



*Mental Health & Addiction
Certification Board of Oregon*



Mental Health Associate Handbook and Study Guide



MHACBO QMHA Handbook and Study Guide

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This text and Role Delineation Analysis are based on the following works:

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

The method for arriving at the core set of competencies involved three major activities: (1) structured interviews with the key informants; (2) review of the recent literature on integration, and (3) review and analysis of selected competency sets judged to have relevance to this process. Each of these sources yielded potential content for inclusion in the competency set. Using a qualitative and consensus driven process, the Project Team integrated and distilled the recommendations into a number of competency categories and then placed individual competencies within those categories.

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

The Centers for Medicaid & Medicare Services (CMS) Core Competency set has been developed and validated through a multi-phased research study implemented through the DSW Research Center. A large sample of workforce stakeholders, including state and provider representatives from different sectors, competency development experts, direct service workers, service recipients and family members participated in a range of evidence-based validation activities.

3. National Certification Board for Behavioral Health Professionals, Scientific Role Delineation Analysis Examination Blueprint®

NCBBHP is an experienced analytic research organization contracted with the SAMHSA GAINS Center, and Mental Health America. NCBBHP produces both the mental health associate and mental health professional scientific role delineation analyses examination blueprints for their psychometric exams.



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Domain 1: Clinical Competence

Program Admission

ADMISSION: Behavioral Health Consumer Engagement

Task 1.1 Engaging Consumers

Establishes a helping relationship with the consumer receiving services by demonstrating empathy respect and genuineness in order to build trust.

The U.S. Substance Abuse and Mental Health Services Administration reports that 59.3 million U.S. adults received mental health services in 2022. Of those 59.3 million, 15.4 million adults were classified as having SMI (Serious Mental Illness). Publicly funded psychiatric institutions, residential programs and outpatient community mental health programs are the primary point of service of those 15.4 million individuals classified as having SMI (Serious Mental Illness).



In the fast-paced and often complex world of behavioral health, establishing meaningful connections is essential. The ability to actively listen and build trust with individuals from diverse backgrounds—including consumers, their families, supporters, and other care providers—sets the foundation for effective engagement. By demonstrating strong listening skills, professionals can create an atmosphere of empathy and understanding, fostering relationships that encourage open communication and collaboration.

COMPETENCIES:

- Demonstrates active listening skills, establishing rapport.
- Rapidly developing and maintaining effective working relationships with diverse individuals,



including consumers, family members, supporters and other providers.

MICROSKILLS:

- Paraphrasing, identifying feelings, identifying ambivalence or dissonance.
- Ensuring physical security and comfort, offering a beverage, letting clients know where restrooms are, offering privacy for client communications with family/supporters, etc.

A key element of engagement is the use of non-judgmental, person-first language. Words have the power to shape perceptions, and by prioritizing respectful and inclusive communication, professionals can create an environment where individuals feel valued and heard. Whether discussing behavioral health, general health, or health behaviors, it is critical to convey information in a clear, non-judgmental manner, avoiding jargon and acronyms that might create confusion or distance. Instead, adopting person-centered language ensures that messages are easily understood and relatable to those receiving care.

- National Institutes of Health. (n.d.). Person-first and destigmatizing language. NIH Style Guide. Retrieved May 21, 2025, from <https://www.nih.gov/nih-style-guide/person-first-destigmatizing-language>
- Centers for Medicare & Medicaid Services. (n.d.). Using person-centered language: A resource for providers and stakeholders. Retrieved May 21, 2025, from <https://www.cms.gov/files/document/ricresource-usingpersoncenteredlanguage-tipsheet.pdf>

COMPETENCIES:

- Uses non-judgmental and person-first language.
- Avoids using jargon and acronyms.

MICROSKILLS:

- Avoiding dismissive language: “don’t worry”, “everything is going to be fine”, “you’re OK don’t worry”, etc.
- Practicing empathy: conveying understanding of a person’s feelings – without judgement.
- Providing psychoeducation: providing concrete, easy to understand information without jargon, acronyms or abbreviations.

To effectively support individuals, professionals must possess a deep understanding of the qualities, characteristics, needs, and developmental levels of the populations they serve. This knowledge allows them to tailor their approach to meet the unique circumstances of each individual, ensuring a smoother transition through the admission and engagement process. Consistency and reliability further reinforce this connection, as maintaining availability and predictable behavior fosters a sense of security and trust.

COMPETENCIES:

- Has knowledge of qualities, characteristics, needs, and developmental levels of populations served.
- Maintains availability, consistent and predictable behavior throughout the admission and engagement process.

MICROSKILLS:

- Accurately report when events, activities, sessions, and appointments will occur. Telling people waiting in a lobby, “we’ll be with you soon” or “momentarily” when you know it is going to be much longer, generally makes most people frustrated.

In situations where tensions may arise, the ability to implement appropriate de-escalation strategies is crucial. By using proven techniques to defuse potential crises, professionals can prevent conflicts from escalating and help individuals regain a sense of control. Moreover, proactively adopting measures to avoid crisis situations or the use of coercive interventions can lead to more positive outcomes, prioritizing the individual’s dignity and well-being. Implementing proactive strategies can significantly reduce the likelihood of crises. Positive Behavior Support (PBS) is an evidence-based approach that focuses on understanding and addressing the root causes of challenging behavior. By employing proactive interventions and positive reinforcement, PBS aims to prevent crises and promote positive outcomes.



- The Joint Commission. (2018). *Quick Safety Issue 47: De-escalation in health care*. Retrieved from <https://www.jointcommission.org/-/media/tjc/newsletters/qs-47-deescalation-1-28-18-rev5.pdf>
- Crisis Prevention Institute. (2022). *CPI's Top 10 De-Escalation Tips Revisited*. Retrieved from <https://www.crisisprevention.com/blog/general/cpi-s-top-10-de-escalation-tips-revisited>
- Nurseline Community Services. (2023). *PBS in Crisis Situations: Strategies for Positive Outcomes*. Retrieved from <https://nurselinecs.co.uk/blog/pbs-in-crisis-situations-strategies-for-positive-outcomes>

COMPETENCY:

- Implements strategies for the purposes of de-escalation and engagement.
- Implements measures to avoid crisis situations or use of coercive measures.

MICROSKILLS:

- Consider practices within the program that contribute to escalation and crises at the point of admission into a program.
- Calm speech, non-threatening language, reframing negative statements to positive statements, offering choices, using “I” statements, allow for moments of silence.
- De-escalate yourself. Research shows that behavioral health workers and family members of consumers who present high levels of EE (emotional expression) can actually exacerbate crisis situations.
- Obtain training in crisis interventions and de-escalation skills.

Ultimately, the goal is to cultivate a mutual helping relationship—one that empowers individuals to take an active role in their journey toward wellness. Through compassionate engagement, clear communication, and a steadfast commitment to support, professionals can inspire motivation and instill hope, guiding individuals toward meaningful and lasting change.

COMPETENCY:

- Promotes a mutual helping relationship to facilitate motivation.

MICROSKILLS:

- Identifying ambivalence and desire for change, relief, and motivation for behavioral health services.
- Elicits the consumers desired outcomes.

ADMISSION: Orienting Consumers to Services

Task 1.2 Orienting Consumers

Orients the consumer receiving services to the program including rules and expectations.

When a new consumer begins services, it is essential to provide them with a clear understanding of the program's rules, expectations, and overall structure. This orientation process serves as a foundation for ensuring that consumers and their families are informed, feel comfortable, and prepared to engage in services effectively. To start, consumers and their families are introduced to the roles and responsibilities of each team member. This includes a detailed explanation of how the team will work collaboratively to provide comprehensive support and services. By outlining these roles upfront, consumers gain clarity on whom to approach for specific needs and how each professional contributes to their care.

COMPETENCY:

- Orients consumers to program rules and expectations.
- Explains to consumers and families the roles and responsibilities of each team member.

MICROSKILLS:

- Understands program rules and the underlying purpose of those rules.
- Avoids dismissive statements like “the policy says...”



Effective communication is a key component of this process. Staff members ensure that consumers fully understand the nature of the services being provided, including the rules and expectations that must be followed. Clear and transparent dialogue helps build trust and fosters a positive working relationship between consumers and service providers.

Additionally, safety remains a top priority. Consumers are oriented to safety procedures, including emergency protocols, reporting processes, and any measures in place to ensure their well-being. Understanding these procedures empowers consumers to act appropriately in case of an emergency or other safety concerns.

COMPETENCY:

- Demonstrates effective clear and concise communication skills.
- Orients consumers to safety procedures.
- Explains forms to be completed.

As part of the orientation, consumers are guided through the necessary paperwork, with detailed explanations of the forms they need to complete. This step ensures that they understand the purpose and significance of each document, preventing confusion and ensuring compliance with program requirements.

Informed consent is another critical aspect of the orientation process. Consumers receive a thorough explanation of the services being provided, including their purpose, structure, and the steps involved. This transparency allows individuals to make well-informed decisions about their participation in the program.



COMPETENCY:

- Explains purpose and process of services to be provided (informed consent).
- Explains Informed Consent from a general program perspective. Therapists and prescribers perform more detailed Informed Consent when they assess and recommend specific treatment modalities and medications.

MICROSKILLS:

- Explains the nature of services at the program, including participation requirements.
- Gives general explanation of the purpose of program structure.

- Able to describe the process, activities, and varied treatments that may be recommended.

Confidentiality is an important part of program orientation. Consumers are informed of their rights to confidentiality including HIPAA and CFR 42 Part 2 (if applicable). Furthermore, consumers are educated on mandatory abuse reporting requirements, a standard exception to confidentiality. They are informed of their rights and the legal responsibilities of service providers to report any suspected abuse or neglect. This knowledge empowers consumers to recognize and report concerns, ensuring their safety and well-being.

COMPETENCY:

- Explains Confidentiality: HIPAA and CFR 42 Part 2 (if applicable).
- Explains mandatory abuse reporting requirements.

MICROSKILLS:

- Understand basics of HIPAA and CFR 42 Part II, and its exceptions.
- Understand Mandatory Abuse Reporting.
- Obtain training in Confidentiality, HIPAA and CFR 42 Part II.

To promote self-advocacy, consumers are also oriented to their rights and responsibilities within the program. Understanding these rights allows them to actively engage in their care and advocate for their needs while recognizing the responsibilities that come with participating in services.

Finally, grievance procedures are explained in detail. Consumers are provided with information on how to voice concerns, file complaints, and seek resolution if they encounter issues with their services.



COMPETENCY:

- Orients consumers to their rights and responsibilities.
- Explains grievance procedures.

MICROSKILLS:

- Listens to consumers carefully to ensure they are grieving to the correct authority, agency, licensing authority, licensing/certification board, Adult Protective Services, etc.
- Obtain more detailed training on Client Rights.

Forms often used during Program Admission

- Informed Consent (Consent to Treat)
- General Intake Data, Presenting Issues, Emergency Contacts, List of Medications, Insurance Information, etc.
- Suicide Risk Assessment
- Psychiatric Advanced Directive
- HIPAA Privacy Statement
- Releases of Information
- Statement of Client Rights, including the right to file a grievance with procedures
- Statement of Rules and Responsibilities

Assessment Support

Task 1.3 Collecting Information for Assessment

Assist in gathering information about basic and community living characteristics of the person receiving services to be used in the assessment process.

Supporting clinical therapists and prescribers in the assessment process often includes gathering information from consumers as well as collateral sources (family members, prior medical and mental health providers, probation/parole officers, child welfare caseworkers, etc.) Clinical therapists use this data combined with results from psychological evaluation tools, and individual assessment interviews to accurately diagnose mental health disorders. The more information you can reasonably collect, the more accurate the assessment and diagnosis will be. Additionally, clients often require ongoing “Needs Assessments” that are a part of your case management and care coordination planning.



In the field of behavioral health, effective communication is the foundation of quality service delivery. The ability to engage with consumers in a meaningful way ensures that their needs are fully understood and that the appropriate care and support are provided. This requires a combination of strong interviewing techniques, active listening, collaborative engagement, and cultural awareness.

A skilled professional begins by employing effective interviewing techniques, creating a safe space where consumers feel comfortable sharing their experiences. By asking open-ended questions, the professional encourages consumers to express themselves in their own words, providing a more

comprehensive view of their circumstances. This approach allows for a deeper understanding of the individual's situation, making it easier to develop a care plan that truly meets their needs.

To enhance the assessment process, professionals must also identify possible sources of collateral information. With a release of information document signed, this may include speaking with family members, caregivers, or other service providers, always ensuring that information is gathered ethically and responsibly. In doing so, they piece together a more holistic picture of the consumer's health and behavioral patterns.

Examples of Potential Sources of Collateral Information:

- Consumer, consumers' family, significant others, support persons, etc.
- Representative Payees, or Payee services
- Prior mental health, substance use, or healthcare providers
- Child Welfare
- Community Corrections, probation, parole
- Self-sufficiency, SNAP, TANF
- Housing Authority, Group Homes, Recovery Housing
- Aging and Disability Services

Various Status and Systems of Mental Health

To determine possible resources for information it is important to understand the status of individuals and their history of mental health system involvement. Behavioral health professionals must understand these systems and who to contact for information.

Aid & Assist

When people are accused of a crime and can't participate in their trial because of a mental illness, the court may order them (to undergo mental health treatment so they can become well enough to "aid and assist" in their own defense. In most cases, they are sent to the Oregon State Hospital for treatment. In other cases, they are assigned to community restoration services. Any time this happens, it is critical that attorneys and judges communicate with community mental health services to find out whether the defendant may be restored in the community. If there are enough resources in the community to support a client's success, the court may order the client directly to community restoration (instead of mandating jail time or admission to the Oregon State Hospital).

Here is a graph showing the increase in admission rates at Oregon State Hospital for persons who have a mental disorder that prevents them from participating in their own legal proceeding:

ORS 161.360

This law talks about what happens if a court thinks someone accused of a crime might not be mentally able to go through a trial. If the court is worried about the defendant's mental ability, it can order a mental health examination. This is done according to another law, ORS 161.365.

A defendant can be considered "incapacitated" for the trial if they have a mental disorder that stops them from:

- Understanding what the trial is about, or
- Working with their lawyer, or
- Taking part in their own defense.

ORS 161.365

This law describes how a court decides if a defendant is fit to stand trial due to mental health issues. If the court has doubts, it can ask for input from a mental health director. This director will talk with the defendant and check if there are community services available for their mental health.

However, for serious crimes like murder, the court doesn't have to do this but can choose to.

The court can also ask for a psychiatric or psychological evaluation of the defendant. If needed, the defendant can be sent to a mental health facility for up to 30 days for this evaluation.

The evaluation report must include the defendant's mental condition and recommendations for treatment. If a defendant doesn't cooperate with the evaluation, the report will mention this. The report is shared with the court and lawyers, and costs for the evaluation are covered by the government or the defendant, depending on their financial situation.

ORS 161.360

This law describes how a court decides if someone accused of a crime is mentally fit to go through the trial process. If there's a question about the defendant's mental fitness, the court decides based on a mental health report. If no one disagrees with the report, the court can use it to make a decision. If there's disagreement, a hearing is held where both sides can present evidence and question the mental health expert who wrote the report.



If the court finds the defendant unfit for trial, the case is paused. The court then looks at recommendations for either hospitalization or community mental health services to help the defendant become fit for trial. The court can choose various actions, like sending the defendant to a mental hospital, starting a civil commitment process, or dismissing the charges, based on what's best for the defendant and public safety.

The decision depends on the severity of the crime. For serious felonies, the defendant may be sent to a state mental hospital. For less serious crimes, the court may not send the defendant to a hospital unless it's proven necessary for their mental health and public safety. If the defendant isn't sent to a hospital, they might receive community mental health services.

The court reviews the defendant's mental fitness regularly. If the defendant becomes fit for trial, the court is informed. The court can also set conditions for the defendant's release, like regular mental health check-ups.

Civil Rights Cases involving Aid and Assist

Oregon Advocacy Center v. Mink

In March 2002, the Oregon Advocacy Center (now Disability Rights Oregon) sued the Director of the Oregon Department of Human Services (Bobby Mink) in federal court. Oregon Advocacy Center asserted that the state was keeping people with mental illnesses in jail for too long before sending them to the state psychiatric hospital for treatment.

Judge Owen Panner agreed this violated patients' rights. On May 10, 2002, he ordered the state to admit people to the Oregon State Hospital within 7 days of a court finding them unable to stand trial. This came to be known as “the Mink order.”

In 2003, an appeals court upheld Judge Panner's 7-day admission order.

In 2019, after evidence that the state was violating the 7-day rule again, the plaintiffs asked Judge Michael Mosman to find the state in contempt of court. He denied contempt but set a hearing.

In 2020, due to COVID-19, Judge Mosman allowed the state to pause some hospital admissions temporarily over the plaintiffs' objections. But in August 2021 the appeals court said Judge Mosman's order lacked clear parameters.

In late 2021, the parties agreed to bring in expert Dr. Debra Pinals to make recommendations on improving compliance. In 2022, Dr. Pinals submitted proposals to address the admission crisis.

In September 2022, Judge Mosman ordered the state to fully comply with Dr. Pinals' expert recommendations. When some hospitals tried to modify the order, Judge Mosman upheld it in January 2023. This came to be known as “the Mossman order.”

“.370” Services

The primary treatment goals for patients under a .370 order are stabilization and achieving a level of capacity so they can cooperate with attorneys and participate in their own defense.

What is PSRB?

- When someone commits a crime and is found by the Courts to be “guilty except for insanity,” they are placed under the jurisdiction of the Oregon Psychiatric Security Review Board (PSRB).
- Individuals found guilty except for insanity are typically placed under the jurisdiction of the PSRB, depending on the offense, for 5 years, 10 years, 20 years, or life.
- Historically, PSRB authority over an individual has lasted longer than Department of Corrections’ system authority.
- While under PSRB jurisdiction, an individual can be housed in the Oregon State Hospital or in a variety of residential treatment settings, ranging from Secure Residential Treatment Facilities to independent living. The PSRB determines what kind of facility is appropriate based on the level of treatment, care and supervision the individual requires.
- Oregon State law is explicit that PSRB must put public safety first. ORS 161.351(3) states: “In determining whether a person should be committed to a state hospital or secure intensive community inpatient facility, conditionally released or discharged, the board shall have as its primary concern the protection of society.”
- Most PSRB clients begin their treatment at the Oregon State Hospital. When clients are conditionally released, they are carefully monitored by the PSRB. They are subject to immediate return to the state hospital if they violate the terms of their conditional release order.

PSRB Civil Commitment ORS 426.701

All people charged with a crime have the constitutional right to aid and assist in their own defense. If a court believes a mental disability may prevent someone from assisting in their own defense, the court puts the criminal case on hold while an evaluation is completed to determine the person’s competency and whether they need treatment to restore competency. In some cases, a court may find, in light of an evaluation conducted under ORS 161.370, that there is no substantial probability that, in the foreseeable future, the defendant will gain or regain the capacity to stand trial. In response to this finding, a court or district attorney may dismiss the charges and/or initiate commitment proceedings.

ORS 426.701 is known as a PSRB Civil Commitment and is available when there is reason to believe that a person is extremely dangerous due to a qualifying mental disorder that is also resistant to treatment. This requires the judge to appoint a qualified examiner to evaluate the individual. Commitment under this statute is for two years, and the individual is under the jurisdiction of the PSRB for the commitment period. The individual may be recommitted indefinitely, every two years if the court finds he or she continues to meet jurisdictional criteria. Conditional Release is permitted under the Civil Commitment program. In some limited

circumstances, a district attorney may initiate a PSRB Civil Commitment in cases where the individual's GEI or prison sentence is coming to an end, but there is evidence that supports the necessary criteria for this statute.

The functions of the Psychiatric Security Review Board:

1. Accepting jurisdiction over Guilty Except for Insanity (GEI) clients.
2. Balancing the public's concern for safety with the client's rights.
3. Conducting hearings, making findings, and issuing orders.
4. Monitoring the progress of each client under its jurisdiction.
5. Revoking conditional release, when necessary, if clients violate their conditional release terms;
6. Maintaining up-to-date histories on all clients.

Types of Service in Mental Health

Outpatient Services

- Outpatient: Psychiatric and psychological assessments and treatment, including diagnoses, medications, therapy, life skills, and case management.

Residential or Inpatient Services

- Oregon State Hospital and other psychiatric inpatient units: Locked 24/7, secure perimeter, 24-hour supervision, Off-site privileges based on safety and level of care needed.
- SRTF (Secure Residential Treatment Facility): Lock Locked 24/7, egress controlled by staff, 24-hour supervision, Off-site privileges based on safety and level of care needed, up to 16 residents.
- RTF (Residential Treatment Facility): Unlocked, 24-hour awake supervision, up to 16 residents.
- RTH (Residential Treatment Home): Unlocked, 24-hour awake supervision, up to 16 residents.
- Adult Foster Homes (mental foster home or medical foster home): Unlocked, 24-hour staff, up to 5 residents.
- Transitional, Respite and supportive housing: Full-time or Part-time staff monitoring

COMPETENCY:

- Demonstrates effective interviewing techniques, including appropriate follow up questions.
- Uses open-ended questions, allowing individuals to explain their circumstances in their own way.
- Identifies possible sources of collateral information regarding a person receiving services.

Collaboration is a key component of quality care. An effective professional actively engages in interprofessional teamwork, ensuring that all relevant information is shared with authorized individuals in compliance with HIPAA, CFR 42 Part 2, and other applicable regulations. By fostering open communication with other healthcare providers, they help construct a well-rounded care plan that considers family dynamics, social support systems, and socioeconomic factors affecting the consumer's well-being.



A critical skill in this process is active listening—not just hearing words but truly understanding the underlying message. Professionals must demonstrate the ability to quickly grasp a consumer's presenting concerns, needs, and preferences. Through reflective communication, they validate the consumer's experiences, ensuring that their perspective has been accurately understood before moving forward with an assessment or intervention.

Beyond communication, a strong team member plays an integral role in conceptualizing consumer care through a strengths-based approach. Rather than focusing on deficits, they embrace wellness, resilience, and recovery models, acknowledging the consumer's capabilities and potential for improvement. This approach fosters empowerment and encourages self-efficacy in the consumer's healthcare journey.

