowledge of individual consumer's triggers and usual coping strategies whether effective/adaptive or not in current situation 6) Aware of significant predictors of violence and suicide, and of limitations of valid predictors of crisis or violence, and policies that insure and support safest level of response. 7) Aware of roles played by family and significant others in the crisis development and/or reaction.
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	<ol style="list-style-type: none"> 8) Aware of situations requiring supervision/consultation, including organizational policies mandating supervision/consultation. 9) Knowledge of varied strategies/policies for crisis prevention/intervention in inpatient, residential, respite and outpatient facilities. 10) Understands laws, rules, policies and regulations pertaining to confidentiality in crisis situations. 11) Assesses for and responds effectively to immediate concerns regarding safety and any potential harm to self/others. Ability to gather and report information regarding risk potential, lethality and lethal means. 12) Responds appropriately to crisis situation in a timely, effective manner, prioritizing work activities to attend to crisis situations. 13) Appreciates the need to not practice outside the level of one's training and expertise. 14) Recognize crisis as an opportunity for change and learning. 15) Recognize personal and professional limitations, and one's own emotional responses to consumer crises. Sees own potential role within a conflict or crisis and changes behavior to minimize conflict. 16) Understands the difference between coercion and control vs. collaboration and partnership during crisis intervention. 17) Willingness to ask direct questions to assess risk.
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Task 3.7 Group Facilitation

Applies group facilitation methods leading to measurable progress toward group and individual goals and successful outcomes (recovery).

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Aware of effectiveness of varying models and strategies for group counseling with various clinical populations and members of varying cultural and gender groups. 2) Understands general principles for appropriately discharging group members and terminating groups. 3) Understands general principles for selecting group goals, outcomes, and ground rules. 4) Understands how individual treatment issues may surface within the context of group process and how to manage these with respect for all members 5) Can implement basic group facilitation skills and assist the group to facilitate their own process and growth. 6) Establishes and implements processes that facilitate the entry of new members and the transition of exiting members. 7) Practices equitable selection criteria, methods, and instruments for screening and selecting group members. Understands specific group models and strategies relative to consumer's age, gender, racial, economic, educational, cultural context. 8) Adept in situations in which significant differences between individual and group goals require changing either the individual's goal or the group's focus. 9) Able to adapt group counseling skills as appropriate for group needs. 10) Documents client progress towards goals and consumer's group behavior that has implications for ongoing treatment and recovery. 11) Capacity to lead therapeutic groups for consumers with serious mental illness/emotional disturbances, recognizing and accommodating appropriate individual needs within the group. 12) Attitudes: <ol style="list-style-type: none"> a. Appreciation of individual differences in rates of progress in the recovery process and towards treatment goals. b. Openness and flexibility in the choice of counseling strategies that meet needs of the group and the individuals within the group. c. Recognition of the fact that the nature of the specific group model should depend on the needs, goals, outcomes, and cultural context of the participants. d. Recognition of the importance of involving group members in the establishment of group goals, outcomes, ground rules, and graduation and termination criteria.
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Task 3.8 Family Education & Referrals

Provides necessary education and referrals to assist families, couples, and significant others in adopting strategies and behaviors that maximize recovery and improve the quality of life in the community.

KSAs
Knowledge
Skills
Attitudes

- 1) Conceptualizes family (whether traditional or nontraditional) as a unique system of interdependent persons who interact in predictable patterns and influence each other's behavior; families have subsystems that perpetuate certain behaviors and values.
- 2) Understands family dynamics and how members of the family are impacted by the consumer's mental health needs.
- 3) Values and identifies cultural factors that impact the consumer's recovery.
- 4) Understands the importance of engaging significant others in the treatment and recovery process.
- 5) Provides to family members and significant others psychoeducation about the consumer's health, safety, illness management, quality of life, and recovery needs.
- 6) Provides to significant others emotional support and resources to assist them in coping with stress.
- 7) Teaches significant others about stages of change and helps them to manage their expectations about the consumer's recovery journey.
- 8) Uses evidence based family psycho-educational practices and toolkits.
- 9) Recognizes signs of domestic violence and timely intervenes to ensure the consumer's safety.

Domain 4: QMHP Service Coordination

Task 4.1 Care Coordination: Collaboration

Coordinates referrals in order to ensure access to services identified in treatment plan by following established procedures for interagency collaboration.

