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# **Florida Certified Mental Health Professional**

## **Role Delineation Study**

**2004 – Preliminary Report**

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Florida Certification Board, Inc.  
1715 S. Gadsen Street  
Tallahassee, FL 32301

# **Certified Mental Health Professional Role Delineation Study Report November 2004**

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TestMetric, Inc.**

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## **I. INTRODUCTION**

The Florida Certification Board, Inc. (FCB) contracted with TestMetric, Inc. (TestMetric) to conduct a Role Delineation Study (RDS) for the Certified Mental Health Professional (CMHP) certification examination. The purpose of the RDS was to formally identify the domains of knowledge and specific tasks needed to be a competent CMHP. This information would then be used to systematically develop the examination blueprint.

The development of a credentialing examination designed to measure an individual's competence in a particular area is a long and complex process. This process must be followed to ensure that the examination has content validity and reliability. That is, the contents of the examination must be linked to the knowledge required to perform competently on the job. In addition, the results obtained from the credentialing examination process must be reliable, thus providing a true measure of a candidate's test performance.

The RDS is the first step of the test development process and is the most commonly applied and accepted validation strategy used in developing credentialing examinations. In addition, it is the first step in ensuring that the examination is a reliable examination, as it provides the tasks to which exam items are later written and analyzed. The tasks identified also help to determine the number and types of examination questions needed to measure important areas of job performance.

## II. COMPLIANCE WITH STANDARDS

Two widely accepted standards for the development of credentialing examinations and certifying agencies are the *Standards for Accreditation of Certifying Agencies* (National Commission for Certifying Agencies, 2002) and the *Standards for Educational and Psychological Tests* (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999).

For the purpose of this report, the *Standards for Accreditation of Certifying Agencies* will be referred to as the NCCA Standards and the *Standards for Educational and Psychological Tests* will be referred to as the Joint Standards.

The NCCA Standards specifically state that a RDS “must be conducted to clearly delineate performance domains and tasks, associated knowledge and/or skills, and sets of content/item specifications to be used as the basis for developing each type of assessment instruments.” In addition, “a report must be published linking the job/practice analysis to specifications for the assessment instruments.” The Joint Standards similarly state “the test specifications should be documented, along with their rationale, and the process by which they were developed.” The Joint Standards also state that in credentialing tests, role delineation studies “usually provide the basis for defining the test specifications.”

TestMetric will use the above standards to help guide the process for the RDS and in the development of the final report which will serve as documentation for content validity for the CMHP certification examination.

### **III. THE ROLE DELINEATION STUDY PROCESS**

As mentioned earlier, the RDS is the first step in developing a valid and reliable examination. The RDS is a formal process by which the knowledge and skills needed to be a competent professional in the field are determined. The results of the study serve as the blueprint for examination development. By conducting a RDS, the content validity of the examinations is ensured.

The RDS is conducted with selected subject matter experts (SMEs) and consists of two phases. Phase 1 consists of a workshop with SMEs in which the tasks, skills, and knowledge for competent performance are determined. Phase 2 is the validation of the tasks identified by the SMEs in Phase 1. The validation effort includes a survey distributed to a larger group of SMEs and job incumbents. Survey respondents are asked to review the list of tasks and rate each task in terms of its importance to competent job performance and the frequency which each task is used.

The results of the survey are then used to determine the exam blueprint. The number of survey participants varies depending on the size of the target population. For new credentialing programs, there may be difficulty in finding current job incumbents as the role may be new. In this case, best efforts are made to solicit as many responses as possible. In fact, there is no set defined minimum, as this number is really dependent upon the size of the target audience. More important is ensuring that the respondents are reflective of the desired population. For the CMHP survey, FCB will be conducting the survey online by posting it on its website. Recruitment efforts will be undertaken to promote the awareness of the survey. The survey will be available mid-November and will be available for 4 weeks.

In summary, the following steps will be conducted as part of the CMHP RDS:

1. FCB convened a panel of SMEs in the field of mental health to determine the scope of practice. These SMEs were led through the role delineation process by a psychometrician from TestMetric. During the workshop, the panel defined the major performance domains and the associated tasks necessary for successful performance. Knowledge and skills associated with each task were then identified. (Completed August 2004).
2. TestMetric conducted an editorial and psychometric review of the listing of domains, tasks, and knowledge and prepared a survey which was distributed by FCB via the web. (Currently taking place.)
3. TestMetric compiles and analyzes the survey data to determine the test specifications. (Target Completion Date: December 31, 2004).

This report provides the details and results of the RDS up through the point of creating the survey for online implementation.

### **IV. THE ROLE DELINEATION STUDY WORKSHOP**

The RDS workshop was held August 9-11, 2004 in Tallahassee, FL and was conducted by Linda A. Althouse, Ph.D., a psychometrician from TestMetric. This section provides a description of the workshop, including participants, agenda, and methodology.

## A. List of Participants

Table 1 provides the panel members who served as SMEs in the workshop.

**Table 1: Subject Matter Experts Participating in Role Delineation Study Workshop**

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Gail D. Dixon Director, Prevention Research and Training Center Florida Certification Board 1715 S. Gadsen Street Tallahassee, FL 32301	Patricia A. Luehmann Supervisor, Intensive Case Management Suncoast Center for Community Mental Health 4024 Central Avenue St. Petersburg, FL 33711
Dr. Paula Fenzau Program Manager Suncoast Center for Community Mental Health 4024 Central Avenue St. Petersburg, FL 33711	Marcy MacMath Director of Training Boley Centers 445 31 <sup>st</sup> St. N St. Petersburg, FL 33713
Catharine Goldsmith Agency for Healthcare Administration Medicaid-Behavioral Health 2727 Mahan Drive Tallahassee, FL 32312	Pamela Waters Director Southern Coast Addiction Technology Transfer Center 1715 S. Gadsen Street Tallahassee, FL 32301
Charles M. Kimber Mental Health Analyst Department of Children and Families 1317 Winswood Blvd Tallahassee, FL 32317	Dr. Irvin J. Williams Member, Florida Certification Board Lakeview Center, Inc. 1221 W. Lakeview Pensacola, FL 32501
Karen A. Koch Director of Policy and Research Florida Council for Community Mental Health 316 E. Park Avenue Tallahassee, FL 32301	