A strengths-based approach is a perspective and methodology in various fields—such as social work, psychology, education, and management—that focuses on identifying, developing, and leveraging individuals' and communities' strengths rather than concentrating on deficits or weaknesses.

- Xie, H. (2013). Strengths-based approach for mental health recovery. *Iranian Journal of Psychiatry and Behavioral Sciences*, 7(2), 5–10. <https://brieflands.com/articles/ijpbs-3187>
- Proyer, R. T., Gander, F., Wellenzohn, S., & Ruch, W. (2015). Strengths-based positive psychology interventions: A randomized placebo-controlled online trial on long-term effects for a signature strengths- vs. a lesser strengths-intervention. *Frontiers in Psychology*, 6, 456. <https://doi.org/10.3389/fpsyg.2015.00456>
- Yuen, E., Sadhu, J., Pfeffer, C., Sarvet, B., Daily, R. S., Dowben, J., Jackson, K., Schowalter, J., Shapiro, T., & Stubbe, D. (2020). Accentuate the positive: Strengths-based therapy for adolescents. *Adolescent Psychiatry*, 10(3), 166–171. <https://doi.org/10.2174/2210676610666200225105529>
- Rapp, C. A., & Goscha, R. J. (2012). *The strengths model: A recovery-oriented approach to mental health services* (3rd ed.). Oxford University Press.

At some agencies, you may be asked to implement Screening Tools and deliver the those to mental health professionals for their consideration in the assessment process.

Examples of Screening Tools related to Trauma

Life Events Checklist (LEC-5):

This questionnaire identifies exposure to a range of stressful life events.

Trauma History Questionnaire (THQ):

This tool is used to gather information about a person's history of traumatic events.

Child and Adolescent Trauma Screen (CATS):

This instrument is a brief, freely accessible tool designed for children and adolescents to screen for PTSD symptoms.

Davidson Trauma Scale (DTS):

This scale assesses the frequency and severity of PTSD symptoms in three domains: intrusion, avoidance, and hyperarousal.

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5):

This screening tool is used in primary care settings to identify individuals at risk for PTSD.

PTSD Checklist for DSM-5 (PCL-5):

This self-report questionnaire is a short version of a tool used to assess for PTSD.

Brief Trauma Questionnaire (BTQ):

This tool is a brief measure used to assess exposure to trauma.

Dissociative Experiences Scale (DES):

This scale is used to screen for dissociative symptoms, which are not captured by the [PCL-5](#).

Global Psychotrauma Screen (GPS):

This instrument screens for a range of trauma-related psychological problems.

COMPETENCY:

- Facilitates collaborative care and communication by actively sharing authorized information with others as permissible under HIPAA, CFR 42 Part 2 and related laws.
- Collects information regarding the nature of the consumer's family, social support system and other socio-economic factors.
- Listens actively and effectively, as demonstrated by the ability to quickly grasp presenting problems, needs, and preferences as communicated by others.
- Uses reflective communication.
- Serves as an effective member of an interprofessional team, helping other providers on the team to quickly conceptualize a consumer's strengths and mental health issues.

MICROSKILLS:

- Case Management Needs Assessment: Conducting comprehensive assessments of clients' needs, strengths, and barriers.
- Identifying risk factors and determining eligibility for services.
- Developing individualized service plans based on assessments.

A well-prepared professional must also remain attentive to procedural requirements, including understanding all necessary forms, releases, and consents. Maintaining an awareness of documentation ensures that all administrative aspects of care align with legal and ethical standards. Additionally, a deep understanding of basic and community-living skills is essential for accurately assessing a consumer's ability to navigate daily life and identifying areas where additional support may be beneficial.

Examples of Living Skills

Basic Living Skills

1. **Personal Hygiene & Self-Care** – Maintaining cleanliness through bathing, grooming, and dressing appropriately.
2. **Cooking & Meal Preparation** – Understanding basic nutrition, meal planning, and safely preparing food.
3. **Household Maintenance & Cleaning** – Managing chores like laundry, dishwashing, and home organization.
4. **Money Management** – Budgeting, paying bills, saving money, and understanding financial responsibility.
5. **Time Management & Organization** – Scheduling daily activities, keeping appointments, and setting priorities.

Community-Living Skills

6. **Transportation & Navigation** – Using public transportation, reading maps, and understanding road safety.
7. **Social & Communication Skills** – Engaging in conversations, making friends, and handling conflicts effectively.
8. **Health & Safety Awareness** – Knowing first aid, emergency contacts, and practicing self-care for well-being.
9. **Employment & Job Readiness** – Understanding workplace etiquette, job searching, and maintaining employment.
10. **Civic Engagement & Community Participation** – Voting, volunteering, and being involved in local activities.

- Bilkay, H. İ., Şirin, B., & Gürhan, N. (2024). Effectiveness of psychosocial skills training and community mental health services: A qualitative research. *Community Mental Health Journal*, 60(4), 1228–1236. <https://doi.org/10.1007/s10597-024-01278-3>
- Sujatha, & Jayakumar, K. N. (2018). The effect of life skills training on the mental health of institutionalized young adolescents. *International Journal of Creative Research Thoughts*, 6(2), 103–110. <https://ijcrt.org/papers/IJCRT1872418.pdf>
- MacKillop, J., Lisman, S. A., Weinstein, A., & Rosenbaum, D. (2006). Life skills training outcomes and potential mechanisms in a community implementation: A preliminary study. *Journal of Primary Prevention*, 27(6), 553–565. <https://psychology.uga.edu/sites/default/files/MacKillop%20et%20al.%20%20-%202006%20-%20SUM.pdf>

Observational skills play a vital role in assessment. By carefully recording behaviors and non-verbal cues, professionals gain insights into the consumer’s emotional state and overall well-being.

Recognizing the impact of health conditions on communication and comprehension, they adapt their approach accordingly, ensuring that all interactions are clear and accessible.

At the heart of person-centered care is responsiveness. Healthcare professionals must remain sensitive to the self-identified needs of consumers, family members, and other providers, tailoring their approach to meet those needs effectively. This includes avoiding diagnostic labels or deficit-based language, which can be stigmatizing and counterproductive to a consumer's sense of agency and dignity.

Finally, cultural competence is essential. Professionals must continually examine the experiences of culturally diverse consumers and their families, reflecting on the quality of care being provided and adjusting their approach as needed. By embracing cultural humility and flexibility, they ensure that all individuals receive equitable, respectful, and effective care.

COMPETENCY:

- Uses strengths-based wellness, resilience, and recovery models.
- Maintains awareness and comprehends all forms.
- Maintains awareness of procedures and requirements, releases/consents for information.
- Understands definitions of basic and community-living skills and assessing basic and community-living characteristics.
- Observes and records behavior of person receiving assessment services.
- Remains cognizant of non-verbal communication and adapts the style of communication to account for the impact of health conditions on a consumer's ability to process and understand information.
- Responds to the self-identified needs of consumers, family members, and other providers.
- Refrains from use of diagnostic labels or deficit-based models of data gathering.
- Examines the experiences of culturally diverse consumers and family members with respect to quality of care and adjusts the delivery of care as needed.

Consumer Inclusion in Case management & Care Coordination

Task 1.4 Supporting Consumer Inclusion

Works as part of a treatment team to assist the consumer in formulating measurable service/recovery goals.

In the realm of behavioral health, effective care begins with a deep awareness of the strengths, needs, and desired outcomes of each individual seeking support. Understanding these elements not only shapes measurable goals but also ensures that treatment remains relevant and tailored to the consumer's unique journey. Recognizing and valuing the role of consumers, their families, and both behavioral health and primary care providers is essential in crafting a comprehensive care plan that fosters lasting recovery. Every voice matters in this collaborative process and respecting the lived experience and expertise of all involved enhances the quality of care. You will assist clinical therapists with important feedback that will help them update their clinical treatment plans, and you will be working with clients on Needs Assessments, Case Management and Care Coordination Plans.

Consumers are not passive recipients of services, rather they are active participants in their own mental health recovery.

You will solicit consumer input in these plans. Central to this approach is fostering shared decision-making, where individuals, families, and providers work together as partners. Recovery is not a passive process—it requires active participation, thoughtful dialogue, and mutual respect. Every step in care planning should be guided by a shared vision, one that integrates the consumer’s goals with the professional knowledge of the care team. A well-structured treatment and recovery plan is the foundation of meaningful progress. Understanding the purpose and essential components of these plans allows for a clear, strategic path toward



recovery. Whether addressing mental health challenges, substance use disorders, or co-occurring conditions, the establishment of measurable goals and outcomes is crucial. These benchmarks serve as guiding lights, ensuring that each intervention contributes meaningfully to long-term wellness.

Advocacy plays a key role in this framework. Teaching and supporting self-management strategies—both for illness and holistic well-being—empowers individuals to take charge of their health. A person-centered or family-centered approach ensures that care is not only clinically sound but also aligned with the individual's values, culture, and life circumstances.

- Cook, J. A., Copeland, M. E., Floyd, C. B., Hudson, W. B., & Razzano, L. A. (2012). *Improving propensity for patient self-advocacy through wellness recovery action planning: Results of a randomized controlled trial*. *Community Mental Health Journal*, 48(6), 650–659. <https://doi.org/10.1007/s10597-011-9475-9>
- Pickett, S. A., Diehl, S. M., Steigman, P. J., Prater, J. D., Fox, A., Shipley, P., & Cook, J. A. (2012). *Consumer empowerment and self-advocacy outcomes in a randomized study of peer-led education*. *Community Mental Health Journal*, 48(4), 420–430. <https://doi.org/10.1007/s10597-012-9507-0>
- National Research and Training Center on Psychiatric Disability. (n.d.). *Self-advocacy curriculum: The Freedom Self-Advocacy Curriculum*. University of Illinois at Chicago. Retrieved from <https://www.cmhsrp.uic.edu/nrtc/self-advocacy.asp>
- National Alliance on Mental Illness. (n.d.). *NAMI Smarts for Advocacy*. Retrieved from <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Smarts-for-Advocacy/>
- Disability Rights California. (n.d.). *Peer Self-Advocacy (PSA)*. Retrieved from <https://www.disabilityrightsca.org/what-we-do/programs/peer-self-advocacy-psa>

COMPETENCIES:

- Maintains awareness of consumer strengths, needs, outcomes and their relevance to measurable goals.
- Recognizes the expertise of consumers, family members, behavioral health and primary care providers.
- Fosters shared decision-making with consumers, family members, and other providers.
- Cognizant of the purpose and components of a treatment/recovery plan.
- Understands measurable goals/outcomes of mental health recovery, substance use disorder recovery, and co-occurring disorders recovery.
- Advocates for illness and holistic self-management.

MICROSKILLS:

- Creating and updating case management plans tailored to clients' needs.
- Coordinating services across multiple providers (e.g., medical, mental health, housing, employment).
- Fostering relationships with allied professionals and methods of contact to rapidly resolve barriers to service delivery.
- Facilitating interdisciplinary collaboration.
- Empowering clients to access necessary resources. Calling other service providers with the client together.
- Acting as a liaison between clients and service providers.

Collaboration within the treatment team is essential for efficiency and effectiveness. A deep understanding of each team member's role fosters seamless cooperation, allowing professionals to work in harmony rather than in silos. A shared understanding of responsibilities strengthens communication and ensures that care remains coordinated and responsive.

However, effective collaboration requires recognizing the boundaries of one's own knowledge and skill set. A true professional acknowledges these limits and seeks guidance from colleagues when necessary. This humility and willingness to learn contribute to a culture of continuous improvement and shared expertise within the team.

Leadership within behavioral health is not solely about authority—it is about influence, guidance, and the ability to facilitate meaningful collaboration. Whether by directing, mentoring, or inspiring

others, leadership ensures that care remains dynamic and responsive to the needs of those served. This includes responding promptly to requests for consultation or intervention, demonstrating a commitment to timely and effective care.

Cochrane Review

A comprehensive Cochrane review encompassing 79 randomized controlled trials found that collaborative care significantly improves outcomes for patients with depression and anxiety compared to usual care. The model's structured approach, involving care managers and regular consultations between primary care and mental health professionals, was pivotal in achieving these results.

- Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., ... & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*, (10). <https://doi.org/10.1002/14651858.CD006525.pub2>
- Abdulla, S., Kramer, S., Robertson, L., Mhlanga, S., Zharima, C., & Goudge, J. (2025). Community-based collaborative care for serious mental illness: A rapid qualitative evidence synthesis of health care providers' experiences and perspectives. *Community Mental Health Journal*, 61(2), 123–135. <https://doi.org/10.1007/s10597-025-01459-8>
- Rugkåsa, J., Tveit, O. G., Berteig, J., Hussain, A., & Ruud, T. (2020). Collaborative care for mental health: A qualitative study of the experiences of patients and health professionals. *BMC Health Services Research*, 20, 844. <https://doi.org/10.1186/s12913-020-05691-8>

Models of Case Management:

1. **Brokerage Model:** The Brokerage Model is the most basic and least intensive form of case management. Case managers act primarily as referral agents, helping clients identify and access community resources. Limited direct services by the case manager. High caseloads. Minimal client interaction after referral. Best for clients with mild mental health needs or those with strong self-management abilities.
2. **Clinical Case Management:** Combines traditional case management with psychotherapy or counseling. Case managers are often licensed mental health professionals. Emphasis on building therapeutic relationships. Involves ongoing clinical assessment and intervention. Case managers provide both support and direct mental health services. Best for individuals with moderate mental health needs requiring both support and clinical care.
3. **Strengths-Based Case Management (SBCM):** Focuses on the individual's strengths and goals rather than deficits or pathology. Encourages empowerment and self-determination. Collaborative relationship between client and case manager. Uses the client's strengths

(skills, relationships, interests) as a foundation for recovery. Community integration is emphasized. Best for clients seeking empowerment and active participation in their recovery process.

4. **Assertive Community Treatment (ACT):** A team-based, highly intensive model. Designed for individuals with severe and persistent mental illness (SPMI), especially those with a history of hospitalizations or homelessness. Multidisciplinary team (psychiatrists, nurses, social workers), 24/7 support with frequent contact. Services are delivered in the client's natural environment (home, community). Best for high-risk, high-needs populations who require intensive support to stay in the community.
5. **Intensive Case Management (ICM):** Less intensive than ACT but still provides frequent, hands-on support. Also for individuals with serious mental illness, often those in crisis or transitioning from institutional care. Lower caseloads than traditional models. Emphasis on individualized planning and direct service provision. Best for clients with complex needs who don't require the full intensity of ACT.
6. **Targeted Case Management (TCM):** Targeted Case Management (TCM) is a specialized form of case management that focuses on specific groups of individuals or those residing in particular areas. It aims to help these individuals access the medical, social, educational, and other support services they need, often for complex needs or specific populations. TCM involves a collaborative process of assessment, planning, facilitation, and advocacy to support recovery and improve quality of life.

Research Evidence for Effectiveness of Case Management in Mental Health

1. Improved Symptom Management and Reduced Hospitalization

Mueser et al. (1998) conducted a meta-analysis showing that Intensive Case Management (ICM) significantly reduced psychiatric hospitalizations and improved community functioning among people with SMI. *Mueser, K. T., Bond, G. R., Drake, R. E., & Resnick, S. G. (1998). Models of community care for severe mental illness: A review of research on case management. Schizophrenia Bulletin, 24(1), 37–74.*

2. Assertive Community Treatment (ACT) Improves Engagement

Burns & Santos (1995) highlighted that ACT reduced emergency room visits, increased housing stability, and improved client satisfaction. *Burns, B. J., & Santos, A. B. (1995). Assertive community treatment: An update of randomized trials. Psychiatric Services, 46(7), 669–675.*

3. Cost-Effectiveness and Service Utilization

Dieterich et al. (2017) in a Cochrane Review concluded that ACT is more effective than standard care in reducing hospital use and improving retention in care for people with SMI. Dieterich, M., Irving, C. B., Park, B., & Marshall, M. (2017). *Intensive case management for severe mental illness. Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD007906.*

4. Recovery-Oriented and Strengths-Based Outcomes

Rapp & Goscha (2006) found that Strengths-Based Case Management (SBCM) increases employment, housing stability, and client empowerment. Rapp, C. A., & Goscha, R. J. (2006). *The Strengths Model: Case management with people with psychiatric disabilities. Oxford University Press.*

5. Support for Specific Populations

Coldwell & Bender (2007) conducted a review showing that ACT and ICM reduce homelessness and incarceration among persons with dual diagnoses (mental illness and substance use). Coldwell, C. M., & Bender, W. S. (2007). *The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis. American Journal of Psychiatry, 164(3), 393–399.*

COMPETENCIES:

- Understands the roles and functions of a treatment team, the members respective roles and responsibilities to ensure that collaboration is efficient.
- Understands the steps in setting measurable goals.
- Implements care that is person-centered and/or family-centered.
- Recognizes the limits of one's knowledge and skills.
- Exhibits leadership by directing, guiding, or influencing the collaboration and service delivery of the behavioral health team.
- Responds immediately to requests for consultation or intervention from other providers.
- Facilitates communication between providers.

MICROSKILLS:

- De-escalating conflicts and problem-solving barriers to service access.
- Staying informed about community resources, benefits programs, and funding sources.
- Connecting clients with appropriate programs and services.

- Responding to emergencies and high-risk situations timely and effectively.
- Developing crisis plans and connecting clients to emergency services.



An integral part of behavioral health service delivery is the inclusion and promotion of peer support approaches. Individuals with lived experience bring invaluable perspectives and encouragement to those in recovery. Supporting and advocating for peer support providers strengthens the overall system, offering consumers relatable guidance and additional layers of support.

Diversity within interprofessional teams is a strength, bringing varied perspectives, experiences, and expertise to the table.

Fostering an inclusive environment where all team members—regardless of background or discipline—are valued, enhances the richness of care and the breadth of available solutions.

Mental Health Peer Consumer Advocacy Groups Promote Consumer Inclusion

- Mindfreedom International: [MindFreedom International \(MFI\) - Win human rights in mental health!](#)
- NAMI National Alliance on Mental Illness: [National Alliance on Mental Illness \(NAMI\) | Mental Health Support, Education & Advocacy](#)
- Hearing Voices Network: [National Hearing Voices Network – For people who hear voices, see visions or have other unusual perceptions](#)
- Oregon Mental Health Consumers Association: [The Oregon Mental Health Consumers Association](#)
- Mental Health Association of Portland: [Mental Health Association of Portland](#)
- Mental Health America: [Home | Mental Health America](#)

Systematic Umbrella Review of Peer Support Effectiveness

A comprehensive umbrella review encompassing 35 systematic reviews and over 400 primary studies found that peer support interventions positively impact clinical, social, and functional outcomes for individuals with mental health conditions. The review highlighted improvements in hope, empowerment, and quality of life among participants.

- Cooper, R. E., Saunders, K. R. K., Greenburgh, A., Shah, P., Appleton, R., Machin, K., ... & Johnson, S. (2024). The effectiveness, implementation, and experiences of peer support approaches for mental health: A systematic umbrella review. BMC Medicine, 22, Article 72. <https://doi.org/10.1186/s12916-024-03260-y>

COMPETENCIES:

- Advocates for and foster the use of peer support approaches and peer support providers.
- Fosters and values diversity in the team.

Respecting leadership in all its forms is equally vital. Every team member, regardless of title, may demonstrate leadership in different ways, whether through expertise, initiative, or problem-solving. A culture of respect ensures that contributions are acknowledged, and professional insights are given due consideration.

Communication is at the heart of effective teamwork. Expressing professional opinions in a respectful manner, while also encouraging others to share their thoughts, creates a culture of open dialogue. In moments of conflict, professionalism, respect, and an openness to diverse perspectives serve as essential tools for resolution. Conflict, when managed effectively, can lead to growth, deeper understanding, and stronger collaboration among team members.

COMPETENCIES:

- Respects and responds to the leadership displayed by other providers.
- Expresses professional opinions respectfully and encourages other team members to express their opinions.
- Uses conflict-management strategies that are based on professionalism, respect, and openness to diverse perspectives.



Monitoring, Observing & Reporting

Task 1.5 Monitoring, Observing & Reporting

Monitors and record the behavior of the person receiving services in order to measure their response to interventions.

In the dynamic and collaborative process of working with others, it is essential to demonstrate practicality, flexibility, and adaptability. Rather than adhering rigidly to specific treatment models, the primary focus should always be on achieving meaningful treatment goals. By embracing an approach that prioritizes the well-being of the individual over strict protocol, specialists can respond effectively to the unique needs of each person they serve.

A deep awareness of treatment plan goals and tasks is fundamental to providing effective care. Maintaining this awareness ensures that every intervention aligns with the individual's recovery journey, reinforcing a structured yet responsive approach to treatment. Specialists should implement evidence-based interventions within their scope of practice, always guided by the objectives outlined in the treatment or recovery plan. These interventions are carefully chosen to be both clinically sound and personalized to the needs of the consumer.

COMPETENCIES:

- Demonstrates practicality, flexibility, and adaptability, emphasizing the achievement of treatment goals.
- Maintains awareness of treatment plan goals and tasks.
- Implements evidence-based interventions within scope of practice and based on goals described on the treatment/recovery plan.
- Makes observations of behavior in response to interventions.

Observing and interpreting behavioral responses to interventions is a critical aspect of the treatment process. Through keen observation, professionals can assess the effectiveness of their approach, making necessary adjustments to enhance outcomes. This requires not only an understanding of behavioral patterns but also the ability to document these observations using appropriate clinical and psychiatric terminology. Accurate documentation ensures that the observations are communicated clearly and professionally, allowing for continuity of care across providers. Beyond documentation, specialists must also have a strong grasp of legal and ethical standards related to record-keeping. Proper documentation is not just a procedural requirement—it serves as a safeguard for both consumers and providers, ensuring accountability and compliance with industry regulations. Confidentiality is a cornerstone of ethical practice, and upholding consumer privacy is essential in building trust and maintaining professional integrity.



Research studies reveal, in community mental health, observation skills are not just ancillary—they are foundational. They support more accurate assessments, improve client engagement, reduce risk, and promote effective teamwork. Training programs that enhance these skills, particularly within trauma-informed and culturally responsive frameworks, are increasingly recognized as best practice.

