

12-13-2010

Draft Direct Service Core Competencies

Eileen M. Brennan
Portland State University, eileen@pdx.edu

Pauline Jivanjee
Portland State University

Eliz Roser
Portland State University

Follow this and additional works at: https://pdxscholar.library.pdx.edu/rri_facpubs



Part of the [Social Work Commons](#)

Let us know how access to this document benefits you.

Citation Details

Brennan, E., Jivanjee, P., Roser, E., & Pathways Transition Training Collaborative. (2010). Draft direct service core competencies. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

This Report is brought to you for free and open access. It has been accepted for inclusion in Regional Research Institute by an authorized administrator of PDXScholar. Please contact us if we can make this document more accessible: pdxscholar@pdx.edu.



Eileen Brennan, Pauline Jivanjee and Eliz Roser in consultation with the Pathways Transition Training Collaborative, mental health consumers, families, and service providers

Draft Direct Service Core Competencies

At the first quarterly meeting of the Pathways Transition Training Collaborative (PTTC), members approved the following definition of competency, and the structure of the core competency document. The definition is based in part on the work of Hoge, Tondora, and Marrelli (2005). We will be developing an interdisciplinary course for graduate students based on the core competencies that emerge from the PTTC and the research of the Pathways to Positive Futures RTC. Later, the PTTC will present webinar and online course modules that develop from the core competencies identified by our community of practice.

A competency is a human capability composed of knowledge, a skill or ability, and personal characteristics such as attitudes and values. The competencies that are core for services providers are those necessary to deliver effective direct services to youth and young adults with serious mental health conditions who are transitioning to adulthood. The delivery of most direct services will require the use of multiple competencies.

For clarity we offer the following definitions of the elements of a competency:

- Knowledge is awareness, information, or understanding about concepts, theories, processes, principles, and guidelines acquired by learning or experience that is necessary to perform a task.
- Skill is a cognitive or physical capacity to perform a task with a specific outcome.
- Ability is a cognitive or physical capacity to perform complex tasks with a wide range of outcomes.
- Attitude is the tendency to evaluate a person, situation, or action favorably or unfavorably.
- Value is an individual's conception of the desirable, which influences the selection of means and ends of the actions to be taken.

With Hoge et al. we believe that it is necessary for a community of practice to clearly define and adopt definitions of core competencies. For each competency we intend to provide:

- Label
- Definition
- Descriptors
- Examples

Draft Transition Competencies

1) Partnering with youth and young adults

- a) Definition: Engages youth and young adults as full collaborators in service planning, delivery, and evaluation.
- b) Descriptors:
 - i) Attitude: Views youth and young adults as resilient, strong, capable and competent people. Has a positive demeanor, is empathetic and works to build rapport with youth and young adults.
 - ii) Knowledge: Understands the need to use language and behavior that consistently reflects and enhances dignity and strength of youth and young adults.
 - iii) Skills: Assists and supports youth and young adults to develop strategies, make informed choices, follow through on responsibilities, take risks, and learn from the process.
- c) Example: A mentor coaches a youth about speaking at his upcoming IEP meeting. The mentor helps the youth create a list of things he would like to speak about at the IEP, and role plays how to answer questions from other members of the IEP team. During the meeting, the mentor attends as support to the youth, and allows the youth to speak for himself. The mentor celebrates the successful IEP meeting with the youth after it is over.

2) Supporting recovery and empowerment

- a) Definition: Participates in advocacy by providing accurate information about youth and young adults with mental illness, identifying and challenging situations that are stigmatizing, advocating for policies and procedures that respect individual rights and dignity, and working with youth and young adults to challenge oppressive power structures and overcome legal barriers.
- b) Descriptors:
 - i) Attitude: Able to confront personal prejudice, support individuals to manage discrimination, and reduce stigma in the community.
 - ii) Knowledge: Understands mental illness, coping skills, services, medications, disability decisions, resources, self-help, accommodations, and advocacy.
 - iii) Skills: Creates opportunities for youth and young adults to take responsibility for their recovery. Able to foster and support self-advocacy.
- c) Example: A young adult wants to learn how to manage her mental health without medication. A caseworker works with her to research different strategies for coping, and supports the young adult in achieving her goal of living without medication.