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In addition, the following SME participated in a post RDS workshop content review of the material created by the RDS :

Kevin Huckshorn  
Director of Technical Assistance  
National Association State Mental Health Program Directors  
66 Canal Plaza # 302  
Alexandria, VA 22314

## B. Agenda

The following agenda was used during the workshop:

**Table 2: Agenda used in the Role Delineation Study Workshop**

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### **Monday, August 9**

8:00am	- 8:15am	Introductions
8:15am	- 8:30am	Overview of Role Delineation Study
8:30am	- 8:45am	Define/Review the Target Audience
8:45am	- 9:15am	Define Performance Domains
9:15am	- 9:30am	Break
9:30am	- Noon	Developing Task Statements
Noon	- 1:00pm	Lunch
1:00pm	- 4:00pm	Developing Task Statements
4:00pm		Adjourn

### **Tuesday, August 10**

8:00am	- Noon	Develop/Review Task Statements
Noon	- 1:00pm	Lunch
12:30pm	- 1:30pm	Finalize Domains/Tasks
1:30pm	- 1:45pm	Break
1:45pm	- 3:00pm	Validate Domains/Tasks
3:00pm	- 4:00pm	Develop Knowledge Statements
4:00pm		Adjourn

### **Wednesday, August 11**

8:00am	- 11:30am	Develop Knowledge Statements
11:30am	- Noon	Wrap-up
Noon		Adjourn

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### C. Defining the Target Audience

After introductions and a review of where the RDS fits into the overall test development cycle, as well as an overview of the RDS process, the facilitator led the panel members through the exam audience definition. The target audience was defined as follows:

*Unlicensed individuals who are providing direct counseling service in mental health setting. These individuals must meet the following education and experience requirements to be eligible to pursue certification:*

<b><i>Education</i></b>	<b><i>Direct Mental Health Work Experience</i></b>
<i>Masters Degree or above (related)</i>	<i>1 year (2000 hours)</i>
<i>Bachelors Degree (related)</i>	<i>3 years (6000 hours)</i>
<i>Any degree Bachelors and above (unrelated)</i>	<i>5 years (10000 hours)</i>

*These individuals should have an understanding and acceptance of general recovery based philosophy and principles, including:*

- 1. Acceptance of the concept that people can and do recover from mental illness*
- 2. Appreciation of the roles that family members and significant others can play in an individual's recovery while understanding the importance of service recipient informed consent before family/significant others are involved*
- 3. Patience and perseverance to work with different people with different needs*
- 4. Recognition of individual values and beliefs*
- 5. Respect for individual choices*
- 6. Tolerance for a variety of cultures, diversities, racial, ethnic, gender, and sexual preferences*
- 7. Understanding and adherence to individual rights in accordance with state and federal laws, regulations and standards*
- 8. Willingness to be flexible and to negotiate*
- 9. Willingness to consider multiple approaches to recovery, based on needs, desires and abilities of the service recipient.*

## **D. Defining the Performance Domains**

Once the examination audience was agreed upon, the performance domains were then determined. Performance domains were defined to the panel members as the major responsibilities or duties that define a job role. The five domains that emerged were:

- Domain 1: Assessment
- Domain 2: Person-Centered Treatment/Service Planning
- Domain 3: Counseling and Intervention
- Domain 4: Service Coordination
- Domain 5: Professional Responsibilities and Ethics.

## **E. Determining the Task Statements**

Once the domains were finalized, the facilitator led the panel members through another brainstorming activity in which the tasks that a CMHP needs to perform competently were identified for each domain. For each task, panelists had to address what was being done, why it was being done, and how it was to be done. Once all the tasks were delineated, the panel members reviewed the tasks to ensure that the tasks provided full coverage of the job responsibilities, were independent of each other, and were appropriately categorized within each domain. The tasks identified become the examination objectives to which exam items will be written.

## **F. Validating the Domains and Tasks**

Once the domains and tasks were delineated, the facilitator led the panel members through a validation exercise where they considered each domain and task and how important it is to the job performance of a CMHP, as well as how much time a CMHP spends performing in the domain and on the specific tasks. The purpose of this exercise was to collect data similar to the survey data and develop a preliminary examination blueprint using the panel member data. After reviewing this preliminary blueprint, panel members had an opportunity to review their work and make adjustments before finalizing the domains and tasks. In addition, the values assigned to the domains are later compared with the actual survey results. Ideally, the panel members' ratings would not differ significantly from the large survey results. Using the panel members' ratings of the amount of time a CMHP would spend uniquely in each domain, the breakdown of the examination would be:

- Domain 1: Assessment (15%)
- Domain 2: Person-Centered Treatment/Service Planning (16%)
- Domain 3: Counseling and Intervention (37%)
- Domain 4: Service Coordination (22%)
- Domain 5: Professional Responsibilities and Ethics (10%)

### **G. Determining the Knowledge and Skill Statements**

The final step in the RDS workshop was to determine the knowledge and skills necessary to perform the delineated tasks. As with the other steps, the facilitator led the group in a brainstorming session as well as some group work as the panel members determined the appropriate list of knowledge and skills necessary for a competent performance by a CMHP.

### **H. Post Workshop Review**

After the workshop, the listing of domains, tasks, and knowledge/skills statements was sent to all the participants and to one SME who could not attend the meeting for a final content review. Changes were then incorporated into the document and sent out for final approval. The full listing of domains, tasks, and knowledge/skills statements can be found in Appendix A.

## **V. THE ROLE DELINEATION STUDY VALIDATION SURVEY**

After the RDS workshop, TestMetric conducted an editorial and psychometric review of the domains and task statements. Once the domains and task statements were finalized, TestMetric prepared a survey to obtain feedback from respondents on the domains and task statements. The survey will be available on Friday, November 12, 2004 in web format. A copy of the survey (which will be converted to web format) is provided in Appendix B.