- Substance Abuse and Mental Health Services Administration. (2020). National guidelines for behavioral health crisis care: Best practice toolkit. U.S. Department of Health and Human Services. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- Weissman, E. M., Voss, H., & Ho, J. (2018). Integrating behavioral observations into psychiatric assessment: Lessons from outreach settings. *Psychiatric Services*, 69(10), 1035–1039. <https://doi.org/10.1176/appi.ps.201800106>

COMPETENCIES:

- Understands and records observations in requisite clinical/psychiatric terminology.
- Understands documentation requirements, including applicable legal standards, including confidentiality.

Descriptive Terms for Mental Health Documentation

Mental Health and Psychological Terms

- **Acculturative Stress** – Client reports feelings of worry or sadness adjusting to a new culture.
- **Alexithymia** – Client presented difficulty recognizing and describing their emotions.
- **Alogia** – Client was generally non-communicative and appeared to have sluggish thinking.
- **Anhedonia** – Client reported feeling no happiness or pleasure in their life.
- **Anosognosia** – Client appears to be unaware of their own symptoms and condition.
- **Avolition** – Client reports struggling to start or follow through with tasks and goals.
- **Catalepsy** – Client sat in one position with rigid posture for a long period.
- **Circumstantiality** – Client spoke in a roundabout manner but eventually returned to the main point.
- **Clanging** – Client was rhyming words in their sentences which appeared to have no meaning other than simple rhyming.
- **Concrete Thinking** – Client is interpreting things literally and has difficulty understanding abstract ideas.
- **Confabulation** – The client appears to be filling in memory gaps with made-up details without realizing they are false.
- **Coping Strategy** – The client reports engaging in this behavior (excessive alcohol or drug use, tobacco use, eating, binge television, etc.) as a way of handling problems and stress.
- **Symptoms of Anxiety** – Client presents persistent worry, restlessness, trouble focusing, and physical symptoms like rapid heartbeat, muscle tension, or difficulty sleeping.
- **Symptoms of Depression** – Client reports long-lasting sadness, loss of interest in activities, low energy, and possible thoughts of self-harm or suicide.

Affect (emotional expression)

- **Affect: Expansive** – Client presents overly expressive emotions, often exaggerated.
- **Affect: Incongruent** – Client presents a mismatch between emotions and expressed feelings, such as smiling while saying one feels sad.
- **Affect: Labile** – Client has rapidly shifting emotions, such as crying one moment and laughing the next.
- **Affect: Restricted/Flat** – Client presents limited or absent facial expressions.
- **Affect: Euthymic** – Client appears to be in a stable and neutral emotional state.

Delusions (False Beliefs)

- **Delusions: Broadcasting** – Client states that others can hear their thoughts.
- **Delusions: Capgras** – Client reports they believe people have been replaced by imposters.

- **Delusions: Erotomaniac** – Client believes that someone is in love with them that they have never met.
 - **Delusions: Grandiose** – Client espoused their self-importance, talents, and connections.
 - **Delusions: Ideas of Reference** – Client believes some unrelated events and messages are personally significant to them.
 - **Delusions: Insertion/Withdrawal** – Client thinks that external forces are adding or removing thoughts from their mind.
 - **Delusions: Paranoid/Persecutory** – Client is worried and anxious, believing that others intended to harm them.
 - **Delusions: Somatic** – Client appears to possibly have false beliefs about disturbances in their bodily functions and health that seem inconsistent with basic anatomy and physiology.
-

Dissociation & Related Symptoms

- **Depersonalization** – Client states that they feel detached from themselves, as if they are not real.
 - **Derealization** – Client said they feel that the surrounding world is not real or is a distorted reality in some way.
 - **Distress** – Client has intense worry or sadness when their problems feel overwhelming.
 - **Dysprosody** – Client is sometimes difficult to understand because of unusual speech rhythm and intonation.
 - **Echolalia** – The client is often repeating words or sounds heard from others in their vicinity who are speaking.
 - **Ego-Dystonic** – The client seems disturbed by thoughts that feel foreign or inconsistent with their usual self.
 - **Emergent** – Client’s status is requiring immediate attention and assistance.
 - **Functioning** – Staff continue to assess client’s ability to handle daily tasks, including mental, physical, and social activities.
-

Hallucinations (False Perceptions)

- **Hallucinations: Auditory** – The client reports hearing sounds and voices that are not there, and not noticed by any program staff.
- **Hallucinations: Command** – Client reports hearing voices that give instructions or orders.
- **Hallucinations: Gustatory** – Client has reported unusual tastes that likely aren’t present.
- **Hallucinations: Olfactory** – Client reports smelling odors that likely don’t exist, not noticed by any program staff.
- **Hallucinations: Tactile** – Client is experiencing feeling sensations that aren’t real, like bugs crawling on the skin.
- **Hallucinations: Visual** – Client seems to be seeing things that aren’t there, and not noticed by any program staff.

Speech & Thought Patterns

- **Logorrhea** – Client presents excessive talking.
- **Loose Associations** – While speaking with client, they were jumping between unrelated ideas in conversation.
- **Mutism** – Client was not speaking at all, despite being physically able to.
- **Negativism** – Client is resistant to instructions and refuses to move when prompted.
- **Neologisms** – Client appears to be making up new words that have no recognized meaning.
- **Overinclusive Thinking** – During communications the client is including excessive, unnecessary details in their speech.
- **Perseveration** – The client continues to repeat the same thought or topic over and over.
- **Poverty of Thought** – The client seems unable to describe their thoughts, appearing to have very limited thought processes, with little to no expressed ideas.
- **Preoccupation** – Client is preoccupied, so absorbed in certain thoughts that other things are ignored.
- **Pressured Speech** – Staff have difficulty communicating with client as they are speaking so quickly that it's hard for others to interrupt or understand.
- **Psychomotor Agitation** – The client is restless, with repetitive movements, like pacing and handwringing.
- **Psychomotor Retardation** – The client has very slow speech, movement, and thinking.
- **Stressors** – The client reports having mental and physical strain as a result of these external and internal problems.
- **Stupor** – The client is unresponsive, with little to no movement or interaction.
- **Tangentiality** – The client is often veering off-topic and not returning to the original subject.

Suicidal Thoughts & Mood Disorders

- **Suicidal Ideation** – Client has thoughts about ending their life.
- **Symptoms of Anxiety** – The client has persistent worry, restlessness, trouble focusing, and physical symptoms like rapid heartbeat, muscle tension, and difficulty sleeping.
- **Symptoms of Depression** – The client reports long-lasting sadness, loss of interest in activities, low energy, and possible thoughts of self-harm and/or suicide.

A well-rounded understanding of common healthcare and behavioral health conditions is crucial when working in treatment settings. This includes knowledge of symptoms, potential treatment approaches, and how these conditions impact the lives of those being served. Additionally, recognizing the role of pharmacological treatments in behavioral and medical health care is vital.

Professionals should be familiar with the primary indications, effects, and possible side effects of commonly prescribed medications, as well as the broader implications of pharmacotherapy.

Furthermore, it is important to acknowledge that over-the-counter medications and other non-prescription remedies can significantly impact a consumer's health and treatment plan.

Understanding these interactions helps ensure that all aspects of a person's healthcare are considered, reducing potential risks and enhancing overall treatment effectiveness.

TOP PSYCHIATRIC DISORDERS AMONG THE ADULT U.S. MEDICAID POPULATION

- **Schizophrenia and other Psychotic Disorders:** estimated to be 3-4% of the Medicaid population
- **Bipolar Disorder:** estimated to be 3-4% of the Medicaid population
- **Major Depression:** 17% of the Medicaid population a major depressive episode in the past year
- **Anxiety Disorders: Panic, Social, PTSD:** 19.1% of the Medicaid population reports experiencing severe anxiety in the past year
- **Personality Disorders:** estimated to be over 10% of the Medicaid population have personality disorders
- **Intellectual and Developmental Disabilities (IDD):** estimated to be 1.4%-2.86% of the Medicaid population
- **Substance Use Disorders:** 22% of the Medicaid population reports past year substance use disorder

TOP CHRONIC HEALTH CARE DISORDERS IN THE U.S.

- **Heart disease:** A leading cause of death in the US
- **Cancer:** The second leading cause of death in the US
- **Diabetes:** A chronic disease that affects millions of Americans
- **Stroke:** A leading cause of death in the US
- **Hypertension:** A common chronic condition
- **Asthma:** A common chronic condition
- **Chronic obstructive pulmonary disease:** A common chronic condition
- **Obesity:** A risk factor for chronic diseases like heart disease, diabetes, and some cancers
- **Arthritis:** Affects millions of adults in the US



COMPETENCIES:

- Understands the common symptoms and treatments for the major healthcare and behavioral health conditions experienced by the consumers being served.
- Recognizes the primary indications, effects, and side effects of pharmacological agents used in the treatment setting.
- Recognizes the potential impact and interaction of over-the-counter medications and other non-prescription remedies on health and healthcare treatments.

MICROSKILLS:

- Mental health support staff are not medical specialists, however they have an ongoing willingness and motivation to continue learning about common healthcare conditions and contemporary treatments for those conditions, as they intersect with mental health.
- Mental health support staff pursue a basic understanding of anatomy & physiology.
- Reports use of over-the-counter drugs in documentation, most especially aberrant use of over-the-counter drugs.

Overview of Common Psychiatric Diagnoses in Community Mental Health Programs

The following psychiatric diagnoses are common among adults engaged in community mental health programs and in the U.S. Medicaid population.

Schizophrenia and other Psychotic Disorders

1. Positive Symptoms (Excess or Distortion of Normal Functions)

- **Hallucinations** – Sensory experiences without external stimuli (e.g., hearing voices, seeing things that aren't there).
- **Delusions** – Strongly held false beliefs despite contrary evidence (e.g., paranoia, grandiosity, or believing one has special powers).
- **Disorganized Thinking** – Speech that is incoherent, tangential, or fragmented (e.g., word salad, loose associations).
- **Disorganized or Abnormal Motor Behavior** – Unpredictable agitation, odd movements, or **catatonia** (lack of response or rigid posture).



2. Negative Symptoms (Loss of Normal Functions)

- **Avolition** – Lack of motivation to start or sustain activities.
- **Anhedonia** – Inability to experience pleasure.
- **Alogia** – Reduced speech output (poverty of speech).
- **Flat Affect** – Limited emotional expression or unresponsive facial expressions.
- **Social Withdrawal** – Avoidance of social interactions and relationships.

5. Psychotic Disorders Spectrum

- **Schizophrenia** – Chronic and severe form lasting over six months.
- **Schizoaffective Disorder** – Schizophrenia with significant mood disorder symptoms.
- **Brief Psychotic Disorder** – Short-term psychosis (less than a month).
- **Schizophreniform Disorder** – Symptoms lasting **1 to 6 months** (possible early schizophrenia).
- **Delusional Disorder** – Persistent delusions without prominent hallucinations or disorganized thinking.
- **Substance-Induced Psychotic Disorder** – Psychosis triggered by drugs or medication.

6. Treatment and Management

- **Antipsychotic Medications** – Primary treatment (e.g., risperidone, olanzapine, clozapine).
- **Psychotherapy and Cognitive Behavioral Therapy (CBT)** – Helps manage symptoms and improve functioning.
- **Social and Vocational Support** – Rehabilitation, supported employment, and housing assistance.
- **Electroconvulsive Therapy (ECT)** – Used in severe, treatment-resistant cases

Top Three Types of Medications for Schizophrenia and other Psychotic Disorders

1. **Risperidone (Risperdal)** – Effective for both positive and negative symptoms with a lower risk of severe motor side effects compared to first-generation antipsychotics.
2. **Olanzapine (Zyprexa)** – Effective for mood stabilization and reducing agitation in acute psychosis.
3. **Clozapine (Clozaril)** – The most effective antipsychotic for treatment-resistant schizophrenia and reducing suicide risk.
4. **Other drugs:** Aripiprazole (Abilify), Quetiapine (Seroquel), Ziprasidone (Geodon), Paliperidone (Invega), Lurasidone (Latuda)

Bipolar Disorder

1. Core Mood Episodes

Manic Episode (Elevated or Irritable Mood for at least 1 week)

- Increased energy and activity
- Grandiosity or inflated self-esteem
- Decreased need for sleep (e.g., feeling rested after only a few hours)
- Pressured speech or excessive talking
- Racing thoughts (flight of ideas)
- Impulsivity or risky behaviors (e.g., spending sprees, reckless driving, hypersexuality)
- Severe cases may include psychotic symptoms (hallucinations or delusions)



Hypomanic Episode (Milder Mania lasting at least 4 days)

- Similar to mania but less severe
- No psychotic symptoms
- Does not cause major functional impairment (e.g., a person may still be able to work)

Depressive Episode (Persistent Low Mood for at least 2 weeks)

- Sadness or hopelessness
- Loss of interest or pleasure in activities (anhedonia)
- Fatigue or low energy
- Changes in sleep patterns (insomnia or hypersomnia)
- Appetite or weight changes
- Difficulty concentrating or making decisions
- Thoughts of death or suicide

2. Types of Bipolar Disorder

- **Bipolar I Disorder:** At least one manic episode, often with depressive episodes.
- **Bipolar II Disorder:** At least one hypomanic episode and one major depressive episode, but no full manic episodes.

- **Cyclothymic Disorder:** Chronic fluctuations between hypomanic and depressive symptoms that don't meet full episode criteria.
- **Other Specified or Unspecified Bipolar Disorder:** Bipolar symptoms that don't fit standard categories.

3. Treatment Approaches

- **Mood Stabilizers:** Lithium, valproate (Depakote), quetiapine
- **Atypical Antipsychotics:** Olanzapine, quetiapine, aripiprazole
- **Antidepressants (used cautiously)** – Often combined with a mood stabilizer to prevent manic episodes
- **Psychotherapy:** Cognitive Behavioral Therapy (CBT), psychoeducation
- **Lifestyle Management:** Sleep regulation, avoiding drugs/alcohol, structured routines

Top Three Types of Medications for Bipolar Disorder

1. **Lithium (Lithobid, Eskalith)** – First-line treatment for both mania and bipolar depression; reduces suicide risk.
2. **Valproate / Divalproex Sodium (Depakote, Depakene)** – Effective for acute mania and rapid-cycling bipolar disorder.
3. **Quetiapine (Seroquel)** – Approved for bipolar depression, mania, and maintenance treatment.
4. **Other drugs include:** Carbamazepine (Tegretol, Equetro), Lamotrigine (Lamictal), Olanzapine (Zyprexa), Aripiprazole (Abilify)

Major Depressive Disorder

1. Core Symptoms (DSM-5 Criteria)

A. Emotional Symptoms

- Depressed mood (feeling sad, empty, hopeless, or irritable).
- Loss of interest or pleasure (anhedonia) in most activities, including hobbies and social interactions.

B. Cognitive Symptoms

- Difficulty concentrating or making decisions.
- Feelings of worthlessness or excessive guilt.
- Recurrent thoughts of death, suicidal ideation, or suicide attempts.
- Negative thought patterns (cognitive distortions) – e.g., self-blame, catastrophizing.
- Avoidance behaviors – Withdrawing from social situations, neglecting responsibilities.

C. Physical Symptoms

- Fatigue or low energy.
- Significant weight loss or gain, or changes in appetite.
- Insomnia or hypersomnia (sleeping too little or too much).
- Psychomotor agitation or retardation (feeling restless or moving slowly).

2. Types of Depression (MDD Specifiers)

- **Melancholic Depression** – Loss of pleasure, early morning awakening, weight loss, excessive guilt.
- **Atypical Depression** – Mood reactivity (brief improvement with positive events), weight gain, hypersomnia, rejection sensitivity.
- **Psychotic Depression** – Depression with hallucinations or delusions.
- **Seasonal Affective Disorder (SAD)** – Depression triggered by seasonal changes, typically in winter.
- **Peripartum Depression** – Occurs during pregnancy or after childbirth.



- **Persistent Depressive Disorder (Dysthymia)** – Chronic but milder form lasting two years or more.

3. Treatment Approaches

A. Psychotherapy

- Cognitive Behavioral Therapy (CBT) – Helps challenge negative thoughts and behaviors.
- Interpersonal Therapy (IPT) – Focuses on improving relationships and social functioning.
- Dialectical Behavior Therapy (DBT) – Useful for depression with self-harm tendencies.

B. Other Treatments

- Electroconvulsive Therapy (ECT) – Used for severe or treatment-resistant depression.
- Transcranial Magnetic Stimulation (TMS) – Non-invasive brain stimulation therapy.
- Lifestyle Interventions – Exercise, sleep regulation, dietary changes, mindfulness.

Top Three Types of Medications for Major Depressive Disorder

1. **Sertraline (Zoloft):** Effective for both depression and anxiety disorders.
2. **Escitalopram (Lexapro):** Effective for both MDD and generalized anxiety disorder (GAD).
3. **Venlafaxine (Effexor XR):** More effective for severe depression and cases with low energy/fatigue. Works well for anxiety and panic disorders.
4. **Other medications:** Fluoxetine, Duloxetine, Bupropion, Mirtazapine, Amitriptyline, Nortriptyline, Phenelzine, and Tranylcypromine

Anxiety Disorders: Panic, Social, PTSD

1. Panic Disorder

- **Definition:** Characterized by recurrent, unexpected panic attacks—sudden episodes of intense fear or discomfort.
- **Symptoms:**
 - Rapid heartbeat, sweating, trembling
 - Shortness of breath, chest pain
 - Dizziness, nausea, or feeling detached from reality
 - Fear of losing control or dying
- **Triggers:** Can occur unexpectedly or be triggered by specific situations.
- **Treatment:** Cognitive-behavioral therapy (CBT), medication (e.g., SSRIs, benzodiazepines), breathing exercises.



2. Social Anxiety Disorder (Social Phobia)

- **Definition:** Intense fear of social situations where one might be judged, leading to avoidance or distress.
- **Symptoms:**
 - Fear of embarrassment, humiliation, or scrutiny
 - Avoidance of social interactions or performance situations
 - Physical symptoms like blushing, sweating, shaking
- **Triggers:** Public speaking, meeting new people, eating in public, etc.
- **Treatment:** CBT, exposure therapy, SSRIs, beta-blockers, social skills training.

3. Post-Traumatic Stress Disorder (PTSD)

- **Definition:** Develops after experiencing or witnessing a traumatic event (e.g., violence, accidents, war).
- **Symptoms:**
 - **Re-experiencing:** Flashbacks, nightmares, intrusive thoughts
 - **Avoidance:** Steering clear of reminders of trauma
 - **Hyperarousal:** Insomnia, irritability, exaggerated startle response
 - **Negative Mood Changes:** Guilt, detachment, depression
- **Triggers:** Memories, anniversaries, sensory cues related to trauma.

- **Treatment:** Trauma-focused CBT, EMDR (Eye Movement Desensitization and Reprocessing), SSRIs, group therapy.

Top Three Types of Medications for Anxiety Disorders: Panic, Social, PTSD

1. **Selective Serotonin Reuptake Inhibitors (SSRIs):** Sertraline (Zoloft), Paroxetine (Paxil), Fluoxetine (Prozac), Escitalopram (Lexapro). Increase serotonin levels in the brain, improve mood and reducing anxiety.
2. **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):** Venlafaxine (Effexor XR), Duloxetine (Cymbalta). Boost both serotonin and norepinephrine levels, which help regulate mood and anxiety.
3. **Benzodiazepines:** Alprazolam (Xanax), Clonazepam (Klonopin), Lorazepam (Ativan), Diazepam (Valium): Enhance the calming effects of GABA, a neurotransmitter that reduces brain activity.
4. **Other Drugs:** Beta-Blockers (*Propranolol*), Atypical Antidepressants (*Mirtazapine, Trazodone*), Prazosin – Used specifically for PTSD-related nightmares.

Personality Disorders

Cluster A: Odd or Eccentric Disorders

1. **Paranoid Personality Disorder (PPD)**
 - **Core Feature:** Distrust and suspicion of others, interpreting their motives as harmful.
 - **Symptoms:** Reluctance to confide in others, holding grudges, perceiving hidden threats.
2. **Schizoid Personality Disorder (SPD)**
 - **Core Feature:** Detachment from social relationships and limited emotional expression.



- **Symptoms:** Prefers solitude, lacks interest in close relationships, appears emotionally cold.
3. **Schizotypal Personality Disorder (STPD)**
- **Core Feature:** Discomfort with close relationships, cognitive distortions, and eccentric behavior.
 - **Symptoms:** Odd beliefs, magical thinking, social anxiety, paranoia.

Cluster B: Dramatic, Emotional, or Erratic Disorders

4. **Antisocial Personality Disorder (ASPD)**
- **Core Feature:** Disregard for others' rights, deceitful, impulsive, and often engaging in criminal behavior.
 - **Symptoms:** Manipulative, aggressive, lacks remorse, violates laws and social norms.
5. **Borderline Personality Disorder (BPD)**
- **Core Feature:** Instability in emotions, relationships, and self-image.
 - **Symptoms:** Fear of abandonment, mood swings, impulsivity, self-harm, chronic feelings of emptiness.
6. **Histrionic Personality Disorder (HPD)**
- **Core Feature:** Excessive attention-seeking and emotionality.
 - **Symptoms:** Dramatic, easily influenced, overly concerned with appearance, craves approval.
7. **Narcissistic Personality Disorder (NPD)**
- **Core Feature:** Grandiosity, need for admiration, and lack of empathy.
 - **Symptoms:** Sense of entitlement, exploits others, hypersensitive to criticism, arrogant behavior.



Cluster C: Anxious or Fearful Disorders

8. Avoidant Personality Disorder (AVPD)

- **Core Feature:** Extreme social inhibition due to fears of inadequacy and rejection.
- **Symptoms:** Avoids social interactions, hypersensitive to criticism, low self-esteem.

9. Dependent Personality Disorder (DPD)

- **Core Feature:** Excessive need for care, submissiveness, and fear of separation.
- **Symptoms:** Difficulty making decisions, fear of being alone, clinging behaviors.

10. Obsessive-Compulsive Personality Disorder (OCPD)

- **Core Feature:** Preoccupation with order, perfectionism, and control.
- **Symptoms:** Rigid thinking, over-focus on rules and details, difficulty delegating tasks, excessive work ethic.