3) Planning partnerships with providers of other services

- a) Definition: Forms partnerships with family members and service providers in relevant agencies and systems to develop and implement individualized transition plans for young people.
- b) Descriptors:
 - i) Attitude: Believes in the advantages of outreach and partnering with service providers to plan, implement, and evaluate effective interventions and support activities and is committed to developing partnerships.

- ii) Knowledge: Acquires knowledge of formal services, programs and policies, and informal supports and resources available in the community, including housing, transportation, self-help organizations, mutual support groups, peer programs, health and mental health (including Medicaid and public services), employment support, legal, religious, recreational, and advocacy organizations, disability services in educational and vocational settings, and social services, and is skilled in assisting the participant to gain access to such supports.
- iii) Skills: Develops communication strategies and cultivates relationships with service providers from relevant disciplines and systems and young people in the interdisciplinary transition team planning process to develop and implement individualized transition plans.
- c). Example: A school social worker visits a community college to gather information about the college's supports for students with serious mental health conditions and to form relationships with the college counselors and members of the disability resource center with view to developing a program of visits and observations by her students.

4) Providing individualized, developmentally appropriate services

- a) Definition: Assists and facilitates the development and implementation of an effective service plan that reflects the preferences, needs, interests, and desired outcomes of the young person participating in the planning and services.
- b) Descriptors:
 - i) Attitude: Believes that services must be engaging and based on compassion, respect for individual needs and choices, and collaboration with young people and their chosen support systems.
 - ii) Knowledge: Understands participatory planning methods, developmental needs of transition-aged youth and young adults, patterns of brain, social, and emotional development, and the unique needs of individual participants.
 - iii) Skills: Matches individualized preferences, interests, and needs of the young person to specific developmentally-appropriate supports and services, regardless of age-related constraints.
- c) Example: The transition facilitator engages in a planning process with a young man who wants to go to trade school and get a job in the skilled trades, but has been having difficulties managing his AD/HD. She works with him to obtain the stable mental health supports he needs and wants, matches him with the right vocational program, and facilitates his moving to an apartment with an older sibling who has been identified as a real support by the young man.

5) Addressing transition domain-specific needs

- a) Definition: Collaborates with young people to meet their needs for education, employment, peer support, parenting support, safe and stable housing, income maintenance, participation in community life, and adult well-being in the context of relevant policies and programs.
- b) Descriptors:
 - i) Attitude: Is committed to domain-specific tasks with youth from a strengths perspective, emphasizing future planning and hope.

- ii) Knowledge: Obtains knowledge of policies and concrete supports affecting key domains for transition aged youth, obstacles to their success in these domains, and strategies that facilitate young people’s goal achievement.
- iii) Skills: Facilitates transitions to adult social relationships and roles by offering young people opportunities to engage in appealing domain-specific activities, teaching domain-related skills, and helping to maximize chances to experience success in the domains they choose.
- c) Example: A high school special education teacher uses his knowledge of the community college system to help his student select a community college program that will be a good match for her interests in child development. Together they explore possible job opportunities that will help her decide if she would like to work as an early childhood teacher in the future.

6) Using evidence-supported practice and individualizing interventions

- a) Definition: Locates, appraises, adapts, and applies established and evolving knowledge about mental health and a range of effective practices and programs.
- b) Descriptors:
 - i) Attitude: Open to new evidence of program and practice effectiveness, and values societal, cultural, ethnic, gender, and other sources of diversity, which affect the use of this evidence.
 - ii) Knowledge: Understands the characteristics of mental health disorders that affect young people, the complications of co-occurring disorders, and practices and programs supported by evidence that are effective in producing favorable outcomes for young people affected by mental health difficulties.
 - iii) Skills: Taking culture and environment into account, identifies, evaluates, and adapts a range of evidence-supported practices and programs that meet the needs of young people who have experienced mental health difficulties.
- c) Example: Working with Native American youth affected by mental health difficulties, a vocational rehabilitation counselor locates an evidence-supported program developed by the Native American community to assist youth to transition into independent employment. The counselor consults with the young people, their families, and their tribal council in order to adapt the program to their needs and preferences.