In addition to the domains and tasks, the survey collected confidential demographic information which will be used to document the respondents' qualifications and background. The demographic data will be used to verify that the survey sample is representative of the target audience for the CMHP examination. The demographic questions were obtained by the SMEs at the RDS workshop.

In addition to rating the domains and tasks, survey respondents will be encouraged to provide task statements that they feel are missing and to provide any additional comments.

The survey will run for four weeks.

## **VI. UPCOMING ANALYSIS**

Once the survey period is complete, TestMetric will run the necessary analysis and provide FCB with a full Role Delineation Study report and test blueprint. The anticipated date for completion is December 31, 2004.

## **Appendix A**

### **Certified Mental Health Professional Certification Examination**

#### **Full Listing of Domains and Tasks**

**CERTIFIED MENTAL HEALTH PROFESSIONAL  
LISTING OF DOMAINS AND TASKS**

**DOMAIN 1: ASSESSMENT**

Task 1.1 Establish rapport with service recipient to gather accurate information to determine need for services.

Knowledge:

- a. ADA
- b. Available sources of assistance
- c. Florida Mental Health Act 2004 (Florida Baker Act)
- d. Importance and purpose of building a relationship based on trust
- e. Mental Health Advance Directives
- f. Range and tolerance of human emotions, feelings, and symptoms of mental illness
- g. Rapport-building methods and issues
- h. Situations when additional professional assistance may be necessary
- i. The Florida Marchman Act
- j. Voluntary vs. Involuntary Admission Guidelines
- k. What constitutes a mental health crisis (dangerous or lethal behaviors)

Skills:

- a. Accurately identifying service recipient's individual experiences
- b. Assessing risk factors for violence or self harm
- c. Assessing the difference between suicidal thoughts and feelings vs. plan and intent
- d. Demonstrating effective verbal and nonverbal communication
- e. Demonstrating empathy, respect, and genuineness
- f. Eliciting relevant information from the service recipient
- g. Reflecting service recipient's feelings and message
- h. Respect for the right to refuse treatment or admission

Attitudes:

- a. Appreciation of the value of the data gathering process
- b. Recognition of personal biases, values, and beliefs, and their effect on communication and the treatment process
- c. Willingness to establish a trusting relationship based on respect and tolerance.

Task 1.2 Screen the service recipient for eligibility and risk potential to determine appropriate kind of care setting and treatment needs avoiding overly restrictive placement settings by using established criteria, interviewing and reviewing records.

Knowledge:

- a. Available sources of assistance and community resources
- b. Ability to evaluate treatment adherence and potential without judgment
- c. Abuse hotline reporting requirements
- d. Basic diagnostic criteria for suicide risk, danger to others, substance abuse withdrawal syndromes, and signs and symptoms of serious mental

- illness.
- e. Guardianship laws
- f. How age, developmental level, culture, and gender effect communication
- g. How to assure confidentiality per regulations
- h. How to gather and use information from collateral sources
- i. How to interpret the results of screening
- j. Legal requirements concerning suicide and violence potential
- k. Mental status evaluation
- l. Stages of change models
- m. The significance of trauma histories and the effects of trauma and violence on human beings
- n. The stages of crisis and how to intervene
- o. What constitutes a crisis and when to act

**Skills:**

- a. Ability to explain forms in user friendly non-jargon language
- b. Administering and scoring screening instruments
- c. Assessing suicide and/or violence potential
- d. Communicating effectively
- e. Gathering information and collecting data
- f. Intervening appropriately with a service recipient who may be intoxicated
- g. Presenting information in a non-judgmental manner
- h. Preventing or managing crises including Baker Act Diversions
- i. Promoting the service recipient's readiness to accept treatment
- j. Recognizing and defusing volatile or dangerous situations
- k. Screening for physical and mental illness/emotional disturbances
- l. Writing accurately, concisely, and legibly

**Attitudes:**

- a. Appreciation of the importance of empathy in response to feelings of anger, hopelessness, suicidal or violent thoughts, anxiety, psychosis and feelings
- b. Appreciation of the importance of legal obligations
- c. Appreciation of the value of the data gathering process
- d. Patience, tolerance and perseverance
- e. Respect for the service recipient's presenting state and tolerance for differences in opinions and in choices

Task 1.3 Complete biopsychosocial assessment by gathering current and historic service recipient information in order to review and analyze relevant data to make recommendations for care.

**Knowledge:**

- a. Appropriate use and limitations of standardized instruments
- b. Assessment of individual's strengths in words or person including social skills, interests, job skills, social supports, hobbies.
- c. How age, developmental level, racial and ethnic culture, gender, and disabilities can influence the validity and appropriateness of assessment instruments
- d. How to gather and use information from collateral sources while

- maintaining confidentiality and informed consent
- e. Range of available treatment options or resources
- f. Range of life areas to be functionally assessed such as social skills; social supports; employment or volunteer work; leisure activities; education activities
- g. Service recipient mental status
- h. Understanding the relationship between body, mind and spirituality

Skills:

- a. Addressing service recipient's perceptions and providing appropriate explanations of instrument items
- b. Administering appropriate assessment instruments within the counselor's scope of practice
- c. Asking about the availability or use of an advance directive
- d. Communicating recommendations to the service recipient, using non-jargon and user friendly language, and other appropriate service providers
- e. Conducting comprehensive assessment interviews and collecting information from collateral sources
- f. Developing and using a safety planning tool
- g. Introducing and explaining the purpose of assessment instruments
- h. Providing an orientation to the treatment environment and the treatment process

Attitudes:

- a. Respect for the limits of assessment instruments and one's ability to interpret them
- b. Understanding and willingness to reinterpret purpose and use using non-jargon, user friendly language

Task 1.4      Develop an initial, individualized Service/Recovery plan by working with service recipient and other appropriate individuals to identify service recipient needs, preferences, desired outcomes, and resources available in order to initiate admission or referral and ensure follow-through.