Treatment for personality disorders typically involves psychotherapy (e.g., Cognitive-Behavioral Therapy, Dialectical Behavior Therapy) and, in some cases, medication for symptom management.

Intellectual and Developmental Disabilities (IDD):

1. Intellectual Disability (ID)

- **Definition:** A condition characterized by limitations in intellectual functioning (IQ < 70) and adaptive behaviors (e.g., communication, self-care).
- **Key Features:**
 - Below-average intellectual ability.
 - Deficits in problem-solving, reasoning, and learning.
 - Difficulty with daily living skills (e.g., hygiene, money management).
 - Diagnosed before age 18.

2. Autism Spectrum Disorder (ASD)

- **Definition:** A neurodevelopmental disorder affecting social interaction, communication, and behavior.
- **Key Features:**
 - Difficulty with social cues and interactions.
 - Repetitive behaviors, restricted interests.
 - Sensory sensitivities (e.g., sound, touch).
 - Varying degrees of verbal and nonverbal communication challenges.

3. Cerebral Palsy (CP)

- **Definition:** A motor disorder caused by brain damage before, during, or shortly after birth, affecting movement and muscle coordination.
- **Key Features:**
 - Muscle stiffness (spasticity) or weakness.
 - Difficulty with balance and coordination.
 - Speech and swallowing difficulties in some cases.
 - Can co-occur with intellectual disability but not always.

4. Down Syndrome

- **Definition:** A genetic disorder caused by an extra copy of chromosome 21, leading to intellectual and physical differences.
- **Key Features:**
 - Mild to moderate intellectual disability.

- Distinct facial features (e.g., almond-shaped eyes, flat facial profile).
- Delayed speech and motor development.
- Increased risk of heart defects and other health conditions.

5. Fragile X Syndrome

- **Definition:** A genetic disorder causing intellectual disability, often with behavioral and emotional challenges.
- **Key Features:**
 - Delayed speech and language development.
 - Hyperactivity and anxiety.
 - Social challenges, often similar to autism.
 - Physical traits (e.g., long face, large ears).

6. Fetal Alcohol Spectrum Disorders (FASD)

- **Definition:** A range of conditions caused by prenatal alcohol exposure, affecting brain development and behavior.
- **Key Features:**
 - Learning difficulties and poor memory.
 - Hyperactivity and impulsivity.
 - Facial abnormalities in severe cases.
 - Coordination and balance problems.

7. Learning Disabilities (LD)

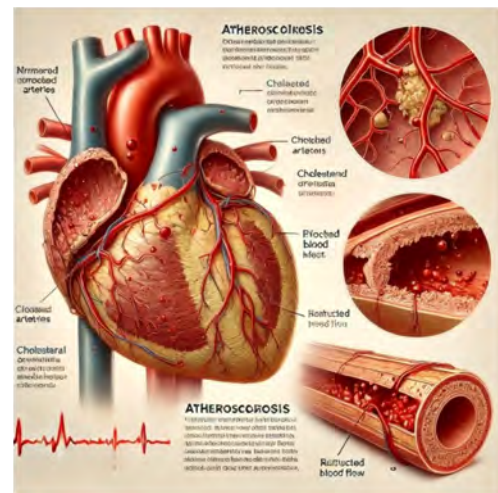
- **Definition:** Neurological conditions affecting specific cognitive skills, despite normal intelligence.
- **Key Features:**
 - **Dyslexia** – Difficulty with reading and spelling.
 - **Dyscalculia** – Difficulty with math concepts.
 - **Dysgraphia** – Difficulty with writing and fine motor skills.

Overview of Six Common Chronic Health Disorders in Community Mental Health Programs

The following six health conditions are common among adults engaged in community mental health programs and in the U.S. Medicaid population.

One: Heart Disease

1. **Coronary Artery Disease (CAD)** – Narrowing of the coronary arteries due to plaque buildup, leading to reduced blood flow.
2. **Heart Attack (Myocardial Infarction)** – Blockage of blood flow to the heart, causing damage to heart tissue.
3. **Heart Failure** – The heart becomes too weak or stiff to pump blood efficiently.
4. **Arrhythmias** – Irregular heartbeats, such as atrial fibrillation or ventricular tachycardia.
5. **Hypertension (High Blood Pressure)** – Increased force of blood against artery walls, straining the heart.
6. **Cardiomyopathy** – Disease of the heart muscle that affects its ability to pump blood properly.
7. **Heart Valve Disease** – Malfunction of one or more heart valves, leading to improper blood flow.
8. **Congenital Heart Defects** – Structural abnormalities in the heart present at birth.
9. **Pericarditis** – Inflammation of the pericardium (the lining around the heart).
10. **Atherosclerosis** – Hardening and narrowing of the arteries due to plaque buildup, increasing the risk of heart attacks and strokes.



Top Three Types of Medications for Heart Disease

5. **Statins (e.g., Atorvastatin, Simvastatin, Rosuvastatin)** – Used to lower cholesterol and reduce the risk of heart attacks and strokes.

6. **Beta-Blockers (e.g., Metoprolol, Atenolol, Carvedilol)** – Help lower blood pressure and heart rate, reducing strain on the heart.
7. **ACE Inhibitors (e.g., Lisinopril, Enalapril, Ramipril)** – Help relax blood vessels, lower blood pressure, and reduce the workload on the heart.

Two: Cancer

1. **Non-small cell lung cancer (NSCLC)** - is the most common type of lung cancer, accounting for roughly 80-85% of all lung cancer cases.
2. **Small cell lung cancer (SCLC)** - an aggressive form of lung cancer.
3. **Carcinoma** – Cancer that begins in the skin or tissues lining organs (e.g., lung, breast, prostate, colon).
4. **Sarcoma** – Cancer that starts in bones, muscles, fat, or connective tissues.
5. **Leukemia** – Cancer of the blood and bone marrow, affecting white blood cell production.
6. **Lymphoma** – Cancer of the lymphatic system, including Hodgkin’s and non-Hodgkin’s lymphoma.
7. **Melanoma** – A serious form of skin cancer that develops in pigment-producing cells.
8. **Multiple Myeloma** – Cancer affecting plasma cells in the bone marrow.
9. **Brain and Spinal Cord Tumors** – Cancers originating in the central nervous system.



Top Three Types of Medications for Cancer

1. **Cisplatin (Platinol)** – A chemotherapy drug used to treat various cancers, including lung, bladder, ovarian, and testicular cancer.
2. **Paclitaxel (Taxol)** – A chemotherapy agent that interferes with cancer cell growth, commonly used for breast, ovarian, and lung cancer.

3. **Imatinib (Gleevec)** – A targeted therapy drug used to treat chronic myeloid leukemia (CML) and gastrointestinal stromal tumors (GIST).

Three: Diabetes

1. **Type 1 Diabetes** – An autoimmune condition where the body attacks insulin-producing cells in the pancreas.
2. **Type 2 Diabetes** – A metabolic disorder where the body becomes resistant to insulin or doesn't produce enough.
3. **Gestational Diabetes** – Diabetes that develops during pregnancy and usually resolves after childbirth.
4. **Diabetic Neuropathy** – Nerve damage caused by prolonged high blood sugar levels.
5. **Diabetic Retinopathy** – Damage to the blood vessels in the eyes, leading to vision problems or blindness.
6. **Diabetic Nephropathy** – Kidney damage due to diabetes, which can lead to kidney failure.
7. **Diabetic Foot Ulcers** – Poor circulation and nerve damage increasing the risk of foot infections and ulcers.



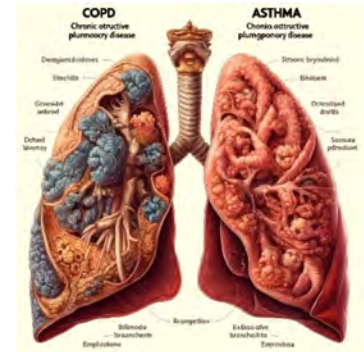
Top Three Types of Medications for Diabetes

1. **Metformin (Glucophage)** – The first-line medication for type 2 diabetes; it helps lower blood sugar by improving insulin sensitivity and reducing liver glucose production.
2. **Insulin (Various types: Lantus, Humalog, Novolog)** – Essential for people with type 1 diabetes and sometimes used in type 2 diabetes to regulate blood sugar levels.
3. **GLP-1 Receptor Agonists (e.g., Semaglutide [Ozempic], Liraglutide [Victoza])** – Help increase insulin release, slow digestion, and reduce appetite.

Four: Chronic Obstructive Pulmonary Disease & Asthma

COPD-Associated Conditions:

1. **Chronic Bronchitis** – Long-term inflammation of the bronchial tubes, causing mucus buildup and persistent cough.
2. **Emphysema** – Damage to the air sacs (alveoli) in the lungs, leading to shortness of breath.
3. **Respiratory Infections** – Increased risk of pneumonia and other lung infections.
4. **Pulmonary Hypertension** – High blood pressure in the lungs due to poor oxygen exchange.
5. **Lung Cancer** – Higher risk due to chronic lung damage and inflammation.



Asthma-Associated Conditions:

1. **Allergic Rhinitis** – Inflammation of the nasal passages triggered by allergens.
2. **Sinusitis** – Chronic or recurrent sinus infections that worsen breathing difficulties.
3. **Exercise-Induced Bronchoconstriction** – Narrowing of airways triggered by physical activity.
4. **Gastroesophageal Reflux Disease (GERD)** – Acid reflux that can worsen asthma symptoms.
5. **Respiratory Infections** – Viruses and bacteria that can trigger asthma attacks.

Top Three Types of Medications for COPD & Asthma

1. **Albuterol (Ventolin, ProAir, Proventil)** – A short-acting beta agonist (SABA) used as a quick-relief (rescue) inhaler to open airways during asthma attacks and COPD flare-ups.
2. **Fluticasone/Salmeterol (Advair)** – A combination inhaler containing a corticosteroid (Fluticasone) to reduce inflammation and a long-acting beta agonist (Salmeterol) to keep airways open.
3. **Tiotropium (Spiriva)** – A long-acting muscarinic antagonist (LAMA) that helps relax airway muscles, primarily used in COPD but sometimes for severe asthma.

Six: Hypertension

1. **Heart Disease** – Increased risk of heart attacks, heart failure, and left ventricular hypertrophy.
2. **Stroke** – Higher likelihood of blood vessel damage leading to strokes.
3. **Chronic Kidney Disease** – Excess pressure on kidneys can lead to kidney failure.
4. **Aneurysm** – Weakening of blood vessel walls, increasing the risk of rupture.
5. **Vision Loss (Hypertensive Retinopathy)** – Damage to blood vessels in the eyes, leading to vision problems.
6. **Cognitive Decline** – Increased risk of dementia and memory problems.
7. **Peripheral Artery Disease (PAD)** – Narrowing of blood vessels, reducing circulation in limbs.



Top Three Types of Medications for Hypertension

1. **Lisinopril (Prinivil, Zestril)** – An ACE inhibitor that helps relax blood vessels and lower blood pressure.
2. **Amlodipine (Norvasc)** – A calcium channel blocker that relaxes blood vessels and improves blood flow.
3. **Hydrochlorothiazide (HCTZ)** – A thiazide diuretic that helps the body remove excess sodium and water, reducing blood pressure.

Teaching Basic & Community Living Skills

Task 1.6 Teaching Basic & Community Living Skills

Teaches basic and community living skills to persons receiving services either individually or in group settings.

Mastering and promoting basic and community living skills is essential for fostering independence and overall well-being. A skilled professional in this field not only understands these foundational skills but also actively demonstrates and reinforces them in a way that encourages personal growth and development.

To begin with, having a deep understanding of basic and community living skills is crucial. These skills encompass essential daily activities such as personal hygiene, financial management, social interactions, and navigating community resources. By modeling these behaviors in a consistent and supportive manner, professionals provide individuals with a clear example of how to incorporate these skills into their daily lives.

Reinforcement plays a significant role in skill acquisition. Encouraging and recognizing progress in the development of basic and community living skills helps individuals build confidence and motivation. Whether through verbal affirmations, structured rewards, or real-world practice, reinforcing target behaviors ensures continued growth and mastery.

COMPETENCIES:

- Understands definitions of basic and community living skills.
- Models desirable behavior regarding basic and community living skills.
- Reinforces target behaviors of basic and community living skills.

A comprehensive grasp of course curriculum content related to these life skills further enhances a professional's ability to guide individuals effectively. Providing educational materials tailored to the

consumer's literacy level, communication style, and personal preferences ensures that information is accessible and meaningful. By complementing verbal instruction with written or visual materials, professionals reinforce key lessons, making them easier to retain and apply in daily life.

Teaching strategies should be implemented using developmentally appropriate techniques, taking into account an individual's cognitive abilities, learning style, and personal experiences. A skilled facilitator recognizes when to adapt their approach, modifying strategies as the person progresses. This flexibility allows for a more personalized and effective learning experience, ensuring that each person can move forward at their own pace.

Eliciting feedback is an essential aspect of effective teaching and intervention. Engaging individuals in discussions about what strategies work best for them fosters a collaborative learning environment. Encouraging open dialogue about teaching methods and interventions helps professionals refine their approaches, making adjustments based on the needs and preferences of those they serve.



Group facilitation is another critical component of fostering community living skills. Awareness of group dynamics and management strategies ensures that sessions run smoothly and inclusively. Encouraging participation from all group members creates an engaging and supportive environment, where individuals can share experiences, practice new skills, and learn from one another.

COMPETENCIES:

- Understands course curriculum content regarding basic and community living skills.
- Provides behavioral health education materials that are appropriate to the communication style, literacy level, and preference of consumers and families.
- Implements teaching strategies using developmentally-appropriate techniques.
- Understands how to modify strategies according to consumer progress.
- Elicits feedback regarding teaching methods and interventions.
- Maintains awareness of group facilitation and management strategies.
- Encourages participation of all group participants.

POPULAR EVIDENCE-BASED LIFE SKILLS CURRICULUMS

1. Illness Management and Recovery (IMR)

- Designed for individuals with severe mental illness.
- Focuses on goal-setting, coping skills, medication management, and relapse prevention.

2. Wellness Recovery Action Plan (WRAP)

- A self-help tool for individuals managing mental health conditions.
- Includes wellness strategies, crisis planning, and self-advocacy.

3. Cognitive Enhancement Therapy (CET)

- Focuses on improving cognitive and social skills for people with schizophrenia or related conditions.
- Helps with problem-solving, memory, and social cognition.

4. Social and Independent Living Skills (SILS) Curriculum

- Developed by UCLA, this program helps people with serious mental illness develop essential life skills.
- Covers communication, financial management, cooking, and hygiene.

5. Basic Living Skills Curriculum (BLS)

- Teaches fundamental life skills such as self-care, household management, and safety.

6. Transition to Independence Process (TIP) Model

- Focuses on young adults with mental health challenges.
- Helps with employment, housing, education, and social relationships.

7. Dialectical Behavior Therapy (DBT) Skills Training

- Includes modules on mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

8. Strengths Model Case Management

- Helps individuals with mental health challenges use their strengths to achieve life goals.
- Encourages community engagement and skill-building.

9. Real Life Heroes (RLH)

- A trauma-informed curriculum for children and adolescents.
- Helps develop coping skills through storytelling and expressive activities.

10. Seeking Safety

- Designed for individuals dealing with trauma and substance use.
- Focuses on coping skills, setting boundaries, and self-care.

Motivational strategies play a pivotal role in helping individuals acquire adaptive behaviors and essential life skills. Encouraging a sense of autonomy, celebrating small successes, and providing positive reinforcement helps sustain engagement and drive. By fostering a growth mindset, professionals empower individuals to take ownership of their progress and work toward self-sufficiency.

Ultimately, basic and community living skills serve as a foundation for achieving long-term recovery goals. These skills are not only necessary for daily functioning but also contribute to a greater sense of independence, stability, and confidence. By equipping individuals with the tools they need to navigate life's challenges, professionals help pave the way for a more fulfilling and self-sustained future.

COMPETENCIES:

- Uses motivational strategies.
- Understands the role of basic and community living skills to achieve recovery goals.

MICROSKILLS

- Pursues specialty training in Motivational Interviewing, an Evidence-based Practice in Substance Use and Co-occurring Disorders treatment.

Resource Referral

Task 1.7 Resource Referral

Assist persons receiving services to obtain needed community resources.

In the ever-evolving landscape of healthcare, ensuring a seamless and compassionate connection between individuals and the support they need is paramount. Acting as a vital bridge between healthcare consumers, their families, and the broader behavioral health and medical communities, this role focuses on fostering meaningful connections through direct, face-to-face encounters known as “warm hand-offs.” These personal introductions help ease transitions in care, ensuring that individuals feel supported rather than lost in a complex system.

Collaboration is at the heart of this role, requiring a delicate balance of differing perspectives, priorities, and schedules among healthcare providers and community organizations. Navigating these dynamics demands strong interpersonal skills and a solutions-focused mindset to align services in ways that best serve the needs of those seeking care. A deep awareness of available community resources is essential, as these external supports play a crucial role in holistic health and well-being.



COMPETENCIES:

- Connects healthcare consumers with “warm hand-offs.”
- Works collaboratively to resolve differing perspectives, priorities and schedules among providers and community resources.
- Maintains awareness of outside community resources.

MICROSKILLS:

- Introduction skills for a “Warm Hand-off”.
- Learns about outside resources, builds relationships with referral partners.
- Participates in maintaining information on referral sources for the entire agency to access.
- Looks for new resources to share with the entire treatment team.
- Updates referrals resources when organizations are no longer in business.

At its core, this role prioritizes personal choice, recognizing that each healthcare consumer has unique needs and preferences. By considering and facilitating access to complementary and alternative services, individuals are empowered to explore options that align with their personal wellness journeys. Understanding the referral process and effectively linking consumers to appropriate resources ensures that no one falls through the cracks.

COMPETENCIES:

- Prioritizes healthcare consumers’ personal choices.
- Understands referral process/linkage to those resources.

MICROSKILLS:

- Develops knowledge of referral criteria. Does not refer consumers to outside services where they will not be accepted due to ineligibility. (Example, referring a person to residential treatment because they are houseless in the winter. Residential addiction and mental health facilities are not housing programs, rather, they are programs serving those with severe mental health or substance abuse challenges).

Beyond referrals, the role extends to arranging patient navigation services that encompass financial counseling, transportation assistance, home care coordination, access to social services, peer support networks, and critical treatment options, including medication management. These services aim to remove barriers and create a smoother path toward sustained well-being. Maintaining strict awareness of confidentiality requirements and the necessary releases for resource referrals ensures that all connections are made with respect for privacy and legal guidelines. Empowerment through education is a key component of this role. Identifying individual needs, teaching healthcare consumers how to advocate for themselves, and guiding them toward community resources fosters independence and long-term success. Effective communication with community resource partners is equally vital, requiring respect, professionalism, and advocacy to cultivate lasting and productive relationships.



COMPETENCIES:

- Provides or arranges access to “patient navigation” services.
- Maintains awareness of confidentiality and releases needed for resource referrals.
- Demonstrates ability to teach consumers self-advocacy to access resources.
- Communicates respectfully with community partners.
- Demonstrates advocacy skills and relationship building with resource partners.

Cultural competency is an integral part of the resource referral process, ensuring that the selection of community resources is inclusive and sensitive to diverse backgrounds and experiences. By developing collaborative relationships with service providers who specialize in culturally responsive care, individuals and their families receive support that truly aligns with their needs and values. Additionally, understanding the role of family and natural support networks in the recovery journey allows for meaningful engagement and referrals to services that uplift both the individual and their loved ones.

Helping individuals strengthen their personal support networks is another key focus. By facilitating skill-building and fostering connections to natural supports, this role promotes resilience and a

sense of belonging. Positive relationships are nurtured not only with the person receiving services but also with their family members and support systems, recognizing the power of community in the healing process.

Finally, the work doesn't end with referrals—it requires follow-up. Evaluating the effectiveness of recommended resources and services ensures continuous improvement in the support provided. Through ongoing assessment and adaptation, the ultimate goal is to build a healthcare experience that is as supportive, inclusive, and effective as possible, creating lasting positive outcomes for individuals and their communities.

COMPETENCIES:

- Develops collaborative relationships with providers of culturally diverse services.
- Maintains knowledge of referrals for family/support resources in the community.
- Facilitates consumer skills to help them enhance their network of natural supports.
- Demonstrates follow up procedures to evaluate the efficacy of resources and referrals.

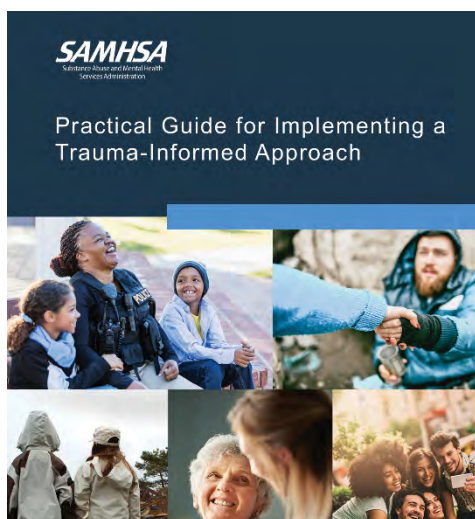
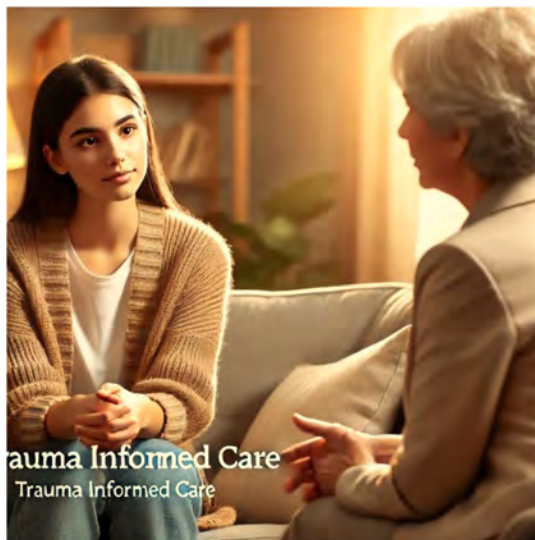
Implementing Interventions

Task 1.8 Implementing Interventions

Implements designated interventions and behavioral management program.

