Set of Core Clinical Competencies for Providing Care to Individuals With Severe Mental Illness

Citation: Young AS, Forquer SL, Tran A, Starzynski M, Shatkin J. Identifying clinical competencies that support rehabilitation and empowerment in individuals with severe mental illness. *Journal of Behavioral Health Servives & Research*. 2000;27:321-333.

| Competency | Definition |
|--------------------------------|---|
| Clinician-client relationship | |
| 1. Respect | Have a positive demeanor. Be empathetic and calm. Be able to respect the desires of the individuals receiving services and their reference group or culture. |
| 2. Communication | Have the skills necessary to adapt verbal and written communication to the language style of the individual receiving services and their family. |
| 3. Minimizing stigma | Know the importance of reducing prejudice and discrimination toward the individual with mental illness. Be able to confront personal prejudices, teach individuals to manage discrimination, and advocate for reducing discrimination in the community. |
| 4. Being accessible | Understand the importance of providing clients and caregivers with access to care 24 hours a day / 7 days a week, including returning phone calls promptly, and offering drop-in and emergency services. |
| 5. Confidentiality | Know techniques for maintaining the client's wishes regarding confidentiality while encouraging inclusion of support system members. Be able to educate the client regarding confidentiality and develop strategies for resolving problems related to confidentiality. |
| Initial and ongoing assessment | t |
| 1. Diagnosis | Be able to use a structured interview to develop differential and working diagnoses on all axes of DSM-IV. Be experienced in evaluating the cultural context and all possible diagnoses before arriving at the working diagnosis. Demonstrate an ability to diagnose co-occurring mental health and substance abuse disorders. Be knowledgeable about the need to support all diagnoses with documentation. |
| 2. Functional assessment | Be able to complete a functional assessment, including identification of client preferences regarding education, work, and leisure. Know the importance of assessing clients' feelings of hope about the future and their ability to lead a productive life. Be able to identify sources of motivation, resources, strengths, interests, capabilities, major problems, and deficits. |
| 3. Medical evaluation | Be able to complete a thorough medical evaluation to determine the nature of the client's current medical, dental, auditory and visual needs; and the extent to which a medical disorder is causing or contributing to the psychiatric symptoms. |
| 4. Critical stresses | Be able to identify critical stresses that negatively affect the client's mental status, and coping strategies and supports that have been successful in the past and can be successful in the future. Have demonstrated ability to develop relapse prevention strategies, including advance directives. |
| 5. Basic needs | Know how to elicit the client's choices regarding basic needs, such as financial resources, food, shelter and safety. |

| 6. Cultural factors | Be skilled at including cultural factors in the assessment process. Understand how cultures differ in the experience of stress, and the role of family and other natural supports in the treatment process. Be familiar with culture-bound syndromes associated with the client's ethnic group. Be able to identify cultural factors that can be used to support treatment and rehabilitation. |
|---|---|
| 7. Client preferences | Be able to identify and know the importance of respecting the client's choices regarding services. Have skills necessary to elicit the individual's history of satisfaction and dissatisfaction with services, including medications. |
| 8. Risk factors | Be able to identify and mitigate factors that place the client at high risk for suicide, violence, victimization, medical disorders such as HIV, or substance abuse. |
| 9. Client knowledge | Be able to assess the client's understanding of their illness, their medications and other treatments, and potential medication side effects. |
| 10. Cognitive assessment | Be able to assess cognitive deficits, and develop appropriate rehabilitation and treatment strategies. |
| Rehabilitation and empowerment | t end of the control |
| 1. Optimism | Believe in the potential for growth and improvement. Have the skills to help the client restore or sustain hope and a sense of the future. |
| 2. Holistic approach | Be able to view the client as a whole person and to see beyond the illness. Have the skills to elicit the individual's personal experiences and world view. |
| 3. Goals | Be able to help the client identify and organize personal goals in the areas of learning, work, leisure, and living. Know how to support the client's unique pace toward goal achievement. |
| 4. Education | Be able to educate the client about mental illness, medications, and rehabilitation. Be able to communicate the value of rehabilitation and medication treatment to clients. |
| 5. Rehabilitation | Be skilled in using current psychosocial / psychiatric rehabilitation approaches. Be able to teach goal-setting and problem-solving skills; and living, social, and illness self-management skills. Be able to help the client gain employment, education, and/or meaningful activity (when desired). |
| 6. Client self-advocacy | Know how to create opportunities for the client to take optimal responsibility for his or her own life. Be able to foster and support self-advocacy. |
| 7. Natural supports | Be able to provide flexible types and intensities of services. Know how to help the client meet changing needs and goals, and transition from clinical services to natural supports. |
| Treatment | |
| Medication treatment | Have demonstrated ability to use psychotropic medications to improve outcomes while minimizing side effects. Know how to recognize and educate the client regarding the side effects of common medications. Know current strategies for medication choice and dosage in the context of ethnicity and age. Know the importance of closely monitoring symptoms and side effects. |
| 2. Concurrent conditions3. Crisis intervention | Know how to treat common concurrent conditions, including concurrent mental and substance use disorders. Know how to use effective crises intervention approaches such as warm and hot lines, mobile crisis response, respite beds, and alternatives to hospitalization. Be able to evaluate client preferences regarding interventions that have been successful in the past. |
| 4. Hospitals and commitment | Know when and how to admit the client to psychiatric hospitals. Know the laws, policies, and procedures |

| | regarding the commitment process. Understand the importance of advance directives. |
|---------------------------------|--|
| 5. Outreach | Know when to use outreach. Be able to deliver mobile services to homeless individuals, and to individuals in community settings and the hospital. |
| Family and support system | |
| 1. Family involvement | Be skilled at assessing the client's preferences regarding family involvement. Be knowledgeable about methods for involving the family and other support system members as part of the assessment, treatment, and rehabilitation process (subject to the approval of the client). |
| 2. Information from the family | Be aware of the importance of soliciting information from the family and other members of the client's support system as part of the assessment process. |
| 3. Family role | Be knowledgeable about the role of the family in treatment and rehabilitation (in the context of the client's culture). Be skilled at providing on-going education and problem-solving assistance to family and other support system members. Have the ability to educate the family regarding mental illness, treatment, rehabilitation, empowerment, available resources, and mutual support groups. |
| Social and cultural factors | |
| Social & cultural knowledge | Be knowledgeable about how cultural and socioeconomic status affects the client's diagnosis and treatment. Be able to identify financial, cultural, and social resources that can facilitate rehabilitation and treatment. |
| 2. Cultural specificity | Know how to use culturally competent and specific interviewing and intervention skills (e.g. sweat lodges, folk healing, herbal remedies). Be able to meet the specific language needs of the individual receiving services. |
| Resources and coordination of c | are |
| 1. Entitlements | Know which entitlement programs are available and their rules. Be able to work with clients to evaluate the advantages and disadvantages of entitlements. Know how to help clients access entitlements and work incentive programs. |
| 2. Community integration | Believe in the importance of community integration and the use of natural supports. |
| 3. Community resources | Be able to help clients access housing, transportation, self-help organizations, mutual support groups, and peer companion programs. Be able to provide information regarding other treatment and rehabilitation programs and opportunities. |
| 4. Coordination of care | Be skilled at coordinating service planning and provision. Know the importance of having a fixed point of responsibility for implementation of an integrated care plan, and of including all service providers, the client, and |

Be able to ensure that individuals with mental illness have ongoing medical evaluation and treatment.

their support system.

5. Ongoing medical care