Knowledge:

- a. Factors facilitating the service recipient's comprehension of assessment findings such as user friendly language that avoids jargon
- b. Motivational styles, interviewing, and strategies
- c. Role and importance of service recipient resources and barriers to treatment
- d. Roles and expectations of others potentially involved in treatment
- e. Service/Recovery planning process and the necessity for full involvement of the person and family when appropriate
- f. Sources of assessment information and source accuracy
- g. Stages of change and readiness for treatment
- h. The importance that the service recipient and family systems have on treatment decisions, outcomes and in determining choice or activities
- i. Understanding the meaning of coercion and force

Skills:

- a. Communicating assessment findings to interested parties within the

- bounds of confidentiality regulations and practice standards
- b. Communicating with service recipients in a manner that is sensitive to cultural and gender issues
- c. Establishing service/recovery priorities based on all available data
- d. Interpreting data to inform process
- e. Translating assessment information into suggested service/recovery goals and outcomes understanding that the individual needs to guide recovery planning once able
- f. Understanding the system of care and lack of knowledge of professional jargon
- g. Working with service recipients (and their families) of different age, developmental levels, gender, racial, language and ethnic cultures

Attitudes:

- a. Appreciation of the strengths and limitations of the service recipient and significant other with an emphasis on strengths
- b. Recognition of one's own treatment biases
- c. Recognition of the service recipient's right and need to understand assessment results in their own language
- d. Recognition of the value of thoroughness and follow-through
- e. Respect for the role of the service recipient and others, including the right to refuse treatment
- f. Willingness to consider multiple approaches to recovery and change based on the needs, desires and abilities of the service recipient

Task 1.5 Provide ongoing assessment through observation, review, and consultation with the individual service recipient and other professionals in order to assess progress and update the comprehensive person-centered service/recovery plan as needed.

Knowledge:

- a. Assessment mechanisms to measure service recipient's progress toward recovery objectives
- b. Beginning discharge planning on admission
- c. Familiarity with research on recovery and evidence based practices
- d. Methods for assessing service recipient's goals, service/recovery plan, and motivational level
- e. Outreach, follow-up, and aftercare strategies
- f. Service recipient's cultural norms, biases, unique characteristics, and preferences for treatment
- g. Social, cultural, and family systems and how these impact on recovery progress
- h. Stages and principles of recovery
- i. Techniques to engage the service recipient in recovery process
- j. Theories and principles of the stages of change and recovery from a situational crisis, serious mental illness or a co-occurring disorder

Skills:

- a. Applying treatment outcome measures
- b. Assessing service recipient progress and adherence toward recovery goals and adjusting as necessary
- c. Assessing the comprehension level of the service recipient, family, and

- significant others with the service/recovery plan and goals
- d. Communicating with people of other cultures
- e. Documenting the service recipient's adherence to the service/recovery plan and reasons for opposition without judgment
- f. Eliciting service recipient feedback on service experiences
- g. Engaging service recipient, family, and significant others in the ongoing recovery process
- h. Engaging, negotiating, and contracting toward recovery oriented activities
- i. Helping the service recipient to initiate and maintain motivation to change
- j. Implementing follow-up and aftercare protocols
- k. Modifying the service/recovery plan based on review of service recipient progress, concerns and/or changing circumstances
- l. Problem solving that encourages the service recipient's involvement
- m. Recognizing, understanding and addressing ambivalence and resistance
- n. Reinforcing positive change
- o. The importance of peer supports and services and the role of peer specialists
- p. The use of and importance of person-first language

Attitudes:

- a. Appreciation for personal, cultural, linguistic, and educational issues that impact treatment progress toward recovery
- b. Appreciation of the role significant others play in the recovery process
- c. Concern for the service recipient, the family, and significant others
- d. Patience, tolerance and perseverance in moving forward
- e. Receptivity to service recipient's feedback
- f. Recognition of a re-emergence of symptoms as an opportunity for learning and positive change
- g. Respect and tolerance for individual differences
- h. Respect for the service recipient's right to self-determination
- i. Therapeutic optimism and the provision of hope
- j. Willingness to be flexible
- k. Willingness to learn from clinical supervision, advancing knowledge and modifying practice appropriately

**DOMAIN 2: PERSON-CENTERED SERVICE/RECOVERY PLANNING**

Task 2.1 Interpret all relevant assessment information by obtaining and reviewing available documentation in order to begin the development of the individualized plan of care.

Knowledge:

- a. Impact that the service recipient and family systems have on treatment decisions and outcomes
- b. Motivation, motivating factors and the importance of instilling hope
- c. Other sources of assessment information
- d. Role and importance of service recipient resources and barriers to treatment
- e. Service/ recovery planning process that facilitates recovery

- f. Stages of change and readiness for recovery

Skills:

- a. Belief that everyone can recover, given adequate services and supports
- b. Establishing treatment priorities based on available data
- c. Interpreting data to inform practice
- d. Working with service recipients of different age, developmental levels, gender, racial, and ethnic cultures

Attitudes:

- a. Appreciation of the strengths and limitations of the service recipient and significant others.
- b. Recognition of the value of thoroughness and follow-through

Task 2.2 Discuss assessment findings with the service recipient and approved significant others in order to facilitate the development of the individual's plan of care.

Knowledge:

- a. Available treatment modalities, service recipient placement criteria, and cost issues
- b. Effective communication styles
- c. Factors effecting the service recipient's comprehension of assessment findings
- d. How to apply confidentiality regulations
- e. Implications of various services alternatives, including the choice of no service
- f. Methods to elicit feedback
- g. Roles and expectations of others potentially involved in the service/recovery process

Skills:

- a. Assessing service recipient for understanding and correcting misunderstandings
- b. Building partnerships with service recipient and significant others
- c. Communicating assessment findings to interested parties within the bounds of confidentiality regulations and practice
- d. Communicating with service recipients in a manner that is sensitive to cultural and gender issues
- e. Eliciting feedback
- f. Establishing trusting relationship
- g. Explaining the service/recovery process
- h. Presenting information in a non-judgmental manner
- i. Selecting service settings appropriate for service recipient needs and preferences
- j. Summarizing and synthesizing assessment results
- k. Synthesizing available data to establish treatment priorities
- l. Translating assessment information into treatment goal and outcomes
- m. Working collaboratively

Attitudes:

- a. Recognition of one's own treatment biases
- b. Recognition of the service recipient's right and need to understand

- assessment results
- c. Respect for the roles of others
- d. Willingness to communicate interactively with the service recipient and significant others
- e. Willingness to consider multiple approaches to recovery and change
- f. Willingness to negotiate with the service recipient

Task 2.3 Formulate mutually agreed upon and measurable service/recovery goals in order to assist service recipient in the recovery process.