In the field of behavioral health, effective intervention is critical to fostering meaningful change and promoting well-being. A skilled professional not only implements treatment plan interventions within their scope of practice but does so with a deep understanding of the specific techniques best suited for each individual receiving services.

At the heart of this work is an understanding of trauma and its profound impact on behavioral management and intervention strategies. Recognizing that past experiences shape present behaviors, the specialist approaches each interaction with sensitivity and a trauma-informed mindset.



A fundamental belief in the power of brief interventions is central to this approach. Through daily practice and communication, the specialist consistently reinforces the value of targeted, time-sensitive strategies to improve health outcomes. Whether engaging directly with behavioral health consumers, collaborating with family members, or coordinating with other providers, every action reflects a commitment to evidence-based care.

Learn more about Trauma-informed Approaches in the SAMHSA Guide

[Practical Guide for Implementing a Trauma-Informed Approach](#)

To effectively support individuals in their journey toward better health, the specialist employs a range of evidence-based interventions tailored to each person's unique needs. Techniques such as motivational interviewing serve to inspire and empower individuals, increasing their intrinsic motivation to embrace positive change. By utilizing non-physical behavior management strategies, the specialist creates a safe and structured environment that fosters growth without resorting to coercion or force.



An understanding of reinforcement contingencies (Contingency Management) and token economies further enhances intervention strategies. By maintaining an awareness of these behavioral principles, the professional can shape and encourage desirable behaviors, reinforcing progress in a meaningful way.

Research Supporting Reward Driven Mental Health Interventions

Contingency Management (CM)

Numerous research studies reveal the effectiveness of Contingency Management. CM is a behavioral intervention based on operant conditioning principles, where individuals receive tangible rewards for evidence of positive behavioral change, such as drug abstinence, psychiatric medication adherence, or mental health therapy participation.

- Higgins et al. (1994): Found that CM was highly effective in promoting abstinence from cocaine in outpatient settings. Voucher-based reinforcement significantly increased drug-free urine samples compared to standard care.
- Higgins, S. T., et al. (1994). "Voucher-based incentives: A substance abuse treatment innovation." *Addictive Behaviors*, 19(4), 515–522. Petry et al. (2005): Demonstrated that CM improved treatment retention and abstinence outcomes among individuals with serious mental illness and co-occurring substance use disorders in community mental health settings.
- Petry, N. M., et al. (2005). "Contingency management improves retention and abstinence in outpatient treatments for dual disorders." *Journal of Consulting and Clinical Psychology*, 73(4), 764–772.
- Dutra et al. (2008) (meta-analysis): Found CM to be one of the most effective psychosocial interventions for substance use disorders.
- Dutra, L., et al. (2008). "A meta-analytic review of psychosocial interventions for substance use disorders." *American Journal of Psychiatry*, 165(2), 179–187.

- Prendergast et al. (2006) (meta-analysis): Concluded that CM is effective across a variety of settings and substances, including in populations with psychiatric comorbidities.
- Prendergast, M., et al. (2006). "Contingency management for treatment of substance use disorders: A meta-analysis." *Addiction*, 101(11), 1546–1560.

Token Economies (TE)

Numerous research studies also demonstrate the effectiveness of Token Economies. TE is a structured form of CM where individuals earn tokens (e.g., points, chips) for engaging in desired behaviors, which they can exchange for meaningful rewards. It is commonly used in group homes, inpatient units, and increasingly in outpatient and community settings.

- Kazdin (1982): One of the foundational texts providing empirical evidence of token economies improving social and adaptive behaviors among individuals with severe psychiatric conditions.
- Kazdin, A. E. (1982). "The token economy: A decade later." *Journal of Applied Behavior Analysis*, 15(3), 431–445.
- Dickerson et al. (2005): Implemented a TE in a community-based psychiatric rehabilitation program and found significant improvements in attendance and participation.
- Dickerson, F. B., et al. (2005). "Token economy to increase adherence to clinic-based treatment among homeless persons with serious mental illness." *Psychiatric Services*, 56(11), 1444–1445.
- Matson & Boisjoli (2009): Reviewed TE programs across mental health and developmental disabilities services and supported their effectiveness in behavior change and skill development.
- Matson, J. L., & Boisjoli, J. A. (2009). "Token economy in the classroom: A review of the literature." *Research in Developmental Disabilities*, 30(2), 240–248.

Implementation in Community Mental Health

CM and TE have been adapted for assertive community treatment (ACT) and psychosocial rehabilitation, promoting recovery-oriented behaviors like medication adherence, hygiene, and social participation. Budget-neutral or low-cost models (e.g., using community donations or peer-generated reinforcers) have shown success in maintaining program feasibility without requiring high financial input.

COMPETENCIES:

- Implements treatment plan interventions within scope of practice.
- Understands specific intervention techniques.
- Understands the importance of trauma.
- Demonstrates belief in the value and effectiveness of brief interventions.
- Uses evidence-based interventions within scope of practice.
- Implements non-physical behavior management techniques.
- Maintains awareness of reinforcement contingencies and token economies.

During moments of crisis, the ability to implement effective crisis intervention techniques is essential. Remaining calm, composed, and strategic, the specialist de-escalates tense situations while prioritizing the safety and well-being of all involved.

Beyond behavioral techniques, the specialist remains acutely aware of the role medications play in shaping treatment responses and outcomes. Understanding how medical conditions influence behavioral management and intervention strategies ensures a well-rounded, holistic approach to care.

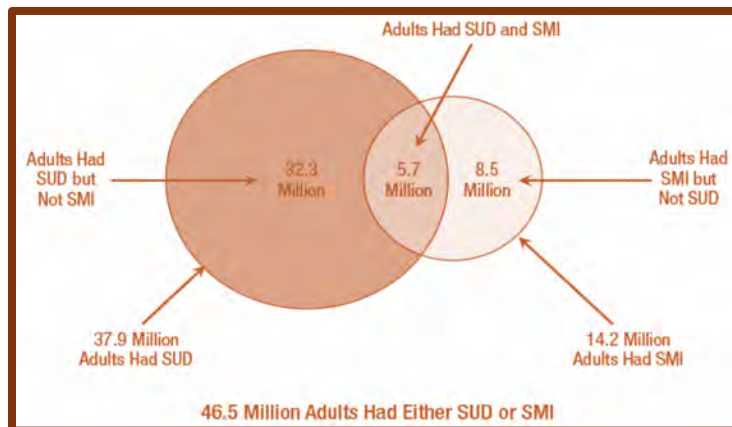


Furthermore, this professional maintains a broad knowledge base that spans both mental health and substance abuse interventions. Recognizing the interplay between these two domains allows for a comprehensive approach to treatment, ensuring that individuals receive the support they need in all aspects of their recovery journey.

In 2020, SAMHSA’s National Survey on Drug Use and Health estimated that:

- **67%** of those with “SMI Serious Mental Illness” also had a Substance Use Disorder (past year).
- **17.6%** of those with a Substance Use Disorder also had “SMI Serious Mental Illness” (past year).

5.7 million Adults experienced both a Serious Mental Illness and a Co-occurring Substance Use Disorder in 2020



Enhancing Consumer Participation – Consumer Retention

Task 1.9 Enhancing Consumer Participation

Organizes, supervises and encourages participation in social, educational, spiritual, cultural and recreational activities.

To foster independence and enhance quality of life, it is essential to understand the fundamental and community living skills that shape daily experiences. These skills are not just limited to personal care or household management; they extend into the broader community, encompassing social, educational, spiritual, cultural, and recreational activities. Recognizing the deep connection between these skills and active participation in society is the foundation of effective facilitation.

A skilled facilitator not only understands the significance of these skills but also models appropriate behavior when engaging in community-based activities. By demonstrating enthusiasm and active involvement, they set a positive example, encouraging individuals to participate with confidence. Beyond modeling behavior, a facilitator reinforces target



behaviors, providing ongoing support and encouragement to help individuals integrate these skills into their daily lives.

Research on Community, Social, Independent Living Skills Instruction

Bellack et al. (2004) found that structured social skills training (SST) significantly improved communication, assertiveness, and community functioning among people with schizophrenia. SST also led to fewer relapses and better employment outcomes in a range of community mental health programs. *Bellack, A. S., Mueser, K. T., Gingerich, S., & Agresta, J. (2004). Social skills training for schizophrenia: A step-by-step guide. Guilford Press.*

Russinova et al. (2011) found that peer-led community living skills programs empowered participants with SMI and improved quality of life, self-esteem, and self-efficacy, especially among marginalized populations. *Russinova, Z., Bloch, P., Wewiorski, N. J., & Rosoklija, I. (2011). Empowering consumers in supported employment programs. Journal of Rehabilitation, 77(2), 20–31.*

COMPETENCIES:

- Understands definitions of basic and community living skills.
- Models desirable behavior related to participation.
- Reinforces target behaviors.

Effective facilitation requires a thorough grasp of educational course curriculum content, ensuring that learning experiences are structured, meaningful, and tailored to the needs of participants. This includes implementing teaching strategies that align with developmental stages, using techniques that make learning accessible and engaging. Furthermore, as individuals progress, strategies must be adapted to accommodate their evolving needs, ensuring that learning remains relevant and effective.

Feedback is a critical component of the facilitation process. A skilled facilitator actively seeks input from participants, using their insights to refine and enhance the learning experience. Maintaining awareness of group facilitation and management strategies allows for a balanced, inclusive, and supportive learning environment. Encouraging participation is not just about inclusion—it is about creating a space where individuals feel valued and empowered to contribute.

Motivation plays a key role in skill development. A facilitator serves as a source of inspiration, guiding individuals to explore new behaviors and skills that contribute to their growth and overall

well-being. The ability to connect basic and community living skills to the recovery process is particularly significant in behavioral health settings, where skill development directly impacts personal progress and healing.

Communication is at the heart of group activities. A facilitator must communicate effectively, ensuring that instructions are clear, interactions are meaningful, and discussions remain constructive. The importance of relationships in community activities cannot be overstated—whether engaging in a social event, an educational setting, or a recreational activity, the bonds formed contribute to a sense of belonging and shared purpose.

COMPETENCIES:

- Effectively facilitates educational course curriculum.
- Implements developmentally appropriate teaching strategies.
- Modify strategies according to progress.
- Elicits feedback regarding facilitation of activities.
- Supports and encourages participation.
- Motivates persons receiving services to learn new behavior and skills.
- Understands connection of basic and community living skills to the recovery process.
- Demonstrates effective communication and instructions in group activities.
- Fosters relationships in activities.

Cultural diversity enriches community experiences, and an effective facilitator understands the nuances of cultural differences and their impact on participation in various activities. Sensitivity to these differences allows for inclusive programming that respects and embraces diverse backgrounds, ensuring that every individual feels seen and supported.

Recreational activities, when designed with age-appropriateness in mind, become more than just leisure—they become opportunities for growth, learning, and social connection. Engaging individuals in activities suited to their age and interests fosters enjoyment, encourages participation, and builds confidence.

In today’s digital age, technology plays an increasingly vital role in personal healthcare planning. Assisting behavioral health consumers in utilizing web-based tools enables them to take charge of their health, access resources, and track progress. Integrating technology into healthcare plans not only enhances independence but also ensures individuals have the necessary tools to make informed decisions about their well-being.

Community Living Skills Curriculums for Mental Health Programs

1. Life Skills Support Group Curriculum (CalWORKs – Los Angeles County)

Focus: Integrates mental health support with employment readiness.

Modules: Coping strategies, workplace culture, emotional regulation, and practical life skills.

Format: Structured group sessions with facilitator guides and participant handouts.

2. Healthy Community Living (HCL) Curriculum

Focus: Empowers people with disabilities to live and participate fully in their communities.

Components: Workshops on community living, self-advocacy, and personal development.

Delivery: Facilitator-led sessions with interactive activities.

3. Positive Action Life Skills Curriculum

Focus: Social-emotional learning to promote positive behaviors and mental well-being.

Modules: Self-concept, managing emotions, social skills, and decision-making.

Format: Classroom-based lessons with activities and assessments.

4. A New Freedom Life Skills Curriculum

Focus: Addresses critical life and lifestyle issues for mental health and transitional populations.

Topics: Hygiene, nutrition, personal organization, emotional health, money management, independent living, leisure, and coping with challenges.

Format: Each lesson includes a detailed plan and participant worksheet.

5. Community Living Program (CLP) – CRi

Focus: Evidence-based skills building curriculum tailored to individual strengths.

Services: Home and community-based support focusing on daily living skills, health management, and social integration.

Audience: Individuals with mental health needs and developmental disabilities.

6. Therapeutic Rehabilitation Program (TRP) Curriculum

Focus: Assists adults with SMI in gaining and maintaining skills necessary for community living.

Components: Activities of daily living (ADLs), instrumental activities of daily living (IADLs), coping skills, and social skills training.

Format: Goal-oriented, client-centered approach with individualized plans.

COMPETENCIES:

- Understands issues related to cultural diversity and their relationship to community activities (social, educational, spiritual, cultural and recreational).
- Implements age-appropriate recreational activities.
- Assists behavioral health consumers in using web-based tools as part of their personal healthcare plan.

Assisting with ADLs

Task 1.10 Assisting with Activities of Daily Living

Assists and supervises the person receiving services in completing daily living activities such as, but not limited to, hygiene, grooming and meals.

Providing compassionate and effective personal care requires a understanding of the health and behavioral conditions of those receiving services. Caregivers must remain consistently aware of how these conditions impact an individual's ability to maintain activities of daily living, including hygiene, grooming, and self-care. Each person's needs are unique, and understanding the details outlined in their treatment plan is essential to delivering appropriate and personalized support.

A key aspect of personal care is ensuring a safe environment, which includes facilitating the proper and secure use of mechanical devices such as lifts and grab bars. By following best practices, caregivers help individuals maintain their independence while reducing the risk of injury. Performing daily living activities requires not only knowledge of the necessary tasks but also an awareness of the developmental level and physical abilities of each person. Adjustments must be made to accommodate limitations while promoting dignity and self-sufficiency.

Safety is paramount—not just for those receiving care, but also for staff members. Caregivers must exercise both specific and general safety precautions in all aspects of their work, ensuring that the well-being of everyone involved remains a priority. This extends to medication monitoring, where defined procedures must be implemented carefully to promote proper adherence while safeguarding health.

Beyond physical care, respecting an individual's privacy and upholding their dignity are core responsibilities. Caregivers must demonstrate respect in every interaction, honoring consumer



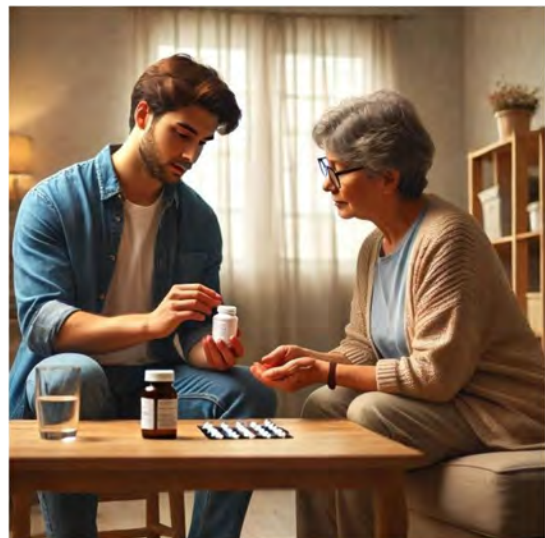
rights and fostering an atmosphere of trust. Serving as role models for self-care, they encourage and support individuals in maintaining hygiene, grooming, and feeding routines. These activities are not just tasks—they are essential aspects of daily life that contribute to a person’s confidence, comfort, and overall well-being.

COMPETENCIES:

- Aware of health and behavioral conditions of persons receiving services and its impact on hygiene, grooming and self-care.
- Understands special needs listed on treatment plan.
- Facilitates the safe use of mechanical devices such as lifts and grab bars.
- Understands required tasks for performing specific daily living activities.
- Exercises safety precautions.
- Accommodates limitations based on developmental level and ability of consumer.
- Implements defined procedures for medication monitoring.
- Protects privacy and demonstrates respect for persons receiving services.
- Role models self-care.
- Facilitates basic hygiene, grooming, and feeding activities.
- Honors consumer rights.

Cultural competence is another critical element of personal care. Recognizing and respecting diversity, caregivers must demonstrate sensitivity to different cultural perspectives regarding self-care and daily living activities. Professional conduct is non-negotiable, as it sets the foundation for ethical and respectful caregiving.

In addition to direct care, caregivers play a role in promoting overall health, wellness, and prevention strategies. By educating and assisting individuals in making healthier choices, they contribute to a better quality of life. To ensure compliance with industry standards, caregivers must stay informed about federal, state, and local regulations that govern the delivery of personal care services, including



hygiene, grooming, and feeding. They must also remain aware of agency policies and procedures, ensuring that their work aligns with established guidelines.

Providing personal care is more than a job—it is a commitment to enhancing the lives of those in need. Through professionalism, compassion, and adherence to best practices, caregivers create a supportive environment where individuals feel valued, respected, and empowered.

COMPETENCIES:

- Recognizes diversity issues and demonstrates cultural competence.
- Exercises professional conduct.
- Provides health promotion, wellness and prevention interventions.
- Maintains awareness of federal, state and local regulations that govern the delivery of personal care, including hygiene, grooming, and feeding.
- Maintains awareness of agency policies and procedures regarding the delivery of personal care, including hygiene, grooming, and feeding.

Facilitating Family Involvement

Task 1.11 Facilitating Family Involvement

Works with the family or designated support persons to understand the needs of the consumer receiving services and help the family/support persons assist in the interventions.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Alliance on Mental Illness (NAMI) both recommend family involvement as a core evidence-based practice. SAMHSA. (2010). *Family Psychoeducation: Evidence-Based Practices KIT*. NAMI. (2020). *Why Family Support Is Important*.

Research Demonstrating the Effectiveness of Family Inclusion in Mental Health Services

1. Family Psychoeducation (FPE) Reduces Mental Health Relapses 20-50%

Dixon et al. (2001) reviewed over 30 studies and found that family psychoeducation significantly reduces relapse rates (by 20–50%) in people with schizophrenia when combined with medication management. Dixon, L., McFarlane, W. R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., ... & Sondheim, D. (2001). *Evidence-based practices for services to families of people with psychiatric disabilities*. *Psychiatric Services*, 52(7), 903–910.

2. Improves Client Functioning and Family Caregiver Burden

Kuipers et al. (2002) conducted a meta-analysis of randomized trials showing that family involvement improves social functioning and reduces caregiver burden. Kuipers, E., Leff, J., & Lam, D. (2002).

3. Reduces Hospitalizations and Emergency Service Use by 50%

McFarlane et al. (1995) demonstrated that multiple-family group interventions in community mental health reduced hospitalization by 50% over two years. McFarlane, W. R., Lukens, E., Link, B., Dushay, R., Deakins, S. A., Newmark, M., ... & Toran, J. (1995).

Multiple-family groups and psychoeducation in the treatment of schizophrenia. Archives of General Psychiatry, 52(8), 679–687.

4. Early Intervention and Family Inclusion Improves Outcomes

Bird et al. (2010) showed that family inclusion in early psychosis intervention programs improved engagement and significantly reduced duration of untreated psychosis (DUP), a key predictor of long-term recovery. *Bird, V., Premkumar, P., Kendall, T., Whittington, C., Mitchell, J., & Kuipers, E. (2010). Early intervention services, cognitive-behavioural therapy and family intervention in early psychosis: Systematic review. The British Journal of Psychiatry, 197(5), 350–356.*

Supporting individuals on their journey to recovery and wellness extends beyond the person receiving care—it also involves their families and support systems. Effective care requires a thoughtful, professional approach that balances confidentiality, inclusion, and respect for individual rights. Care providers must maintain a clear awareness of the sensitive nature of the information shared and the confidentiality issues that arise when working with family members or other support networks. Upholding these ethical standards ensures trust and security for all involved.

COMPETENCIES:

- Maintains awareness of confidentiality issues involved in working with family/supports.

MICROSKILLS:

- Understands the limits of confidentiality described on ROIs.
- Respects consumer’s wishes regarding private information not shared with family.
- Sets boundaries with family members at the initiation of services regarding information that is shared.

Family members and support systems play a crucial role in the treatment and recovery process. Facilitating their participation in treatment planning can enhance outcomes by reinforcing consistency and encouragement at home. However, involving families requires an understanding of the complex dynamics and histories that shape relationships. By recognizing these interpersonal factors, care providers can navigate conversations with sensitivity and foster collaboration rather than conflict.

To promote successful recovery, it is essential to encourage behavioral health consumers and their families to engage in activities that align with treatment plans and recovery goals. These activities may include structured therapy sessions, self-care routines, wellness programs, or peer support groups. However, caregivers must honor the boundaries set by the person receiving services, ensuring that disclosures remain within the limits of their comfort and consent.

COMPETENCIES:

- Facilitates family/supports participation in treatment/recovery planning.
- Is cognizant of family dynamics and history.
- Promotes behavioral health consumer and family activities.
- Honors limitations on disclosure as set by person receiving services.

Diversity and cultural considerations also play a significant role in how families and support systems engage in care. Different cultures have unique beliefs about mental health, treatment, and support, which can affect the willingness and ability of family members to participate in interventions. Being mindful of these differences allows caregivers to approach family involvement in a way that is both respectful and effective.

Beyond encouraging participation, professionals must also equip families and support persons with the tools they need to contribute meaningfully to the recovery process. Teaching specific intervention techniques within the scope of practice helps ensure that loved ones provide safe and effective support. This education extends to informing behavioral health consumers, families, and other caregivers about healthcare conditions, treatment options, prevention strategies, self-management practices, and the broader recovery process. Knowledge is empowering, and providing this information helps families make informed decisions and support their loved ones more effectively.



COMPETENCIES:

- Recognizes diversity issues related to eliciting support for family/support assistance in interventions.
- Facilitates family participation in the treatment/recovery process or service plan.
- Teaches specific intervention techniques within scope of practice.
- Educates behavioral health consumers, family members, supports and other providers about healthcare and behavioral health conditions, prevention, available treatments, illness and whole health self-management, peer support and the recovery process.