7) Collaborating to bridge systems

- a) Definition: Reaches within and across services and systems to build constructive working relationships focused on assisting young people to achieve their goals when confronted with fragmented systems.
- b) Descriptors:
 - i) Attitude: Believes in the importance of community integration and the use of formal services, entitlement programs, and natural supports to enhance community integration.
 - ii) Knowledge: Is familiar with legal issues, the gaps in existing service systems, and the importance of collaborating to implement of an integrated care plan and is skilled at coordinating service planning and provision. Understands the policy and systems contexts affecting young people.

- iii) Skills: Demonstrates interpersonal and communication skills that result in effective exchange of information and collaboration and is skilled in building positive working relationships within and across the service system.
- c) Example: A child welfare caseworker contacts the Job Corps and local Vocational Rehabilitation office to explore opportunities for youth transitioning out of foster care. She discovers there are opportunities that would appeal to youth leaving foster care and invites the Job Corps staff to attend a staff meeting to share this information with her team.

8) Promoting support from family, peers, and mentors

- a) Definition: Builds on the capacity of family members, peers, and mentors to provide support in ways preferred by the young person.
- b) Descriptors:
 - i) Attitude: Values natural support systems, including family, peers, and mentors preferred by young people with mental health needs and taking account of their developmental and cultural context.
 - ii) Knowledge: Understands the journey of the family members and youth, the importance of confidentiality and the benefits of exchanging information with families, peers, and mentors regarding mental illness, treatment, rehabilitation, empowerment, available resources, and mutual support groups.
 - iii) Skills: Is skilled at assessing the young person's preferences regarding family involvement and promoting, maintaining, and (if appropriate) rebuilding, involvement of the family and other support system members as part of assessment, planning, implementation, and evaluation processes according to youth preferences.
- c) Example: A transitional living support worker assists a young woman who recently left foster care to connect with a leaders' group of foster care alumni who are working together to provide mutual support to younger foster care graduates.

9) Meeting the needs of diverse young people

- a) Definition: Communicates effectively with and is responsive to the preferences of diverse young people and families.
- b) Descriptors:
 - i) Attitude: Appreciates and respects cultural and ethnic differences, alternative perspectives on mental illness, help-seeking, and healing practices, as well as lifestyles, goals, family, and community life.
 - ii) Knowledge: Recognizes within the context of their development the ways that cultural and socioeconomic factors affect young people's mental health needs and preferences for possible intervention strategies.
 - iii) Skills: Has capacities to communicate effectively and be responsive to diverse young people and families and is skilled at including cultural factors in the assessment process, including how cultures differ in the experience of stress, the roles of family and other natural supports in the intervention process, and cultural factors that can be used to support positive outcomes.
- c) Example: A community college counselor arranges for a Latino student who is hesitant to transfer to a four-year college to visit the college and meet with a mentoring group formed by the Latino students' association.

10) Evaluating and improving services

- a) Definition: Systematically evaluates the services that he or she offers; uses feedback from young people and their family members, when relevant; participates in program evaluations and research to improve services.
- b) Descriptors:
 - i) Attitude: Takes a positive stance toward evaluation of services being provided and importance of feedback from young people and their families regarding service adequacy, effectiveness, and efficiency.
 - ii) Knowledge: Understands methods of practice and program evaluation and their application to one's own work.
 - iii) Skills: Uses feedback from young people involved in services, family members, and community stakeholders about the acceptability and effectiveness of services, participates in program evaluation and practice improvement research, and maintains standards of informed consent and confidentiality with participants.
- c) Example: A social worker routinely asks young people and the families she works with to fill out an anonymous survey that will collect their candid feedback about the effectiveness of her work. She also keeps data that records their school completion and post-secondary education enrollment information. As a result of this information and previous evaluations of the program she works in, she makes changes in her approach to her own work.