**Knowledge**

- a. Hierarchy of needs
- b. How to present an array of services that are flexible and not rigidly sequential
- c. How to write measurable, user-friendly, person-first outcome statements
- d. Levels of service recipient motivation
- e. Relationship among strengths, potential barriers, desired outcomes, and treatment strategies
- f. Service arrays that are flexible and not rigidly sequential
- g. Service needs of diverse populations
- h. Short- and long-term service/recovery planning
- i. Understanding of FACT teams and their role

**Skills:**

- a. Collaborating and contracting with the service recipient in developing an action plan in positive, proactive terms
- b. Engaging, contracting, and negotiating with the service recipient
- c. Establishing criteria to evaluate progress
- d. Individualizing service/recovery plans that balance strengths and resources with challenges and barriers
- e. Negotiating, mediating, advocating
- f. Timing, sequencing, and prioritizing of activities
- g. Translating assessment information into measurable service/recovery goals and outcome statements
- h. Working with the service recipient to develop realistic time frames for achievement of goals

**Attitudes:**

- a. Appreciation for the service recipient's individual pace toward change and recovery
- b. Recognition of the critical importance of the service recipient's input into service/recovery goals and process
- c. Recognition of the value of monitoring outcomes
- d. Respect for the service recipient's individual pace toward change
- e. Respect for the service recipient's life goals and choices
- f. Sensitivity to gender, cultural and other diversity issues
- g. Sensitivity to the service recipient's need and perceptions
- h. Willingness to negotiate

Task 2.4 Define the course of recovery by identifying appropriate strategies, resources, and outcome indicators in order to assist service recipient in the reaching the

desired goals.

Knowledge:

- a. Contributions of other professions and mutual-help or peer support groups
- b. Importance of service recipient's racial or ethnic culture, age, developmental level, gender, and life circumstances in coordinating resources to service recipient needs
- c. Intervention strategies
- d. Level of service recipient's interest in making specific changes
- e. Motivational processes
- f. Relationship among problem statements, desired outcomes, and treatment strategies
- g. Service/recovery issues with diverse populations
- h. Service/recovery modalities and community resources
- i. Short- and long-term service/recovery planning
- j. Stages of change models

Skills:

- a. Assessing and developing strategies to overcome barriers
- b. Collaborating and contracting with the service recipient in developing a recovery plan in positive, proactive terms
- c. Coordinating resources and solutions with service recipient needs, desires, and preferences
- d. Eliciting the service recipient's preferences for services
- e. Explaining the rationale behind service/recovery recommendations
- f. Identifying alternate approaches tailored to service recipient needs
- g. Implementing strategies in terms understandable to the service recipient
- h. Promoting the service recipient's readiness to accept treatment
- i. Summarizing mutually agreed upon recommendations

Attitudes:

- a. Acceptance of a variety of service/recovery approaches
- b. Appreciation for various service provision and recovery strategies
- c. Patience and perseverance
- d. Recognition of the importance of coordinating treatment activities
- e. Recognition of the value of monitoring outcome
- f. Respect for service recipient's own recovery process

Task 2.5 Review the service/recovery plan at regular intervals and/or when indicated by changing circumstances in order to revise the plan.

Knowledge:

- a. How to evaluate treatment and stages of recovery
- b. When and how to review and revise the individualized plan of care

Skills:

- a. Eliciting service recipient feedback on service experiences
- b. Engaging, negotiating, and contracting
- c. Modifying the service/recovery plan based on review of the service recipient progress and/or changing circumstances
- d. Problem solving

Attitudes:

- a. Openness when critically examining one's own work
- b. Receptivity to service recipient feedback
- c. Recognition of the value of service recipient's input into service/recovery goals and process
- d. Willingness to learn from clinical supervision/emerging science and modify practice appropriately

Task 2.6 Monitor and record service recipient activities and outcomes in relation to recovery goals and objectives using accepted principles of documentation.

Knowledge:

- a. Accepted measures of service and recovery outcomes
- b. Application regulations regarding infectious diseases
- c. Appropriate and clear terminology necessary to describe service recipient progress that is user-friendly and without jargon
- d. Components of a discharge summary
- e. Distinctions between process and outcome evaluation
- f. Essential components of service recipient records
- g. Federal, State, local, and program confidentiality regulations
- h. Federal, State, local, and program regulations
- i. How to review and update records
- j. Legal nature of records
- k. Methods of gathering outcome data
- l. Principles of using outcome data for program evaluation
- m. Regulations pertaining to service recipient records
- n. Regulations regarding informed consent
- o. Research related to defining service and recovery outcomes
- p. The importance and use of person-first language

Skills:

- a. Analyzing, synthesizing, and summarizing information
- b. Applying Federal, State, local, and program regulations regarding service recipient confidentiality
- c. Composing and documenting timely, clear, and concise records that comply with regulations
- d. Explaining regulations to service recipients and third parties
- e. Gathering and recording outcome data
- f. Incorporating outcome measures during the treatment process
- g. Preparing clear and legible documents
- h. Protecting and communicating service recipient rights
- i. Providing security for clinical records
- j. Requesting, preparing, and completing release of information when appropriate
- k. Using person-centered, user friendly language
- l. Utilizing new technologies in the production of service recipient records

Attitudes:

- a. Appreciation of the importance of accurate documentation
- b. Appreciation of the importance of using data to improve clinical practice

- c. Commitment to professionalism
- d. Recognition of the absolute necessity of safeguarding records
- e. Recognition of the importance of recording treatment and continuing care plans
- f. Recognition that recovery is ongoing
- g. Recognition that treatment and evaluation should occur simultaneously
- h. Recognition that treatment is not a static, singular event
- i. Respect for the service recipient's right to privacy and confidentiality
- j. Willingness to seek and accept supervision regarding confidentiality regulations

### **DOMAIN 3: COUNSELING AND INTERVENTION**

Task 3.1 Establish a helping relationship with the service recipient by demonstrating warmth, respect, genuineness, and empathy in order to build trust.