Safety is another critical aspect of family involvement. While well-intentioned, family members and support persons may not always recognize potential risks associated with implementing interventions. Care providers must be vigilant in assessing these risks and educating families on how to ensure a safe environment for everyone involved.

Throughout this process, caregivers must uphold the rights of the individuals they serve, as well as the rights of their families and support systems. Explaining these rights clearly ensures that all parties understand their roles, responsibilities, and protections. Professionalism is key—care providers must maintain ethical, respectful, and supportive interactions with consumers, their families, and their support persons at all times.

Documentation is another essential component of family involvement in treatment. Accurately recording relevant information ensures compliance with federal, state, and local regulations and helps maintain a clear, consistent record of progress and participation. Understanding the legal and agency-specific policies regarding family engagement ensures that all procedures align with best practices and ethical guidelines.

By integrating families and support systems into the treatment process with professionalism, cultural awareness, and respect, caregivers can help build a stronger foundation for recovery. When individuals and their loved ones work together toward shared goals, the journey to wellness becomes more sustainable and empowering for everyone involved.

COMPETENCIES:

- Recognizes safety issues related to family and support persons implementing interventions.
- Explains and honors consumer rights, including the rights of consumer's families and support persons.
- Practices professional conduct.
- Understands documentation requirements as it pertains to recording information regarding consumer's families and support persons.
- Understands federal, state, and local regulations as it relates to family services.
- Understands agency policies and procedures regarding family/supports participation in treatment.

Domain 2: Professional Responsibility

Respectful Care

Task 2.1 Respectful Care

Treats persons receiving services, their families, support persons and staff with respect and dignity.

In behavioral health, effective communication, advocacy, and cultural awareness are essential pillars that contribute to a supportive and healing environment. Professionals working in this field must develop and sustain key competencies to ensure that consumers, families, and support persons receive the best possible care. Through active listening, advocacy, and ethical practices, behavioral health professionals foster trust and empowerment among the individuals they serve.

A cornerstone of effective behavioral health support is active listening—a skill that goes beyond simply hearing words. It involves attentively understanding, processing, and responding in a way that validates the consumer’s feelings and experiences. Studies have shown that active listening fosters stronger therapeutic relationships, reduces misunderstandings, and enhances consumer satisfaction. Behavioral health professionals must consistently engage with consumers, families, support persons, and staff in a manner that demonstrates empathy and genuine concern.

COMPETENCIES:

- Consistently uses active listening.

In any healthcare setting, advocacy is crucial. Behavioral health professionals serve as liaisons between consumers and the broader healthcare system, ensuring that consumers and their families are actively included in all healthcare decisions. Research indicates that when individuals feel involved in their treatment plans, they are more likely to adhere to recommendations and experience better outcomes. By advocating for this inclusivity, professionals help bridge gaps in care and empower individuals to take charge of their well-being. Language has the power to heal or harm. In behavioral health, the use of non-judgmental, person-centered language can significantly influence a consumer’s perception of care. Stigmatizing language often reinforces feelings of shame and discourages individuals from seeking help. By employing language that is respectful,

neutral, and supportive, professionals create a space where consumers feel safe, understood, and valued.

COMPETENCIES:

- Advocates with team for the inclusion of the consumer and family member(s).
- Uses non-judgmental language with consumers, families, support persons, and staff.

Every individual seeking behavioral health support has unique needs, influenced by their developmental stage, personal experiences, and environmental factors. Recognizing these qualities is essential for providing effective care. Adolescents, for example, may require a different communication approach compared to older adults. Behavioral health professionals must be well-versed in developmental psychology and cultural competency to tailor their interactions and interventions appropriately. Trust is built through consistent and predictable behavior. Consumers often rely on behavioral health professionals to provide stability in what may be a chaotic or uncertain period in their lives. When professionals maintain reliability in their interactions—whether through scheduled appointments, transparent communication, or a calm demeanor—consumers and their families experience a greater sense of security and confidence in the support they receive.

COMPETENCIES:

- Recognizes qualities, characteristics, needs, and the developmental level of population served.
- Maintains consistent and predictable behavior with consumers, their families, support persons and other staff.

Behavioral health extends beyond mental well-being; it also encompasses physical health, emotional resilience, and overall comfort. Professionals should encourage holistic wellness strategies such as stress management techniques, proper nutrition, exercise, and sleep hygiene. Research suggests that integrating wellness approaches into behavioral health treatment leads to improved recovery outcomes and overall life satisfaction. Crisis situations can be overwhelming for both consumers and providers. Best practices emphasize preventive measures rather than reactive interventions. Behavioral health professionals should employ de-escalation techniques, trauma-informed care approaches, and collaborative problem-solving strategies to minimize crisis situations. Avoiding coercive measures—such as involuntary hospitalization or forced

interventions—aligns with ethical and person-centered care models that prioritize dignity and autonomy.

COMPETENCIES:

- Promotes health, wellness and comfort strategies for consumers, their families, support persons and staff.
- Practices measures to avoid crisis situations or use of coercive measures.

Culture plays a profound role in shaping a person’s beliefs, behaviors, and perceptions of mental health. Recognizing and respecting cultural diversity is vital for providing equitable and effective care. Professionals must cultivate cultural humility, seek to understand different worldviews, and adapt their approaches to meet the specific needs of diverse populations. Research highlights that culturally responsive care leads to improved engagement and better therapeutic outcomes.

Healthcare is not only about treatment—it is also about customer service and building relationships. Demonstrating professionalism, respect, and responsiveness when interacting with consumers and their families fosters a sense of trust and collaboration. A consumer who feels valued and respected is more likely to actively participate in their recovery journey.

Every behavioral health professional must have a strong understanding of consumer rights and how they apply in various settings. Ethical considerations—such as informed consent, confidentiality, and autonomy—must guide every decision and interaction. By upholding these rights, professionals reinforce a culture of respect and trust within the healthcare system.

Behavioral health professionals play a crucial role in supporting consumers on their journey to wellness. By practicing active listening, advocating for inclusion, using compassionate language, recognizing individual needs, maintaining consistency, and prioritizing ethical care, they contribute to a positive and empowering healthcare experience. Through continuous learning and commitment to best practices, professionals can create environments that foster healing, resilience, and lasting well-being.

COMPETENCIES:

- Recognizes the importance of cultural diversity regarding consumers, their families, support persons and staff.
- Practices professional customer relations/service with consumers, families and their support persons.

- Demonstrates proficiency in interpersonal communication, with consumers, families and their support persons.
- Maintains awareness of consumer rights, and how they apply to work with families, support persons and other staff.

Regulatory Compliance

Task 2.2 Regulatory Compliance

Complies with federal state local and program regulations to protect the privacy and confidentiality of the person receiving services.

In the landscape of legal and ethical standards, maintaining a firm grasp on state and federal confidentiality regulations is crucial. This responsibility involves not only understanding the specific limitations on disclosures but also ensuring that all information shared remains within the legal boundaries established to protect individuals' privacy. Professionals in this field must stay up to date with any changes in laws and policies to safeguard sensitive data appropriately.

Equally important is a comprehensive understanding of the proper procedures for releasing information. This includes familiarity with the necessary forms required for obtaining informed consent, ensuring that individuals fully comprehend what they are authorizing before any personal details are shared. Proper documentation and adherence to legal standards in this process help to maintain trust and uphold ethical responsibilities.

Additionally, an acute awareness of consumer rights is paramount, particularly those rights explicitly protected under the law. Recognizing and advocating for these rights ensures that individuals receive fair and legal treatment in every aspect of service. By remaining informed and vigilant, professionals can effectively uphold ethical standards while ensuring that those they serve are protected under applicable legal provisions.



Examples of laws Behavioral Health Workers should be aware of:

- Mandatory Reporting
- Fair Housing
- HIPAA

- CFR 42 Part II
- State Administrative Rules/Statutes for delivery of Mental Health Services
- Americans with Disabilities Act
- Medicaid, Waste, Fraud and Abuse Reporting

Competencies:

- Maintains knowledge of applicable state and federal confidentiality regulations and limitations of disclosures.
- Understands proper forms for release of information and informed consent.
- Maintains awareness of consumer rights, especially those rights that are a provision of law.

Oregon Mandatory Reporting

Oregon’s Mandatory Reporting regulations require designated professionals—such as educators, healthcare providers, social workers, mental health professionals, and law enforcement officers—to report any reasonable suspicions of child abuse or neglect. Key points include:

- **Who Must Report:** Individuals in specific professions and public roles are legally obligated to report suspected abuse or neglect.
- **What to Report:** Any reasonable suspicion of abuse, neglect, or exploitation of children (and in some cases, vulnerable adults) must be reported.
- **How and When:** Reports should be made promptly—often immediately or within a legally specified timeframe—to the proper authorities, such as local law enforcement or the state’s child protective services.
- **Legal Protection and Consequences:** Reports made in good faith are typically protected from civil or criminal liability, while failure to report can result in legal penalties.

This framework is designed to help safeguard vulnerable individuals by ensuring that concerns are quickly brought to the attention of authorities who can investigate and intervene as needed.

Oregon Fair Housing

Oregon Fair Housing regulations are designed to ensure equal access to housing and prevent discrimination. Key points include:

- **Protected Classes:** The law prohibits discrimination based on race, color, religion, sex, sexual orientation, gender identity, disability, familial status, national origin, and other protected characteristics.
- **Applicability:** It applies to landlords, sellers, real estate agents, and lenders, covering all aspects of housing—from advertising and renting to selling and financing.
- **Reasonable Accommodations:** Housing providers are required to make reasonable modifications and accommodations for individuals with disabilities to ensure they have equal access.
- **Complaint Process:** Individuals who believe they have experienced discrimination can file a complaint with state agencies, which will investigate and enforce the law.

HIPAA

HIPAA (Health Insurance Portability and Accountability Act) is a U.S. federal law that sets standards for protecting sensitive patient health information. Key elements include:

- **Privacy Rule:** Establishes guidelines for who may access and share personal health information, ensuring patient confidentiality.
- **Security Rule:** Requires covered entities (such as healthcare providers, insurers, and their business associates) to implement administrative, physical, and technical safeguards to protect electronic protected health information (PHI).
- **Breach Notification Rule:** Mandates that affected individuals and relevant authorities be informed if there is a breach of unsecured PHI.
- **Patient Rights:** Provides patients with rights regarding their health data, including access, correction, and control over certain disclosures.

CFR 42 Part II

42 CFR Part 2 is a federal regulation that provides strict confidentiality protections for substance use disorder patient records, especially those maintained by federally assisted treatment programs. Key points include:

- **Scope:** Applies to programs that diagnose, treat, or refer individuals for substance use disorders and receive federal assistance.
- **Patient Consent:** Requires explicit, written patient consent before any disclosure of treatment records, with very limited exceptions.
- **Disclosure Restrictions:** Limits sharing of sensitive information to protect patients from potential legal, social, or economic harm.
- **Enhanced Protections:** Offers stronger privacy safeguards than those found under HIPAA for substance use disorder records.
- **Purpose:** Designed to encourage individuals to seek treatment by ensuring that their sensitive information remains confidential.

State Administrative Rules for delivery of Mental Health Services

Most regulations governing the delivery of mental health services are located in Chapter 309 of the Oregon Health Systems Division: Behavioral Health Services establishes the regulatory framework for delivering behavioral health care in Oregon. It outlines key standards and procedures, including:

- **Service Delivery Guidelines:** Defines how mental health and substance use treatment services should be provided to ensure safety and effectiveness.
- **Provider Requirements:** Specifies licensing and operational standards for agencies and professionals within the behavioral health system.
- **Quality and Oversight:** Establishes protocols for quality assurance, program evaluation, and ongoing administrative oversight.
- **Patient Protections:** Sets forth patient rights and confidentiality measures to safeguard those receiving services.

This chapter is essential in ensuring that Oregon's behavioral health services meet consistent, high-quality standards while protecting the rights and well-being of individuals in need of care.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a landmark civil rights law that prohibits discrimination against individuals with disabilities, including those with mental health conditions. Here's how it applies to mental health:

- **Broad Definition of Disability:** The ADA covers mental impairments that substantially limit one or more major life activities, such as concentrating, interacting with others, or performing daily tasks.
- **Equal Opportunity:** It ensures that individuals with mental health conditions have equal access to employment, public services, and public accommodations. This means employers, government agencies, and businesses must provide the same opportunities as they do for others.
- **Reasonable Accommodations:** Employers and service providers are required to make reasonable adjustments. For example, modifying work schedules, providing additional breaks, or adjusting job duties to help employees manage mental health challenges.
- **Protection from Discrimination:** The ADA prohibits practices that would exclude or disadvantage individuals based on their mental health, promoting inclusion and fair treatment in all areas of public life.

Medicaid, Waste, Fraud and Abuse Reporting

Oregon Medicaid has a structured process to identify and address waste, fraud, and abuse within the Medicaid program. Key points include:

- **Purpose:** Safeguard public funds by ensuring that Medicaid resources are used properly for eligible services.
- **Reporting Mechanism:** Providers, beneficiaries, and the public are encouraged to report any suspicious activities—such as fraudulent billing, improper claims, or misuse of funds—through designated state channels (e.g., hotlines or online reporting tools).
- **Investigation and Enforcement:** Reported cases are reviewed and investigated by state agencies, often in coordination with federal authorities, to enforce compliance, recover misused funds, and hold responsible parties accountable.

- **Prevention and Education:** Efforts are also made to educate stakeholders about appropriate practices to prevent misuse and maintain the integrity of the Medicaid program.

Oregon Administrative Rules Governing the Delivery of Behavioral Health Services

Chapter 309 Links

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Ethical Standards

Task 2.3 Ethical Standards

Adheres to ethical standards of conduct in dealing with persons receiving services, their families, support persons and staff.

In every interaction, a dedicated professional upholds the highest ethical standards, ensuring that individuals receiving services, along with their families, support persons, and colleagues, are treated with respect, integrity, and fairness. They recognize that their actions impact the well-being of others and, as a result, hold themselves accountable to ethical principles that guide their practice.

At the core of their work is the fundamental principle of "do no harm." Every decision, every interaction, and every course of action is weighed carefully to prevent harm and promote the best possible outcomes for those they serve. They understand that violating ethical standards can have serious consequences—not just for the individuals directly affected, but also for the integrity of the profession and the trust placed in them by the community.

Fully aware of the scope and limitations of their role, they never overstep professional boundaries, ensuring they work within their expertise and seek guidance when necessary. Compliance with mandatory reporting is a responsibility they understand and take seriously, understanding that reporting concerns is a crucial safeguard for the vulnerable.



COMPETENCIES:

- Prioritizes the maxim of do no harm.
- Is cognizant of consequences of violating ethical standards.
- Adheres to scope and limitations of practice.

- Complies with mandatory reporting.

Respecting and honoring consumer rights is a non-negotiable priority. Each individual is entitled to dignity, autonomy, and informed choice, and these values are upheld in every aspect of service delivery. When faced with questions about appropriate behavior or professional conduct, they actively seek clarity on regulations, policies, and ethical codes, ensuring that they operate within established guidelines.

Beyond merely following rules, they demonstrate ethical and professional behavior in their daily practice. They recognize that ethical dilemmas can arise unexpectedly, requiring them to navigate complex situations with wisdom and care. To do so, they maintain awareness of ethical decision-making models, equipping themselves with the tools needed to address challenging scenarios effectively.

Under the supervision of qualified professionals, they apply ethical decision-making strategies thoughtfully, always striving to uphold the highest standards of care and accountability. Whether addressing conflicts, making difficult choices, or advocating for those in need, they remain steadfast in their commitment to ethical excellence, ensuring that their work is guided by integrity, compassion, and professional responsibility.

COMPETENCIES:

- Honors consumer rights.
- Inquires, “What regulations and codes of behavior are applicable?”
- Demonstrates ethical and “professional” behavior.
- Recognizes ethical dilemmas.
- Maintains awareness of ethical decision-making models.
- Applies ethical decision-making strategies under the supervision of qualified professionals.

Professional Boundaries

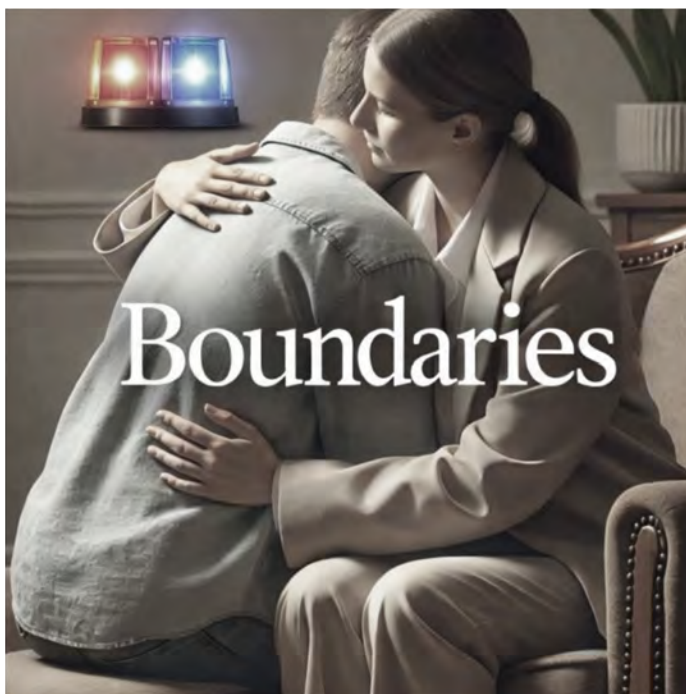
Task 2.4 Professional Boundaries

Recognizes and demonstrate appropriate boundaries in interactions with persons receiving services, their families, support persons and staff.

In behavioral health, maintaining professional boundaries is a cornerstone of ethical and effective care. Behavioral health workers play a crucial role in supporting individuals on their path to recovery, but their ability to do so hinges on their understanding and application of clear boundaries in their interactions. These boundaries safeguard the well-being of both consumers and staff, ensuring that therapeutic relationships remain professional, ethical, and free from harm.

Behavioral health workers recognize the importance of maintaining personal space, both physically and emotionally. Personal space can vary depending on cultural backgrounds and individual comfort levels, and professionals must remain attuned to these differences. Research indicates that respecting personal space fosters a sense of safety and trust, which are critical elements in therapeutic relationships.

Every behavioral health agency has ethical guidelines and policies that prohibit inappropriate relationships with consumers. These restrictions exist to protect vulnerable individuals from potential harm and to maintain the integrity of the therapeutic environment. The American Psychological Association (APA) and the National Association of Social Workers (NASW)



emphasize that social and personal relationships with consumers can lead to conflicts of interest, bias, or even ethical violations.

A dual relationship occurs when a professional has another significant relationship with a consumer outside of their therapeutic role. These relationships can include financial, social, familial, or romantic connections. Ethical guidelines caution against such entanglements because they can lead to exploitation, abuse, neglect, or harassment. The Substance Abuse and Mental Health Services Administration (SAMHSA) underscores the need for behavioral health workers to recognize and avoid dual relationships that may compromise the well-being of consumers.

COMPETENCIES:

- Maintains personal space.
- Understands ethical and agency policy restrictions regarding social and personal relationships with consumers.
- Is able to recognize and define dual relationships that constitute abuse, exploitation, neglect, or harassment.

The dynamics of power in behavioral health interactions require careful navigation. The professional holds authority and influence, which can unintentionally place consumers in vulnerable positions. A lack of awareness about power differentials can lead to coercion, dependency, or an imbalance in decision-making. To maintain ethical practice, behavioral health workers must empower consumers while preserving professional objectivity.

Confidentiality is a foundational principle in behavioral health. Workers often collaborate with colleagues, community partners, and other service providers, necessitating the careful handling of sensitive information. Adhering to legal and ethical confidentiality guidelines, such as those outlined in the Health Insurance Portability and Accountability Act (HIPAA), ensures that consumers' privacy and dignity are upheld.

COMPETENCIES:

- Understands parameters of the staff/consumer relationship and dynamics of power differentials.
- Practices confidentiality within close working relationships with co-workers, community partners, and others.

Behavioral health workers are responsible for ensuring that consumers receive services in an environment free from abuse, exploitation, neglect, and harassment. The right to ethical treatment is enshrined in various federal and state regulations, reinforcing the obligation of professionals to advocate for consumer safety. Training programs emphasize trauma-informed care, cultural competence, and person-centered approaches to safeguard these rights.

While personal experiences can sometimes enhance therapeutic relationships, self-disclosure must be approached with caution. Thoughtful self-disclosure, when used appropriately, can help build rapport, reduce stigma, and provide hope. However, behavioral health workers must assess whether sharing personal information benefits the consumer rather than serving their own emotional needs.

Ethical self-disclosure is always intentional and serves the consumer's best interest. Studies indicate that excessive or inappropriate self-disclosure can shift the focus away from the consumer and create confusion about the professional relationship. Therefore, professionals must exercise discretion, ensuring that any personal sharing aligns with the goals of the consumer's treatment plan.

COMPETENCIES:

- Understands consumer rights, and the right to receive treatment free from abuse, exploitation, neglect, harassment, or other dual relationships.
- Practices appropriate boundaries with thoughtful self-disclosure in the helping relationship.
- Uses self-disclosure judiciously and only in service of the mental health consumer's best interest.

Non-discriminatory Care

Task 2.5 Non-discriminatory Care

Provides services without discrimination or preference based on age, ethnicity, culture, race, disability, gender identity, religion, sexual orientation, or socio-economic status.

Organizations committed to ethical and effective service delivery ensure that their practices are free from discrimination or bias based on age, ethnicity, culture, race, disability, gender identity, religion, sexual orientation, or socio-economic status. This commitment is grounded in legal mandates such as Title IX, which sets the standard for equal access and treatment in various settings, including educational and behavioral health environments. By upholding these legal frameworks, the organization not only complies with the law but also creates a foundation of trust and fairness that benefits all clients.

In practice, this means that the organization continually stays informed about Title IX and related civil rights legislation. Leaders and staff are encouraged to engage in regular training and review sessions to ensure that their understanding of these regulations remains current. Research has shown that a thorough awareness of legal standards is essential for preventing discriminatory practices and for building robust systems of accountability within organizations.