KSAs
Knowledge
Skills
Attitudes

- 1) Conceptualizes care coordination as the deliberate organization of activities to achieve safe, effective, and optimal outcomes corresponding to the health, welfare, maintenance, and protection of a consumer.
- 2) Prioritizes referrals to agencies/services to mitigate imminent risk of harm to self or others.
- 3) Complies with all applicable confidentiality regulations when coordinating with allied systems and providers.
- 4) Understands managed care and other systems affecting the consumer, including, but not limited to:
 - a. Eligibility criteria for referral to state certified service providers, and other managed care providers.
 - b. How to access current information regarding service providers.
 - c. How to arrange referrals to appropriate resources and avoiding inappropriate referrals.
 - d. Cognizant of language understood and used by the referral organization/provider, that assists in clear communication.
 - e. Demonstrates understanding and respect for the missions, functions, and resources of community service network, and providers, including the limitation of services offered by varied providers.
 - f. Knowledge of resources available including peer and lay resources and programs.
 - g. Understanding of situations in which it is most appropriate for the consumer to self-refer to a resource and instance requiring counselor referral and personal support and assistance.
- 5) Assesses the consumer's readiness to participate in the referral and care coordination process.
- 6) Facilitates communication and cooperation with various allied providers of consumer care.
- 7) Advocates for consumer's needs, desires and wishes.
- 8) Educates the consumer regarding appropriate referral processes that meet his/her needs.
- 9) Establishes collaborative relationships with key contacts with allied providers.
- 10) Evaluates the outcomes of the referral and coordinated care process. Assess the fidelity of team-based care to evidence-based treatment models.
- 11) Maintaining follow-through and follow-up activity with consumer.

	<ol style="list-style-type: none"> 12) Using appropriate technology to access, collect, and forward necessary documentation, including encrypted communications. 13) Appreciation for the value of inter-agency collaboration. 14) Demonstrates commitment of share decision-making power with the consumer. 15) Demonstrates open-mindedness to a variety of service/recovery approaches.
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Task 4.2 Care Coordination: Prioritizing Needs
 Monitors and coordinates service/recovery activities and community resources with prioritized consumer needs in a manner consistent with the consumer’s service/recovery plan.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Understands the precedence of addressing basic needs (such as food, clothing, shelter, and physical safety). 2) Prioritizes referrals to agencies/services to mitigate imminent risk of harm to self or others. 3) Maintains knowledge of and provides to consumers who belong to prioritized populations (within scope of practice) health-related information in verbal and written forms. 4) Maintains knowledge of diverse community-based resources that will address the prioritized needs of the consumer; provides or coordinates the provision of services/supports that impede the consumer’s ability to have her/his prioritized needs met (such as transportation, childcare, translation services, etc.). 5) Assists the consumer in building skills to self-recognize her/his prioritized care needs and associated skills in obtaining services/supports necessary to meet her/his prioritized care needs. 6) Builds and maintains positive relationships with a variety of community partners to orchestrate in a collaborative manner services/supports that address the consumer’s prioritized needs. 7) In an exhaustive effort to support consumers’ ability to have their basic needs met: Enlists guidance from colleagues and community partners to identify, cost-reduce, and/or create resources that will meet the consumer’s prioritized needs.
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Task 4.3 Care Coordination: Community Resources & Entitlements
 Assists the consumer in obtaining appropriate resources such as entitlements, supplementary assistance, and natural supports in order to maximize consumer self-sufficiency and recovery.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Understands that factors including affordability, accommodation, and social disparities greatly impact consumers’ ability to timely access a comprehensive array of health and human services/supports. 2) Maintains knowledge of government program that provide benefits (e.g., Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medicare and Medicaid, Children’s Health Insurance Program, subsidized housing/housing vouchers/public housing programs, low-income home energy assistance programs, unemployment compensation, Supplemental Security Income, Social Security Disability Insurance, veterans’ benefits, etc.) to eligible populations to whom the QMHP serves. 3) Is able to assist the consumer in (or coordinating assistance with) understanding benefit program options, eligibility factors, completing application documents, obtaining required documentation (such as forms signed by physicians), appealing denials, etc. 4) Is able to coordinate services/supports necessary to overcome barriers to timely accessing government-provided benefits (e.g., transportation, childcare, translators, attending appointments with the consumer, etc.). 5) Builds and maintains positive relationships with a variety of community partners to orchestrate in a collaborative manner services/supports necessary to timely access and maintain government-provided benefits. 6) In an exhaustive effort to support consumers’ ability to timely access and maintain government-provided benefits: Is able to enlists guidance from colleagues and community partners to identify all benefits available to the consumer.
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Task 4.4 Care Coordination: Referral Transitions