#### Knowledge:

- a. Alternative theories and methods for motivating service recipient in a culturally appropriate manner
- b. Approaches to counseling that are based on evidence of effectiveness with mental illness/emotional disturbances
- c. Counseling strategies that promote and support successful engagement of service recipient
- d. Definition of warmth, respect, genuineness, concreteness, and empathy
- e. Knowledge of comfort strategies and measures to avoid crisis or the use of coercive measures
- f. Role of the counselor as collaborator, advocate, provider, broker, partner
- g. Service recipient's cultural needs
- h. Stages-of-change models used in engagement and treatment strategies
- i. Theory and research related to motivational strategies
- j. Transference, counter-transference, and projective identification

#### Skills:

- a. Active listening, including paraphrasing, reflecting, and summarizing
- b. Assessing service recipient readiness for change
- c. Assessing the service recipient's responses to therapeutic interventions
- d. Conveying warmth, respect, and genuineness in a culturally appropriate manner
- e. Implementing appropriate engagement and interviewing approaches
- f. Using culturally appropriate counseling strategies
- g. Using power and authority appropriately to advocate in support of service/recovery goals
- h. Using the arts and humor as recovery tools

#### Attitudes:

- a. Attitudes for service recipient's frame of reference
- b. Professional objectivity
- c. Recognition of the importance of cooperation and collaboration with the service recipient
- d. Unconditional respect for the service recipient

Task 3.2 Maintain the service recipient's involvement in the treatment and recovery process by reinforcing behaviors that are beneficial in progressing toward treatment goals.

Knowledge:

- a. Accessing peer run services and supports
- b. Behaviors and cognition consistent with development, maintenance, and attainment of service/recovery goals
- c. Counseling theory, treatment, and practice literature as it applies to mental illness/emotional disturbances
- d. Counseling treatment methods that support positive service recipient behaviors consistent with recovery
- e. Relapse prevention theory, practice, and outcome literature

Skills:

- a. Assessing and re-assessing service recipient behaviors
- b. Using behavioral and cognitive methods that reinforce positive behaviors
- c. Using objective observation and documentation

Attitudes:

- a. Appreciation for incremental change
- b. Patience and perseverance
- c. Therapeutic optimism

Task 3.3 Promote illness self-management by educating service recipient to identify signs and symptoms of mental illness/emotional disturbances and to develop effective management strategies to reduce relapse and facilitate recovery.

Knowledge:

- a. A variety of self management techniques in addition to medication
- b. Current DSM-IV R or other diagnostic standards associated with mental illness/emotional disturbances
- c. Medication adherence issues
- d. Medication management including benefits of medication, usual side effects, right to refuse medication, adverse effects, common drug interactions, the issue of polypharmacy, evidenced based medication practices and withdrawal symptoms
- e. Recognition of signs and symptoms of emotional disturbances, mental illness and relapse
- f. Service recipient socio-cultural background
- g. The role of medication in symptom reduction

Skills:

- a. Educating service recipient and significant others regarding medication issues
- b. Effective communication with medical professionals
- c. Identifying and providing information on signs and symptoms of a variety of mental and emotional illnesses or emotional disturbance
- d. Recognizing signs of withdrawals or over medication/overdose

- e. Teaching illness self management coping strategies exclusive of medication

Attitudes:

- a. Recognition of role and limitations of psychopharmacology in treating mental illness/emotional disturbances
- b. Recognizing the importance of the role of peer support, alternative illness management strategies exclusive of medication

Task 3.4 Use constructive therapeutic responses to assist the service recipient in recognizing and reducing/eliminating behaviors that are inconsistent with progress toward service/recovery goals and recovery.

Knowledge:

- a. Cognitive, behavioral, and pharmacological interventions appropriate for illness self management and relapse prevention
- b. Professional and peer literature relevant to mental health/emotional disturbances and to recovery
- c. Service providers and recipient behaviors and cognition that reinforce and are consistent with the recovery process for that individual
- d. Service recipient history and level of development in service/recovery planning

Skills:

- a. Conflict resolution, decision-making, and problem solving skills
- b. Identifying, anticipating, interpreting, re-framing, and resolving impediments or obstacles to progress
- c. Monitoring the providers' and service recipient's behavior for consistency with the individualized plan of care
- d. Recognizing and addressing underlying service recipient and provider issues that may impede recovery progress
- e. Recognizing inconsistencies between service recipient behaviors and provider attitudes and behaviors and recovery goals

Attitudes:

- a. Patience, perseverance and flexibility
- b. Recognizing the value of constructive helping partnerships including those with peer run services
- c. Understanding and accepting relapse as an opportunity for positive change

Task 3.5 Facilitate the development of life skills associated with recovery by the delivery of illness and recovery educational sessions.