Equally important is the commitment to ongoing self-reflection. Professionals are urged to remain conscious of their own biases and attitudes, recognizing that these personal views can unintentionally influence their occupational functioning. Studies in behavioral health have highlighted that self-awareness and reflective practices can significantly reduce the impact of implicit biases, thereby improving client outcomes. This reflective approach is integral to both personal growth and professional development.

COMPETENCIES

- Maintains awareness of Title IX of the Civil Rights Act.
- Maintains awareness of personal biases/attitudes and how they affect occupational functioning.
- Understands cultural diversity and disparity within behavioral health services.
- Demonstrates and promotes work with diverse individuals/groups.

- Understands ethnic/racial factors of mental health consumers and their family.
- Understands how cultural factors influence recovery or the therapeutic process, working with historically oppressed and marginalized populations (ethnic/racial minorities, LGBT2QI, those with mental health challenges, those with substance use disorders, and veterans).

The organization also emphasizes a deep understanding of cultural diversity and the disparities that exist within behavioral health services. This includes recognizing the unique ethnic and racial factors that influence the experiences of mental health consumers and their families. By appreciating the complex ways in which cultural factors can affect recovery and therapeutic processes, particularly for historically oppressed and marginalized populations—such as ethnic/racial minorities, LGBT2QI individuals, those facing mental health challenges or substance use disorders, and veterans—the organization tailors its services to meet diverse needs. Research consistently supports culturally informed care as a means to enhance engagement and effectiveness, ensuring that treatment is respectful and relevant to each individual's background.

Additionally, there is a strong emphasis on the power of language in service delivery. Professionals are trained to use respectful language and to be aware of the subtle ways in which humor or insensitive remarks can further marginalize already vulnerable groups. The careful selection of words and expressions is not merely a matter of etiquette, but a critical component of creating an inclusive environment that honors the dignity of every individual.

Ultimately, maintaining continuous self-awareness is key. The organization fosters an environment where employees are encouraged to regularly examine and challenge their own assumptions and biases. This ongoing commitment to self-assessment and personal growth helps ensure that all interactions are conducted with empathy, respect, and a genuine understanding of the diverse worldviews of those they serve. Research in cultural competence and implicit bias underscores that such practices are fundamental to achieving equitable, high-quality behavioral health services for everyone.

COMPETENCIES:

- Demonstrates sensitivity to issues of language, respectful language, and the inherent risk of humor that further oppresses and marginalizes minority groups.
- Maintains continuous self-awareness about personal biases, judgmental attitudes, and worldviews that differ from those served.

- Seeks consultation and supervision to examine how personal biases, judgmental attitudes, and worldviews that differ from those served affect the helping relationship.
- Is able to bracket (i.e., set aside) personal biases, judgmental attitudes, and worldviews that differ from those served.

Community Inclusion

Task 2.6 Community Inclusion

Values the ability of each person receiving services to seek and sustain a satisfying life in the community.

At the core of contemporary mental health care is a steadfast belief in every individual's capacity to pursue and maintain a fulfilling life within their community. This philosophy emphasizes that people are not merely recipients of services but are active agents in their own recovery. Interventions are thus designed to build on each consumer's unique strengths, fostering an environment where self-efficacy is paramount. Drawing on Albert Bandura's seminal work on self-efficacy, professionals understand that when individuals believe in their ability to overcome challenges, they are more likely to take charge of their recovery journey.

Central to this approach is the unwavering respect for a consumer's right to self-determination. In practice, this means that treatment plans are crafted collaboratively, ensuring that individuals have the autonomy to make choices that best serve their well-being. This commitment aligns with Deci and Ryan's self-determination theory, which posits that autonomy, competence, and relatedness are critical to personal growth and overall mental health.

COMPETENCIES:

- Builds on consumer strengths while implementing interventions.
- Supports consumers' self-efficacy.
- Prioritizes consumers' right to self-determination.

Furthermore, this care model is deeply rooted in the principles of community-based, non-institutional care. By moving away from restrictive, hospital-centered environments, mental health services now focus on integrating individuals into the community—enhancing social connectivity and overall life satisfaction. Research on community-based interventions has consistently shown that such environments not only support recovery but also promote long-term resilience by enabling individuals to engage meaningfully with their surroundings.

Integral to community inclusion is the recognition of recovery as a dynamic and multifaceted process. Professionals demonstrate a strong belief in resiliency and recovery, understanding that setbacks can coexist with progress, and that every small success contributes to a larger narrative of hope. This is where the value of a personal support system comes into sharp focus. Whether it's family, friends, or community groups, these networks provide the encouragement and practical assistance necessary to sustain recovery.

A thoughtful use of self-disclosure further enhances this approach. When mental health professionals share their own recovery experiences or highlight the success stories of others, it can inspire hope and validate the consumer's journey. However, such self-disclosure is used judiciously, always carefully calibrated to serve the consumer's best interests rather than the professional's desire to share. This balanced practice ensures that the focus remains on empowering the individual, reinforcing their strengths, and promoting an authentic, collaborative path to recovery.

Together, these practices—building on strengths, supporting self-efficacy, honoring self-determination, embracing community-based care, fostering resilience, valuing personal support systems, and using self-disclosure thoughtfully—form a comprehensive framework for modern mental health care. Contemporary research in the field consistently reinforces the effectiveness of these strategies, demonstrating that when individuals are empowered and supported within their communities, they are better equipped to lead satisfying, self-directed lives.

COMPETENCIES:

- Understands the philosophy of community-based non-institutional care.
- Demonstrates belief in the concepts of resiliency and recovery.
- Appreciates the value of a personal support system.
- Instills hope through self-disclosure and facilitating self-disclosure of recovery successes.
- Uses self-disclosure judiciously and only in service of the mental health consumer's best interest.

Professional Growth & Development

Task 2.7 Professional Growth & Development

Seeks and participates in effective approaches and training to enhance job skills.

An effective behavioral health worker continuously looks for opportunities to enhance their skills and remain competitive. They actively seek out innovative training programs and approaches, ensuring they stay current with industry standards. This proactive approach involves researching various sources of training and gaining a clear understanding of the requirements needed to obtain and maintain professional credentials. Such diligence not only safeguards their qualifications but also opens doors to new techniques and best practices in their field.

Moreover, a key aspect of professional growth is self-reflection. These individuals regularly assess their own performance to identify areas where they can improve their job-related skills. This kind of introspection is supported by research in organizational psychology, which shows that continuous self-assessment is linked to higher job satisfaction and improved performance. By recognizing both their strengths and their limitations, professionals can strategically focus their efforts on targeted areas for growth.

COMPETENCIES:

- Locates sources of training and understands requirements for obtaining and maintaining credentials.
- Self-identifies areas for growth in job-related skills.

Equally important is the awareness of one's own boundaries. Effective practitioners acknowledge the limits of their personal skill sets and professional expertise. This self-awareness enables them to set realistic goals, seek mentorship when needed, and avoid overextending themselves in

challenging situations. Studies in career development suggest that such honesty about one's capabilities is crucial for sustainable career progress and helps prevent burnout.

Integral to this process is the practice of self-care. Recognizing that personal well-being is the foundation of professional success, these individuals prioritize self-care routines. Research in occupational health consistently demonstrates that regular self-care—whether through physical activity, mindfulness, or simply taking time off—plays a critical role in reducing stress and preventing burnout. By maintaining a healthy balance between work and personal life, they are better equipped to meet the demands of their roles.

Finally, professionals who excel in therapeutic work understand the delicate balance between professional responsibilities and personal expectations. They recognize that while striving to offer the best support to their consumers, there are inherent limits to what therapeutic work can achieve. Maintaining clear professional boundaries not only ensures ethical practice but also protects them from the risk of compassion fatigue. Evidence from clinical research underlines that setting realistic expectations and boundaries is essential for both the practitioner's well-being and the effectiveness of client care.

By integrating these elements—continuous training, self-assessment, realistic goal setting, dedicated self-care, and clear professional boundaries—practitioners can foster a career marked by growth, resilience, and long-term success.

COMPETENCIES:

- Recognizes limits of personal skill level and professional growth needs.
- Exercises self-care.
- Understands the limits of therapeutic work with consumers vs. personal expectations.

Domain 3:

Safety

Implementing Safety Assessments

Task 3.1 Implements Safety Assessments

Recognizes unsafe behaviors situations and environments and evaluates risks to persons receiving services, staff and community members.

In practice, professionals dedicated to consumer care must be exceptionally vigilant, continuously scanning their environments for behaviors and conditions that could compromise the rights, health, safety, or overall well-being of those they serve. This involves not only assessing the immediate risks to clients, staff, and the broader community but also recognizing early warning signs of relapse, substance misuse, and overdose. Research from agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institute on Drug Abuse (NIDA) supports the critical role that early intervention plays in mitigating these risks.

Equally important is the ability to detect signs of threatening behavior. Clinicians routinely conduct brief, structured screenings to uncover potential risks related to self-harm, harm to others, deficits in functional self-care, and environmental hazards. Evidence-based screening tools have been shown to be effective in early detection, enabling prompt and appropriate interventions that protect all involved parties.

Examples of Screening Tools

Each of these tools has been validated through empirical research and is frequently integrated into comprehensive risk assessments. They not only help behavioral health programs to systematically evaluate risk factors but also guide intervention planning to improve safety and well-being across diverse settings.

Examples of Self-Harm and Suicide Risk Screening Tools

- **Columbia-Suicide Severity Rating Scale (C-SSRS):**

A widely used, validated instrument that assesses the severity and immediacy of suicidal ideation and behavior. Research supports its use in both clinical and community settings to reliably identify individuals at risk.

- **Beck Scale for Suicide Ideation (BSS):**

This tool measures the intensity of a patient's attitudes, behaviors, and plans regarding suicide. It is extensively validated and helps clinicians gauge the risk level over time.

- **Suicide Behaviors Questionnaire-Revised (SBQ-R):**

A brief screening measure that assesses lifetime suicidal ideation and attempts, as well as future risk. Its brevity and solid psychometric properties make it useful in both primary care and mental health settings.

Examples of Violence Risk and Potential Harm to Others Screening Tools

- **Historical, Clinical, Risk Management-20 (HCR-20):**

An actuarial tool that evaluates past behavior, current clinical presentation, and future risk management needs. Studies have shown its effectiveness in predicting the likelihood of future violence in various populations.

- **Short-Term Assessment of Risk and Treatability (START):**

Focusing on dynamic factors, START allows clinicians to assess and monitor short-term risk for violence and self-harm, supporting real-time decision-making in high-risk scenarios.

- **Violence Risk Appraisal Guide (VRAG):**

An actuarial tool that helps predict violent recidivism, especially in forensic settings. It is supported by research that underscores its utility in managing and mitigating future risk.

Examples of Deficits in Functional Self-Care Screening Tools

- **Functional Independence Measure (FIM):**

A comprehensive tool that assesses physical and cognitive disability, including the ability to perform daily self-care activities. Its widespread use in rehabilitation settings is backed by robust research.

- **Barthel Index:**

Focused specifically on activities of daily living (ADLs), this tool helps clinicians understand a patient's level of independence. It is frequently used in both inpatient and community care environments.

- **Katz Index of Independence in Activities of Daily Living:**

This index evaluates basic self-care abilities such as bathing, dressing, and feeding. It has been validated in diverse clinical populations to assess the degree of independence.

- **Lawton Instrumental Activities of Daily Living (IADL) Scale:**

Designed to measure more complex activities necessary for living independently (e.g., managing finances, medication, housekeeping). Its use is supported by research in geriatric and rehabilitation settings.

Examples of Environmental Hazard Assessment Tools

- **Home Safety Self-Assessment Tool (HSST) / Home Hazard Assessment Tool (HHAT):**

These structured checklists are designed to identify potential hazards within a home environment—from trip hazards to inadequate lighting. Research in occupational therapy and injury prevention has shown that systematic home assessments can significantly reduce injury risks.

- **CDC Home Injury Prevention Checklist:**

While not a formal screening tool in the traditional sense, this checklist is based on evidence-based guidelines aimed at reducing household injury risks. It is widely utilized as a practical guide to identify and address common hazards.

- **Falls Risk Assessment Tool (FRAT):**

Although primarily focused on fall risk, FRAT incorporates environmental factors that contribute to falls, such as poor flooring or inadequate handrails. Evidence supports its use in older populations and those with mobility issues to preemptively address environmental hazards.

Furthermore, an understanding of abuse and trauma is essential. Professionals must detect subtle indications of abuse, neglect, domestic violence, and even the inappropriate use of restraints across the lifespan. Early identification of such issues is vital for preventing further harm—a priority echoed in global health guidelines from the World Health Organization (WHO). When such signs emerge, it becomes clear that safety plans are not just beneficial but necessary, and the ability to assess suicidal and homicidal risk factors is a cornerstone of this proactive approach.

COMPETENCIES:

- Recognizes signs of relapse warning signs, substance use, and symptoms of overdose.
- Recognizes signs of threatening behavior and routinely conducts brief screens for risk related to self-harm, harm to others, impairments in functional self-care, and environmental safety.

- Detects signs of abuse, neglect, domestic violence, inappropriate use of restraints, and other trauma in individuals across the lifespan.

For individuals exhibiting sex offending or other assaultive behaviors, defining and implementing safe parameters is paramount. This requires a balanced application of forensic psychology principles to safeguard both the consumer and the community, while also monitoring for any behavioral changes that may signal emerging risks. In these situations, the necessity for ongoing risk assessment and the flexibility to adapt interventions is clear.

COMPETENCIES:

- Is able to identify and assess suicidal/homicidal risk indicators.
- Evaluates and defines safe parameters for persons receiving services who have sex offending or other assaultive behaviors.
- Recognizes signs of change in behavior.

Legal and ethical responsibilities further underscore this multifaceted approach. Professionals must remain fully aware of their duty to inform or warn when circumstances dictate—a responsibility that has been shaped by landmark legal cases. In parallel, an acute awareness of medication management is crucial; staying informed about side effects and potential interactions, including those involving over-the-counter substances, is essential to avoid adverse outcomes, as highlighted in pharmacological research and regulatory guidance.

Beyond individual behaviors and clinical assessments, recognizing physical and environmental hazards that could endanger consumers, their families, or staff is a critical component of a safe care environment. This vigilance extends to understanding the impact of legal restrictions on interventions and ensuring that all practices adhere to current legal standards. Equally, maintaining a clear grasp of consumers' advanced directives—such as living wills and medical powers of attorney—is imperative for respecting their rights and ensuring that their wishes are honored during care.

COMPETENCIES:

- Is cognizant of requirements to inform / duty to warn.
- Maintains awareness of medication side effects, or contraindicated use of medications with other substances, including over-the-counter drugs.

- Recognizes physical and environmental dangers that present a risk to health and safety of consumers, their families, support persons or staff.
- Maintains knowledge of possible legal restrictions and their impact on interventions.
- Maintains awareness of a consumers advanced directives (Living Wills, Medical Power of Attorney, etc.)

In summary, the role of professionals in consumer care demands a holistic, evidence-based approach. By integrating rigorous risk assessment, ongoing behavioral monitoring, and an unwavering commitment to ethical and legal responsibilities, professionals not only safeguard individuals but also contribute to the broader goal of creating safer, more responsive care environments.

Responding to Safety Threats

Task 3.2 Responding to Safety Threats

Responds appropriately to unsafe behaviors situations and environments to ensure the safety and well-being of persons receiving services staff and community members.

In environments where safety is paramount, professionals are expected to respond adeptly to any unsafe behavior, situation, or environment. Their role is not limited to addressing immediate threats but extends to ensuring the overall well-being of individuals receiving services, staff, and community members. This comprehensive approach begins with robust training in CPR and First Aid, which provides the essential skills to manage life-threatening emergencies. Studies by organizations like the American Heart Association have long supported the positive impact of such training on survival outcomes in critical situations.

Beyond physical emergency care, these professionals are equipped with advanced verbal de-escalation techniques. Their ability to calmly and effectively communicate during moments of high tension often prevents situations from escalating into physical confrontations. Research in crisis intervention confirms that effective verbal de-escalation not only reduces the need for physical restraint but also contributes to a safer and more respectful environment.

Implementing well-designed safety plans is another cornerstone of their responsibilities. These plans are developed based on risk assessments and are regularly updated to address evolving challenges within the environment. By ensuring that every step—from recognizing hazards to executing emergency protocols—is clearly defined, these plans help maintain order and protect all parties involved.

COMPETENCIES:

- Is appropriately trained in CPR-First Aid.
- Demonstrates skills in verbal de-escalation.
- Implements safety plans.

An understanding of the organizational chain of command further bolsters safety efforts. Professionals know when to alert their superiors about dangerous or critical environmental conditions, ensuring that any necessary support or resources are quickly mobilized. This structured approach to communication fosters accountability and timely intervention.

Equally important is the consistent use of universal precautions. By adhering to protocols that minimize the risk of infection or contamination, they protect not only themselves but also the individuals they serve. These precautions are grounded in guidelines from public health agencies like the CDC and are critical for maintaining a safe environment.

Ethical and legal responsibilities also play a vital role. Professionals are well-versed in the duty to warn, meaning they must disclose potentially harmful information to the appropriate parties when necessary. This responsibility is balanced carefully with the need to maintain confidentiality, ensuring that sensitive information is shared only under conditions that warrant immediate protective action.

In addition to these proactive measures, maintaining constant awareness of the location of emergency equipment and understanding the protocols for its use is essential. Whether it's a defibrillator, fire extinguisher, or first aid kit, knowing where these resources are at all times can make the difference between a manageable incident and a full-blown crisis.

A commitment to thorough incident reporting reinforces this safety net. Professionals are trained to recognize and document events that require formal reporting, which not only helps in immediate response efforts but also provides a basis for future improvements in safety protocols.

COMPETENCIES:

- Understands responsibility to inform chain of command regarding dangerous and/or critical environmental situations.
- Uses universal precautions.
- Complies with ethical and legal responsibilities involving duty to warn.
- Maintains awareness of location of emergency equipment and protocols.
- Maintains knowledge of incident reporting situations and requirements.

Finally, they exercise careful judgment about when confidential information may be released in an emergency. This nuanced understanding of privacy laws and ethical standards ensures that while

individual rights are respected, public safety is never compromised. Their diligent attention to detail and follow-through on crisis or medical issues encapsulates a commitment to safeguarding everyone in their care.

Through continuous training, adherence to established protocols, and a proactive stance on communication and ethics, these professionals embody a comprehensive approach to safety that is supported by decades of research and practice in emergency management and crisis intervention.

COMPETENCIES:

- Maintains awareness of when confidential information can be released in emergency situations.
- Demonstrates attention and follow-through on crisis/medical issues.

Monitoring Safety of Consumers and Environment

Task 3.3 Monitoring Safety of Consumers and Environment

Monitor/observe persons receiving services and their environments as required by agency policy and applicable laws and regulations to maintain safety and security.

In this role, the primary responsibility is to continuously monitor and observe both the individuals receiving services and their environments, ensuring that their actions align with agency policies as well as relevant laws and regulations. This comprehensive oversight is crucial for maintaining a secure and safe setting for both consumers and staff.

Staff members begin by strictly adhering to established agency policies and procedures, particularly those designed to address potential safety threats. These protocols, which are informed by current research in safety management and behavioral health, provide a structured framework that helps identify, prevent, and manage crises before they escalate. For example, studies have shown that facilities that consistently follow safety procedures tend to experience fewer adverse events, underscoring the importance of proactive measures.

Understanding and complying with applicable laws and regulations is another essential aspect of the role. This legal grounding not only protects the rights of the individuals served but also reinforces best practices within the facility. Implementing carefully designed safety plans, staff members continually monitor for adherence or deviations, ensuring that any non-compliance is addressed swiftly. Research in healthcare and social services has repeatedly highlighted that the regular implementation and evaluation of safety plans contribute to a more resilient and responsive service environment.

COMPETENCIES:

- Adheres to agency policy and procedures regarding safety threats.
- Understands and adheres to applicable laws and regulations.

Equally important is the meticulous recording of behavioral health data. Accurate documentation is vital for tracking trends, assessing the effectiveness of interventions, and providing a clear record for future reference. By collecting data at the required intervals and in accordance with agency standards, staff can detect subtle shifts in behavior that may signal the need for immediate intervention. This proactive approach is supported by evidence suggesting that detailed and timely documentation can lead to better health outcomes and a reduction in safety incidents.

Observation extends beyond individual behavior to include environmental factors. Staff are trained to recognize even minor changes in the surroundings—whether it’s a new hazard or a change in routine—that could pose risks to consumer health and safety. By employing appropriate reporting methods and maintaining rigorous documentation standards, any significant environmental changes are promptly communicated to the relevant parties, ensuring that swift remedial action can be taken.

COMPETENCIES:

- Implements safety plans and monitors compliance or the lack thereof.
- Records behavioral health data consistent with agency requirements and standards.
- Observes consumers, collecting relevant data in a manner consistent with required frequency, and agency policies and standards.
- Uses appropriate reporting methods and documentation.
- Recognizes changes in behavior. Recognizes changes in environment, especially those presenting a risk to consumer health and safety.

Safety Policies & Plans

Task 3.4 Safety Policies & Plans

Follows established health and safety protocols to ensure safety of the persons receiving services.

Ensuring the safety of individuals receiving services is not merely a procedural obligation—it is a comprehensive commitment that spans preparedness, proactive communication, and continuous training. Service providers are expected to follow established health and safety protocols, which serve as the backbone for creating secure environments. This begins with a thorough understanding of agency policies and procedures, particularly those related to emergency responses such as CPR, first aid, and other critical interventions. Research consistently shows that continuous training and familiarity with these protocols significantly improve response times and outcomes during emergencies.

In practice, this means that professionals are not only expected to know the technical details of life-saving techniques but also to remain alert to the evolving nature of emergency procedures. They utilize verbal de-escalation methods aligned with agency expectations—a strategy supported by studies in conflict resolution and crisis management that highlight the effectiveness of communication in diffusing potentially volatile situations. Such approaches not only help prevent escalation but also foster a sense of calm and order during emergencies.