Promotes successful transition among the array of services by coordinating linkages to ensure that there are no gaps in services.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Conceptualizes continuity of care as the process by which the consumer, guardian, her/his interdisciplinary care team members, loved ones, and community partners consult and collaborate to ensure that the consumer maintains ongoing services/supports that optimize her/his health, safety, welfare, illness/wellness management, quality of life, and self-determined recovery path. 2) <u>In the case of non-incapacitated consumers/minors/consumers without guardians</u>: Respects and honors the consumer’s decisions about whether s/he will voluntarily enter into and/or maintain enrollment in professional, agency, or community-based services/supports. 3) <u>In the case of incapacitated consumers/minors/consumers with guardians</u>: Seeks to gain assent with regard to decisions about enrollment in professional, agency, or community-based services/supports. 4) Completes on behalf of or coordinates assistance with (on behalf of consumers) any necessary paperwork for enrollment/admission to another professional, agency, or community-based program; initiates and closely monitors the transfer process to ensure that there is not a gap between service providers/programs. 5) Upholds regulations and agency policies that govern privacy and confidentiality; ensures that there are Releases of Information between parties.
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Task 4.5 Care Coordination: Teams
Convenes and participates in multidisciplinary service/recovery team meetings as indicated to ensure a holistic and coordinated approach to care.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Understands that teams comprised of various professionals, persons with lived experience, and stakeholders are necessary to optimize treatment outcomes of consumers; values and respects input provided by each team member; demonstrates professional humility. 2) Is able to respectfully consider input from all team members and discuss differing perspectives in a productive and professional manner. 3) Upholds regulations and agency policies that govern privacy and confidentiality; ensures that there are Releases of Information when necessary. 4) Values and uses person-centered principles; uses person-first language.
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Domain 5: QMHP Professionalism

Task 5.1 Ethical Adherence
Adheres to established codes of ethics that define the professional context within which the counselor works in order to maintain professional standards that safeguard the consumer’s respect, dignity, safety, humanity, and choices.

KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Philosophically aligns with, maintains knowledge of, and upholds all principles and guidelines contained in the MHACBO Behavioral Health Code of Conduct. 2) Signs upon certification and recertification a statement affirming agreement to uphold the guidelines contained in the MHACBO Behavioral Health Code of Conduct. 3) Timely completion of required continuing education.
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Task 5.2 Confidentiality
Protects consumer rights to privacy and confidentiality in the preparation and handling of records and verbal communication with third parties.

KSAs	<ol style="list-style-type: none"> 1) Maintains knowledge of and upholds regulations, statutes, rules, and agency policies applicable to privacy and confidentiality of consumers with whom the QMHP works.
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<i>Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 2) Explains in a method that is easily understood by the consumer applicable regulations involving confidentiality and privacy; explains in a method that is easily understood by the consumer applicable regulations involving exceptions to confidentiality and privacy. 3) Ensures that Releases of Information are timely and accurately created or revoked based on the consumer's or guardian's decision. 4) Timely notifies appropriate parties when there are breaches involving the unauthorized disclosure of information. 5) Uses secure and encrypted virtual platforms when delivering teletherapy. 6) Seeks guidance from a supervisor or a knowledgeable colleague when there are questions about how to apply requirements associated with confidentiality and privacy.
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Task 5.3: Federal & State Regulation

Adheres to Federal and State laws and regulations regarding the treatment of mental illness/emotional disturbances.

<i>KSAs Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Maintains knowledge of and upholds requirements associated with federal regulations, statutes, and Oregon Administrative Rules specific to the program in which the consumer is enrolled. 2) Seeks guidance from a supervisor, knowledgeable professional, or attorney when there are questions about how to interpret or uphold requirements set forth in federal regulations, statutes, or Oregon Administrative Rules.
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Task 5.4 Adaptive Clinical Practice

Adapts intervention strategies to the individual characteristics of the consumer, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

<i>KSAs Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Conceptualizes adaptive clinical practice as the process by which a QMHP (in collaboration with the consumer, guardian, and treatment team) adjusts intervention strategies to optimize service outcomes related to the consumer's health, safety, welfare, quality of life, and self-determined recovery goals. 2) Delivers interventions within scope of practice and only those in which the QMHP has been trained under the supervision of a qualified professional. 3) Prioritizes selection and application of interventions that are empirically supported. 4) Under the approval of and oversight by a qualified supervisor, adapts interventions to accommodate diversity factors (e.g., age, gender, sex, ethnicity, race, citizenship status, language of preference, disability status, socio-economic status, belief system, political affiliation, etc.). 5) Refrains from applying interventions or adaptations of current interventions without consensus among the treatment team that the new or adapted intervention is appropriate. 6) Refrains from applying interventions or adaptations of current interventions without support from the QMHP's supervisor. 7) Seeks approval from the QMHP's supervisor prior to adapting clinical practice methodologies. 8) Maintains knowledge about emerging or scientifically promising practices through participation in continuing education and clinical supervision.
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9) Task 5.5 Continuing Education

Obtains continuing professional education to increase knowledge and skills in applying best practices.

<i>KSAs Knowledge Skills Attitudes</i>	<ol style="list-style-type: none"> 1) Demonstrates professional humility; values the role of continuing education in furthering the QMHP's competencies and its role in optimizing service outcomes. 2) Timely completes continuing education as required for recertification. 3) Prioritizes timely completion of continuing education in competency areas for which there is a need for improvement as self-identified by the QMHP or as recommended by the QMHP's supervisor. 4) Participates in a professional and productive manner when attending a classroom or virtual continuing education event.
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