Competency References

- Accreditation Council for Graduate Medical Education. (2007). *Common program requirements: General competencies*. Retrieved February 22, 2010 from: <http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf>
- Arnett, J. J. (2003). Conceptions of the transition to adulthood among emerging adults in American ethnic groups. *New Directions for Child and Adolescent Development*, 100, 63–75.
- Benitez, D. T., Morningstar, M. E., & Frey, B. B. (2009). A multistate survey of special education teachers' perceptions of their transition competencies. *Career Development for Exceptional Individuals*, 32(6), 6-16.
- Bogo, M., Regehr, C., Hughes, J., Power, R., & Globerman, J., (2002). Evaluating a measure of student field performance in direct service: Testing reliability and validity of explicit criteria. *Journal of Social Work Education*, 38(3), 385-401.
- Clark, H. B., & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H. B. Clark, & D. K. Unruh, *Transition of youth & young adults with emotional or behavioral difficulties: An evidence-supported handbook* (pp. 47-113). Baltimore: Paul H. Brookes.

- Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Washington, DC: Author.
- Coursey, R. D., Curtis, L., Marsh, D. T., Campbell, J., Harding, C., Spaniol, L. et al. (2000). Competencies for direct service staff members who work with adults with severe mental illnesses in outpatient public mental health/managed care systems. *Psychiatric Rehabilitation Journal*, 23(4), 370-378.
- Cross, T. L., Friesen, B. J., & Maher, N. (2007). Successful strategies for improving the lives of American Indian and Alaska Native youth and families. *Focal Point: Research, Policy, and Practice in Children's Mental Health*, 21 (2), 10-13.
- DeFur, S. H., & Taymans, J. M. (1995). Competencies needed for transition specialists in vocational rehabilitation, vocational education, and special education. *Exceptional Children*, 26 (1), 38-51.
- Eagly, A. H., & Chaiken, S. (2007). The advantages of an inclusive definition of attitude. *Social Cognition* 24 (5), 582-602.
- Hoge, M. A., Paris, M., Adger, H., Collins, F. L., Finn, C. V., Fricks, L. et al. (2005), Workforce competencies in behavioral health: An overview. *Administration & Policy in Mental Health*, 32(5/6), 593-631.
- Hoge, M. A., Tondora, J., & Marrelli, A. F. (2005). The fundamentals of workforce competency: Implications for behavioral health. *Administration and Policy in Mental Health*, 32 (5/6), 509-531.
- Jivanjee, P., Kruzich, J. M., & Gordon, L. J. (2009). The age of uncertainty: Parent perspectives on the transitions of young people with mental health difficulties to adulthood. *Journal of Child and Family Studies*, 18, 435-446.
- McCain, M., Gill, P., Willis, J. & Larson, M. (2004). Knowledge, skills, and abilities of youth service practitioners: The centerpiece of a successful workforce development system. Washington, DC: National Collaborative on Workforce and Disability for Youth.
- National Alliance for Direct Support Professionals. (2008). *NADSP endorsed competency areas and corresponding skill statements*. Retrieved February 22, 2010 from: <http://www.nadsp.org/docs/NADSPAccreditationInformationPacket.pdf>
- Reamer, F.G. (2006). *Social work values and ethics* (3rd ed.), New York: Columbia University Press.
- Young, A. S., Forquer, S. L., Tran, A., Starzynski, M., & Shatkin, J. (2000). Identifying clinical competencies that support rehabilitation and empowerment in individuals with severe mental illness. *The Journal of Behavioral Health Services & Research*, 27 (3), 321-333.

Youth Move Oregon. (2009). *Mental health youth bill of rights*. Retrieved February 9, 2010
from: <http://youthmoveoregon.org/>