When a crisis arises, safety plans developed in accordance with agency guidelines are implemented without delay. This systematic approach ensures that every step—from notifying supervisors and medical providers to contacting emergency services like fire, ambulance, or police—is executed with precision. The responsibility for immediate and clear communication is underscored by research in emergency management, which emphasizes that timely notifications can be the difference between a controlled situation and a crisis.

COMPETENCIES:

- Maintains awareness of agency policy and procedures for the implementation of CPR-First Aid, or other emergency procedures.
- Utilizes verbal/de-escalation in accordance with agency policies and expectations of consumer behavior.
- Implements safety plans in accordance with agency policies and practices.
- Understands responsibility to inform supervisors, medical providers, fire safety services, ambulance services, and police of emergency situations and critical incidents.

Moreover, service providers are trained to identify and address dangerous environmental conditions by following established agency protocols. This includes adhering to universal precautions, a practice that minimizes the risk of exposure to infectious agents—a principle widely supported by guidelines from health authorities such as the CDC. Alongside these measures, there is a clear procedure for exercising the duty to warn, ensuring that potential risks are communicated to all concerned parties while balancing the need for confidentiality.

Recognition of emergency conditions and critical incidents is another cornerstone of effective safety management. Staff members must maintain a high level of situational awareness and be well-versed in emergency preparedness and response procedures. Their ability to use emergency equipment confidently—whether it be defibrillators, fire extinguishers, or other safety devices—is routinely reinforced through hands-on training and drills, a practice that research in emergency response consistently finds to be essential for effective crisis management.

Additionally, a well-structured system for incident reporting ensures that every critical event is documented accurately. This not only facilitates immediate follow-up actions but also contributes to the continuous refinement of safety protocols based on real-world experiences. Professionals also understand the delicate balance between maintaining client confidentiality and the imperative to share critical information with first responders during emergencies. Clear agency procedures guide this process, ensuring that the release of confidential information is handled with both discretion and urgency.

Finally, follow-through on crisis or medical issues is an integral part of this comprehensive safety framework. The system is designed to ensure that no aspect of an emergency is overlooked—from the initial identification of a threat to the post-incident review and documentation. This integrated approach, which is supported by extensive research in health and safety management,

demonstrates that a commitment to established protocols and continuous improvement is key to maintaining a safe and secure service environment.

COMPETENCIES:

- Follows established agency protocols for addressing dangerous environmental situations. Practices universal precautions. Follows established procedures for exercising duty to warn.
- Recognizes emergency conditions and critical incidents.
- Maintains awareness of and procedures for emergency preparedness and response.
- Demonstrates ability to use emergency equipment.
- Maintains knowledge of procedures for incident reporting.
- Understands agency procedures regarding the release of confidential information in emergency situations and to first responders.
- Follows procedures for follow-through on crisis/medical issues.

Disaster Preparation

Task 3.5 Disaster Preparation

Works with the organization, the community, and the person receiving services to prepare for and respond to disaster situations.

In our approach to disaster preparedness, we emphasize a collaborative effort that unites the organization, the community, and the individuals receiving services. This integrated strategy ensures that everyone involved is well-equipped to prepare for and respond to disaster situations effectively.

Our process begins by adhering to strict procedures and participating in regular emergency response drills and practices. These drills are not merely routine exercises; they simulate real-life scenarios to foster readiness, refine our response techniques, and ensure that every team member is familiar with established protocols. Research has shown that consistent training through drills significantly enhances response times and coordination during actual emergencies, reinforcing the importance of this proactive approach.

Each individual is expected to understand their personal responsibilities in the event of an emergency. This clarity empowers team members to act decisively and confidently when disaster strikes. Beyond personal preparedness, we also educate community members about their respective roles and responsibilities. By ensuring that everyone—whether a professional responder or a local resident—knows their part in the collective response, we create a cohesive network that can effectively mitigate the impact of disasters.

COMPETENCIES:

- Follows procedures and requirements for emergency response drills and practices.
- Understands personal responsibilities in emergency/disaster events.
- Understands corresponding community responsibilities and has knowledge of their roles and responsibilities.

A critical element of our preparedness is a thorough understanding of the agency's disaster plans. These comprehensive plans outline the specific job duties and response requirements for

personnel during emergencies. By internalizing these protocols, our staff can execute their roles seamlessly, reducing confusion and ensuring a swift, coordinated response. Studies in emergency management have consistently demonstrated that clear role definitions and well-rehearsed procedures are essential for effective disaster response, further validating a methodical planning process.

Our training program also covers the basic roles of first responders, whose expertise is vital during the initial phase of any disaster. Recognizing and understanding these roles allows our team to better support first responders, ensuring that life-saving measures are implemented without delay. This integration of first responder roles into our broader response strategy is supported by research indicating that effective collaboration between various emergency teams leads to improved outcomes during crisis situations.

Finally, a cornerstone of our disaster response strategy is the emphasis on critical care and the maintenance of a calm demeanor under pressure. The ability to remain composed is crucial—not only does it help in managing the immediate needs of affected individuals, but it also prevents panic, enabling a more organized and effective response. Research in emergency medicine highlights that a calm and measured approach can significantly reduce stress and improve overall outcomes during high-pressure situations.

COMPETENCIES:

- Understands agency disaster plans.
- Understands personnel response requirements and job duties in an emergency/disaster.
- Understands the basic roles of First Responders.
- Understands critical care issues, and the necessity of calm response.

Domain 4: Clinical Competence

Professional Documentation

Task 4.1 Professional Documentation

Document all required information in a clear legible timely concise and accurate manner.

Behavioral healthcare professionals are expected to document all required information in a clear, legible, timely, concise, complete, and accurate manner. This commitment begins with a robust understanding of the legal rules and guidelines that govern documentation. By staying well-informed of these legal standards, providers ensure that every record meets regulatory requirements and upholds the integrity of the healthcare system.

Adherence to confidentiality laws and policies is paramount. Professionals must handle sensitive patient information with care, ensuring that all communication, documentation, and data management processes are secure. This extends to the use of secure online platforms, mobile applications, and “smart” technology to interact with healthcare consumers and their families. Recent studies highlight that when digital communication methods are used in a secure manner, they not only protect privacy but also foster better engagement and trust between patients and providers.

COMPETENCIES:

- Maintains awareness of legal rules/guidelines for documentation.
- Adheres to confidentiality laws and policies.
- Communicates with healthcare consumers and family members using secure online, mobile, and “smart” technology and devices.
- Safeguards healthcare consumer privacy and confidentiality with respect to communication, documentation, and data.

A deep understanding of clinical taxonomy and strong functional literacy skills are critical for accurately interpreting and recording health information. The use of electronic health records (EHRs) exemplifies this necessity. EHRs allow healthcare providers to retrieve pertinent patient information quickly and document care efficiently. Professionals must know what information to document, when it is most appropriate to do so, and the correct medium—whether paper-based or electronic—to use. This skill set ensures that records accurately reflect the care provided, including documenting actions taken in response to specific interventions.

Effective documentation also requires the ability to write clearly and concisely. Healthcare providers must produce records that are not only complete and understandable but also free of judgmental language. The use of person-first language reinforces respect for the individual, while professional and precise terminology, along with behavioral descriptors, maintains the objectivity and factual nature of the documentation. It is essential to keep records fact-based and opinion-free, ensuring that only relevant information is included and that extraneous or subjective details are excluded.

COMPETENCIES:

- Demonstrates functional literacy skills and understanding of clinical taxonomy.
- Understands the use of an electronic health record to retrieve relevant information and to document care concisely.
- Maintains awareness of what, when, and where to document in writing or in electronic health records.
- Demonstrates ability to write with clarity, conciseness, completeness, and understandably.
- Understands the responsibility to document actions that happened in response to intervention.

Finally, attention to file maintenance and the proper organization of records is crucial. Providers must be aware of file location requirements and maintain an orderly system that supports easy retrieval and long-term storage. This comprehensive approach to documentation—combining legal awareness, secure communication practices, clear writing, and systematic record-keeping—supports not only high-quality patient care but also adherence to best practices as recommended

by organizations like the American Health Information Management Association and studies in the Journal of the American Medical Informatics Association.

COMPETENCIES:

- Is cognizant of file maintenance and file location requirements.
- Uses person-first language in documentation.
- Avoids judgmental language in documentation.
- Uses professional and precise terminology in documentation.
- Uses behavioral language as descriptors.
- Recognizes the importance of keeping documentation fact-based and opinion free.
- Is cognizant of information that is necessary to include.
- Is cognizant of information that does not belong in the record.

Vocabulary Terms

Acceptance and Commitment Therapy (ACT)	A type of cognitive behavior therapy based on the idea that trying to suppress, manage, or control one's thoughts and feelings can lead to unwanted behaviors.
Adjustment Disorder	A disorder characterized by issues with daily functioning and a severe emotional or behavioral response to a specific stressful event, such as a divorce, job loss, or family issues, within three months of the event.
Adverse Childhood Experiences	A study of traumatic childhood experiences that found a direct link between specific types of childhood trauma and onset of chronic disease in adulthood.
Anorexia Nervosa	A type of eating disorder characterized by food refusal, fear of weight gain, weight loss, inability to maintain an appropriate body weight for height and age, and distorted body image.
Anosognosia	A neurological condition that impairs awareness of mental illness.
Anti-Anxiety Medication	Drugs that work to calm or sedate by depressing activity in the central nervous system. They are used to treat generalized anxiety, panic disorder, and insomnia.
Antidepressants	Drugs that are prescribed as a part of the treatment of depression.
Antisocial Personality Disorder	A type of personality disorder characterized by a pattern of disregarding and violating the rights of others. This disorder begins in childhood or adolescence and continues into adulthood.
Anxiety	Feelings of apprehension relating to anticipated dangerous, catastrophic, or unfortunate events. Physical symptoms include muscle tension, faster breathing, and a more rapid heartbeat.
Anxiety disorder	Any disorder that is characterized by an emotional state of fear, worry, or excessive apprehension. Examples of anxiety disorders include panic disorders, different phobias, and generalized anxiety disorders.
Anxiety Disorders	A group of disorders characterized by excessive fear, worry, or nervousness (e.g., Generalized Anxiety Disorder, Panic Disorder).
Art Therapy	A type of therapy that incorporates artistic activities like painting and clay modeling. Making art can be a healing experience and allows patients to express themselves creatively, authentically, and spontaneously.
Asperger's Disorder	A neurodevelopmental disorder that is characterized by different degrees of difficulties with social interaction and nonverbal communication, issues transitioning from one task to another, challenges dealing with situational or environmental changes, and preference for repetitive behaviors and interests.
Assertive community treatment (ACT)	A team approach to providing rehabilitation and support to individuals who require intensive services in order to live in the community.
Attention Deficit Hyper-Activity Disorder (ADHD)	A behavioral syndrome that is characterized by inattention and impulsivity or hyperactivity.
Autism Spectrum Disorder (ASD)	Any disorder that is characterized by difficulties with communication and social interaction, and onsets during preschool years.

Binge Eating Disorder	A type of eating disorder characterized by recurring episodes of eating abnormally large quantities of food and feelings of shame, distress, and guilt associated with the behavior.
Bipolar disorder (manic depression)	A type of mood disorder in which someone alternates between symptoms of mania and depression.
Borderline Personality Disorder (BPD)	A personality disorder characterized by a long-term pattern of mood instability, trouble with interpersonal relationships, and issues with self-image.
Boundaries	Limits that are set to protect an individual in a relationship or during an activity.
Case Management	A service that coordinates care for individuals with complex mental health needs.
Case Manager	A professional mental health worker who is responsible for assessing, coordinating, monitoring, and evaluating a consumer's behavioral health services.
Clinical Psychologist	A doctorate-level mental health professional trained in the diagnosis and treatment of mental, behavioral, and emotional disorders.
Cognition	The action of knowing and understanding through perceiving, conceiving, remembering, reasoning, judging, imagining, and problem solving.
Cognitive-Behavioral Therapy (CBT)	A structured therapy that helps individuals identify and change negative thought patterns and behaviors.
Comorbidity	The simultaneous existence of two or more medical conditions in a patient.
Compulsion	A behavior or mental activity that someone engages in to reduce distress or anxiety. The behavior or mental activity is often performed to minimize the distress or anxiety associated with an obsession or to prevent a future event that is perceived as stressful.
Conditional release	Discharge from inpatient psychiatric commitment conditioned upon receiving continued treatment as an outpatient living in the community.
Coping Mechanisms	A psychological strategy or adaptation used to decrease tension or anxiety in stressful situations.
Crisis Intervention	Immediate support provided during an acute mental health crisis.
De-escalation Techniques	Strategies used to calm individuals experiencing distress or agitation.
Delusion	A personal idea or belief that is firmly maintained with conviction despite contradicting what is generally accepted as reality.
Dementia	A disorder of mental processes characterized by a deterioration of memory and at least one other cognitive function.
Depressant	Refers to a type of drug that diminishes or slows the function or activity of a system or organ in the body.
Depression	A negative state of being that ranges from feelings of sadness or discontentment to feelings of extreme sadness and pessimism.
Diagnosis	The identification of a mental health condition based on symptoms and criteria outlined in the DSM-5
Dialectical Behavior Therapy (DBT)	A therapy designed to help people with emotional dysregulation and self-harm behaviors.

DSM-5	(Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) – A classification system used by mental health professionals to diagnose mental disorders.
Dyslexia	A learning disability characterized by significant challenges concerning reading, spelling, writing words, and sometimes arithmetic.
Dysthymic Disorder	A mood disorder characterized by symptoms similar to those of major depressive disorder, but that is less severe and longer-lasting.
Experiential Psychotherapy	A type of therapy that helps a client change through experiencing what a client is going through and the feelings that occur on the surface and deeper.
Exposure and Response Prevention (ERP)	A form of behavior therapy used for individuals with obsessive-compulsive disorder. This kind of therapy involves exposing a client to situations that trigger obsessions and provoke compulsive behaviors. The client is encouraged to abstain from compulsions after the exposure for as long as they can.
Eye Movement Desensitization and Reprocessing (EMDR)	A type of treatment characterized by visualization of a traumatic event while concentrating on rapid movements of a therapist's finger. EMDR is used to decrease the impact of symptoms that occur as a result of trauma.
Family Therapy	A type of therapy focused on improving relationships and behavioral patterns within a family and individuals in the family. Various forms of treatment and models of therapy are used in family therapy.
Functional Impairment	The degree to which a mental health condition affects an individual's daily life.
Gender Dysphoria	The feeling of discomfort or distress regarding the physical or social aspects of one's sex assigned at birth.
Generalized Anxiety Disorder (GAD)	A disorder characterized by persistent and excessive worry about various concerns, including current events, finances, appearance, health, activities of friends and family, work, and school.
Grandiosity	Refers to an unrealistic and exaggerated sense of superiority. Someone who experiences grandiosity may believe they have more extraordinary abilities than they do or are more important than they are.
Guardian/conservator	A person appointed by a court to exercise some or all of the legal rights of an incapacitated person.
Hallucination	False sensory experiences that appear to be real but are created in the mind. The most common hallucinations are auditory hallucinations (hearing things that aren't there) and visual hallucinations (seeing things that aren't there).
HIPAA	(Health Insurance Portability and Accountability Act): a federal law that includes standards to protect certain types of personal health care information by restricting access by third parties
Hypomanic Episode	An episode characterized by an elevated or irritable mood, inflated self-esteem, a decreased need for sleep, increased speech, racing thought, increased activity, engagement in risky behaviors, and a tendency to be more easily distracted.
Individual Therapy	A type of therapy that occurs on a one-on-one basis between an individual and a therapist.
Interdisciplinary team (IDT)	a team approach in a clinical setting; typically consists of a psychiatrist, a case manager, a nurse and a peer specialist

Involuntary or Civil Commitment	A legal process in which a person is placed in a psychiatric facility against their will due to safety concerns.
Major Depressive Disorder	A mood disorder characterized by the symptoms of a major depressive episode.
Manic Episode	An episode characterized by an elevated or irritable mood, restlessness, talkativeness, racing thoughts, inflated self-esteem, a decreased need for sleep, engagement in risky behaviors, and a tendency to be more easily distracted.
Medication Management	The process of prescribing and monitoring psychiatric medications for mental health treatment.
Mental status exam	A brief assessment of mental health symptoms
Mindfulness	The state of awareness of one's internal state and surroundings. Mindfulness can be applied to various therapies, including mindfulness-based cognitive behavior therapy, mindfulness-based stress reduction, and mindfulness meditation.
Mindfulness-Based Therapy	An approach that incorporates mindfulness techniques to help individuals manage stress and emotions.
Mood Disorders	Disorders affecting emotional states, such as Depression or Bipolar Disorder.
Mood Stabilizer	Any kind of medication used to treat cyclic mood disorders, including bipolar disorder and cyclothymic disorder, as they reduce the symptoms of manic episodes. Mood stabilizers are sometimes used to manage symptoms of personality disorders, such as borderline personality disorder.
Narcissistic Personality Disorder	A disorder characterized by a long-term pattern of an inflated sense of self-importance, talent, and achievements; a need for excessive attention and admiration; a lack of empathy for other people and a tendency to take advantage of others and feel entitled to special favors; fantasies of sex, power, or beauty; and either indifference or feelings of rage and humiliation in response to criticism.
Narrative Therapy	A collaborative approach to counseling. It focuses on the stories of the client's life and is based on the idea that problems are manufactured in social, cultural, and political contexts.
Neurodevelopmental Disorders	Conditions affecting brain development, such as Autism Spectrum Disorder (ASD) and ADHD.
Neuropsychological Assessment	A comprehensive assessment of cognitive processes where neurological or neurodevelopmental disorders are evaluated with the goal of understanding the etiology and evolution of a disorder. Neuropsychology is the unique integration of genetic, developmental, and environmental history with testing data to better understand brain functioning.
Obsession	A persistent disturbing preoccupation in the form of an idea, image, or impulse that is intrusive or inappropriate. Obsessions are inconsistent with self, cannot be controlled, and lead to anxiety, distress, or discomfort.
Panic Attack	A sudden and intense feeling of apprehension and fearfulness without the presence of any actual danger. Panic attack symptoms include heart palpitations, difficulty breathing, chest pain or discomfort, choking or smothering sensations, sweating, and dizziness.

Panic Disorder (PD)	A type of anxiety disorder characterized by recurrent panic attacks that are unexpected. These panic attacks are associated with concern of having another attack, worry related to the consequences of an attack, and behavioral changes related to the attacks.
Personality Disorders	Long-term patterns of behavior that differ significantly from cultural expectations (e.g., Borderline Personality Disorder).
Phobia	An extreme or irrational fear of a specific situation, object, or activity. Phobias are either avoided or endured with severe distress.
Psychiatric advance directive	A document in which an adult states in advance the wish for psychiatric care in the event that he or she becomes ill and loses capacity for decision-making.
Psychodynamic Therapy	Psychodynamic therapy, also known as insight-oriented therapy, focuses on unconscious processes as they are manifested in a person's present behavior. The goals of psychodynamic therapy are to increase a client's self-awareness and to understand the influence of the past on their present behavior.
Psychological Assessment	The process of evaluating mental health through standardized tests, interviews, and observations.
Psychotherapy	Also known as talk therapy, it involves discussing emotions, thoughts, and behaviors with a trained therapist.
Psychotic Disorders	Conditions like Schizophrenia that involve delusions, hallucinations, and disorganized thinking.
Recreational Therapy	A type of therapy that uses recreational activities as a part of rehabilitation or therapeutic processes for someone with a physical or psychological illness.
Rehabilitation Services	Programs aimed at helping individuals with mental illness regain independence and function in society.
Risk Assessment	An evaluation of a patient's risk for self-harm, suicide, or harm to others.
Risk Factor	A behavior or characteristic that increases an individual's chances of developing a disease or disorder. These characteristics can be constitutional (e.g., genetic), psychological, or environmental.
Schizoaffective Disorder	A disorder characterized by a combination of either a major depressive episode or manic episode and symptoms of schizophrenia. These symptoms include delusions, hallucinations, disorganized speech, or catatonic behavior.
Schizophrenia	A psychotic disorder characterized by an abnormal interpretation of reality due to cognitive, emotional, and behavioral disturbances. Schizophrenia usually onsets between the late teens and mid-thirties.
Self-Harm	Intentional injury to oneself, often as a way to cope with emotional distress.
Separation Anxiety Disorder	A type of anxiety disorder characterized by inappropriate, persistent, and excessive anxiety regarding being away from home or loved ones. Someone with a separation anxiety disorder may also experience anxiety regarding anticipated separation or harm to loved ones.
Serious/severe mental illness	An umbrella term without a universal definition; most commonly applied to disabling psychiatric diseases with psychotic features (e.g., schizophrenia, severe bipolar disorder).
Social Phobia (Social Anxiety Disorder)	A type of anxiety disorder characterized by an intense and persistent fear of being watched and judged by others. Someone with social phobia experiences extreme social anxiety and performance anxiety which causes distress.

Somatic	Refers to something occurring in, relating to, or describing the mind rather than the body.
Substance Withdrawal	A syndrome that develops after abruptly stopping prolonged and heavy drug and alcohol use and is characterized by a variety of physical, mental, and behavioral symptoms. Symptoms of withdrawal include nausea and vomiting, insomnia, mood swings, and anxiety.
Suicidal Ideation	Thoughts of self-harm or suicide, ranging from fleeting thoughts to active plans.
Suicidal Ideation	A preoccupation with thinking about, considering, or planning suicide. Most individuals who experience suicidal ideations do not attempt suicide. Suicidal ideation is typically a symptom of a major depressive episode.
Suicidality	The risk of suicide, which is indicated in suicidal ideation, suicidal intent, or a well-thought-out and elaborated suicide plan.
Tourette's Disorder	A neurological disorder characterized by sudden, repetitive, rapid, and unwanted movements or vocal tics, including grunts, yelps, barks, sniffs, and sometimes obscene or profane words or expressions.
Treatment Plan	A structured approach outlining goals, interventions, and progress tracking in mental health care.
Trichotillomania	A disorder characterized by a compulsive desire and the persistent action of pulling hair from any part of one's body. Someone with trichotillomania will typically feel increased tension before pulling out their hair and will feel a release once they complete the action.
Wraparound Services	A comprehensive, individualized care approach that includes multiple community supports.

Resources for this handbook

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