Knowledge:

- a. Core sets of critical living skills and tasks
- b. Developing rehabilitation readiness
- c. How living skills are effectively taught to individuals and groups
- d. Important life skills associated with recovery or improved quality of life from the perspective of the service recipient
- e. Local resources available to teach living skills
- f. Theory, research, and practice literature that examines the relationship

- of life and recovery skills to the attainment of recovery and the outcomes in the plan of care
- g. Tools used to determine a service recipients current and desired quality of life and skills needed to reach these individualized outcomes

Skills:

- a. Educating on the importance of how life basic and life skills relate to recovery outcomes
- b. Identifying and accessing other instructional resources for training
- c. Identifying the skills needed for the service recipient to reach mutually established goals.
- d. Teaching necessary life skills using competency based techniques
- e. Using assessment tools to determine the service recipient's current and desired quality of life

Attitudes:

- a. Appreciation of service recipient's role and right to self-determination in the treatment process.
- b. Recognition of the importance of life skills competencies to the process of recovery
- c. Recognition that the service recipient must assume responsibility for their own recovery but requires adequate skills and supports throughout the process
- d. Recognizing that recovery involves a much broader life context than the elimination of symptoms
- e. Understanding relapse as an opportunity for positive change

Task 3.6 Ensure safety by recognizing warning signs of a potential crisis and implementing indicated prevention and/or intervention strategies.

Knowledge:

- a. Characteristics of a serious crisis and possible reactions
- b. Community resources that can be used to respond to crisis
- c. Differences between crisis intervention and other kinds of therapeutic intervention
- d. Florida Mental Health Act (e.g. Baker Act)
- e. History of violence and trauma, Post –traumatic stress and other relevant psychiatric disorders and life experiences
- f. Individual service recipient's triggers and usual coping strategies whether effective/adaptive or not in current situation
- g. Limitations of the predictors of crisis or violence
- h. Relationships of crisis to service recipient's stage of change/recovery
- i. Roles played by family and significant others in the crisis development and/or reaction
- j. Significant predictors of violence and suicide
- k. Situations requiring supervision consultation
- l. Strategies to use in crisis prevention in inpatient and outpatient facilities
- m. Understanding of the fact that many seemingly self destructive or aggressive behaviors in treatment settings are learned responses to danger or shaming and are patterns of behavior that have been learned in attempts at self survival or self soothing
- n. Understanding of the laws, rules, and regulations pertaining to

confidentiality in crisis situations

Skills:

- a. Ability to gather information regarding risk potential and lethality
- b. Assessing and engaging service recipient and service recipient system strengths and resources
- c. Assessing for and responding effectively to immediate concerns regarding safety and any potential harm to others
- d. Assisting the service recipient's ability to identify and verbalize emotions and normalize feelings (self-sooth)
- e. Clear understanding of the laws, rules and regulations pertaining to confidentiality in crisis situations
- f. Knowing what interventions are relevant based on accurate assessment of risk behavior
- g. Responding appropriately to crisis situation in a timely, effective and least restrictive manner, demonstrating creativity, resourcefulness, and advocacy.

Attitudes:

- a. Appreciation of the need to not practice outside the level of one's expertise
- b. Confidence in the midst of crisis
- c. Recognize crisis as an opportunity for change and learning
- d. Recognize personal and professional limitations
- e. Understanding the difference between coercion and control vs. collaboration and partnership
- f. Willingness to ask direct questions to assess risk
- g. Willingness to risk on the side of least restrictive intervention in the absence of documentable imminent danger

Task 3.7 Apply group facilitation methods leading to measurable progress toward group and individual goals and successful outcomes (recovery).

Knowledge:

- a. Effectiveness of varying models and strategies for group counseling with general populations and members of varying cultural groups
- b. General principles for appropriately graduating group members and terminating groups.
- c. General principles for selecting group goals, outcomes, and ground rules
- d. How individual treatment issues may surface within the context of group process and how to manage these with respect for all members
- e. Matching group methods and group needs using a variety of group facilitation skills
- f. Methods of assisting the group to facilitate their own process and growth
- g. Processes that facilitate the entry of new members and the transition of exiting members
- h. Selection criteria, methods, and instruments for screening and selecting group members
- i. Situations in which significant differences between individual and group goals require changing either the individual's goal or the group's

- focus
- j. Specific group models and strategies relative to service recipient's age, gender, racial, economic, educational, cultural context
- k. Techniques for shifting the focus of the group when such an intervention will help the group move towards its goal
- l. Therapeutic use of humor

Skills:

- a. Adapting group counseling skills as appropriate for group needs
- b. Assessing individual service recipient's ability to participate based on interest, illness stage, and understanding of process and life skills
- c. Conducting screening interviews
- d. Documenting service recipient's group behavior that has implications for treatment and recovery
- e. Leading therapeutic groups for service recipients with mental illness/emotional disturbances
- f. Matching strategies to meet the needs of specific groups
- g. Recognizing and accommodating appropriate individual needs within the group
- h. Recognizing that a service recipient's behavior can be, but is not always, reflective of the service recipient's treatment needs or recovery goals
- i. Recognizing the similarities and differences between individual needs and group processes
- j. Using group process to negotiate group goals, recovery outcomes, and ground rules within the context of the individual needs and objectives of group members
- k. Using humor and self disclosure appropriately

Attitudes:

- a. Appreciation of individual differences in rates of progress in the recovery process and towards treatment goals
- b. Openness and flexibility in the choice of counseling strategies that meet needs of the group and the individuals within the group
- c. Recognition of the fact that the nature of the specific group model should depend on the needs, goals, outcomes, and cultural context of the participants
- d. Recognition of the importance of involving group members in the establishment of group goals, outcomes, ground rules, and graduation and termination criteria
- e. Recognition of the value of accurate documentation
- f. Recognition of the value of the use of groups as an effective therapeutic intervention

Task 3.8 Provide necessary education and referrals to assist families, couples, and significant others in adopting strategies and behaviors that maximize recovery and improve the quality of life in the community.

Knowledge:

- a. Characteristics and dynamics of families, couples, and significant others affected by mental illness/emotional disturbances.
- b. Counseling strategies associated with recovery outcomes

- c. Cultural factors related to impact and understanding of mental illness/emotional disturbances
- d. Family systems theory
- e. Importance of the engagement of selected members of the family, couple, or significant others in the treatment and recovery process
- f. Models of diagnosis and intervention for families, couples, and significant others.
- g. Stages of recovery for families, couples, and significant others
- h. The range of healthy behavioral patterns for families, couples, and significant others
- i. Understanding of the critical importance to assess service recipients' comfort level in involving family and significant others and the importance of confidentiality
- j. Use of the evidence based family psycho-educational toolkits

Skills:

- a. Applying culturally appropriate intervention strategies
- b. Applying relevant, user friendly and non-jargon based assessment tools for use with families, couples, and significant others
- c. Assisting families, couples, and significant others to understand the interactions and desired outcomes in family systems when a family member has a mental illness/emotional disturbance.
- d. Assisting family members to identify and practice healthy and adaptive coping strategies when dealing with family members with mental illness/emotional disturbances.
- e. Describing family systems patterns and issues clearly and constructively to families, couples, and significant others
- f. Helping system members practice and evaluate new and different interaction patterns
- g. Identifying relevant goals based on both individual and systemic concerns, needs, and desires
- h. Identifying the positive and negative systematic interactions that are likely to affect recovery
- i. Recognizing the importance of roles of significant others within the service recipient's social system and taking steps to build these relationships when they are missing
- j. Recognizing the potential for and signs and symptoms of domestic violence and knowing what to recommend and when to intervene
- k. Respecting the bounds of confidentiality regulations while attempting to communicate with all treatment providers as necessary
- l. Teaching system members to identify and interrupt harmful interaction patterns including triggers
- m. Using appropriate, user-friendly, and therapeutic interventions with system members that move the system toward person centered recovery goals

Attitudes:

- a. Appreciation for diverse cultural factors that influence characteristics and dynamics of families, couples, and significant others
- b. Appreciation for the complexities of counseling families, couples, and significant others
- c. Appreciation for the diversity found in families, couples, and significant

- others
- d. Appreciation for the variety of approaches in working with families, couples, and significant others
- e. Appreciation of the role families and significant others play in the course of recovery of persons with mental illness/emotional disturbances
- f. Recognition of non-constructive family behaviors as systemic issues
- g. Recognition of the usefulness of working with those individual system members who are personally ready to participate in the counseling process
- h. Recognition of the validity of viewing the system from the service recipient's point of view while respecting the rights and needs of all involved parties
- i. Respect for confidentiality regulations

#### **DOMAIN 4: SERVICE COORDINATION**

Task 4.1 Coordinate referrals in order to ensure access to services identified in treatment plan by following established procedures for interagency collaboration.

##### Knowledge:

- a. Applicable confidentiality regulations
- b. Basic understanding of managed care and other systems affecting the service recipient
- c. Eligibility criteria for referral to community service providers
- d. How to access current information regarding community service providers
- e. How to arrange referrals to appropriate resources
- f. Language understood and used by the referral source that assists in clear communication
- g. Missions, functions, and resources of community service network
- h. Resources available including peer and lay resources and programs
- i. Situations in which it is most appropriate for the service recipient to self-refer to a resource and instance requiring counselor referral and personal support and assistance

##### Skills:

- a. Advocating for service recipients needs, desires and wishes
- b. Applying crisis intervention techniques using effective primary, secondary and tertiary (or universal, selective and indicated) interventions
- c. Assessing and encouraging the service recipient's readiness to participate in the referral process
- d. Communicating respect for and attention to cultural and lifestyle differences
- e. Conforming to applicable confidentiality regulation
- f. Demonstrating appropriate written and verbal communication
- g. Educating the service recipient regarding appropriate referral processes that meet his/her needs and
- h. Establishing and nurturing collaborative relationships with key contacts in community service organizations

- i. Evaluating the outcomes of the referral process
- j. Interpreting assessment and treatment planning materials to determine appropriateness of service recipient or counselor referral
- k. Maintaining follow-up activity with service recipient
- l. Motivating service recipients to take responsibility for referral and follow-up
- m. Using appropriate technology to access, collect, and forward necessary documentation

Attitudes:

- a. Appreciation for the value of inter-agency collaboration
- b. Awareness of personal biases toward referral resources
- c. Commitment of share decision-making power with the service recipient
- d. Open-mindedness to a variety of service/recovery approaches
- e. Patience and perseverance in building and sustaining important relationships
- f. Respect for both service recipient needs and agency services
- g. Respect for confidentiality regulations and professional standards
- h. Respect for the goal of recovery and illness self management
- i. Respect for the value and importance of peer run resources and services
- j. Willingness to advocate on behalf of the service recipient
- k. Willingness to modify or adapt plans to meet changing needs

Task 4.2 Monitor and coordinate service/recovery activities and community resources with prioritized service recipient needs in a manner consistent with the service recipient's service/recovery plan.

Knowledge:

- a. Applicable confidentiality regulations
- b. Common language used by community agencies
- c. Documentation and reporting the methods used by community agencies and other appropriate information (e.g. philosophy, model)
- d. Methods for determining the service recipient's recovery readiness and service status
- e. Service reimbursement issues and their impact on service provision and discharge planning

Skills:

- a. Advocating for the use of evidenced based and promising practices that support the principles, values and philosophy of person centered recovery
- b. Demonstrating accurate, clear, person-centered ,and concise verbal and written communication
- c. Participating in interdisciplinary team building
- d. Participating in negotiation, advocacy, conflict-resolution, problem solving and mediation
- e. Presenting the service recipient's need, interests and goals in an organized fashion
- f. Using appropriate technology to collect and interpret service recipient treatment information from diverse sources

Attitudes:

- a. Valuing the use of evidence based and promising practices based on research and current knowledge
- b. Willingness to collaborate with all parties while always keeping the service recipient's needs and interests foremost
- c. Willingness to protect service recipients from systems of care that are based on coercion, control, compliance, paternalism and dis-empowerment

Task 4.3 Assist the service recipient in obtaining appropriate resources such as entitlements, supplementary assistance, and natural supports in order to maximize service recipient self-sufficiency and recovery.

Knowledge:

- a. Applicable confidentiality regulations
- b. Factors to consider when determining how to engage the service recipient in referral process from the beginning
- c. How to access key resource persons in community service provider network
- d. How to tailor resources to service recipient treatment needs and interests
- e. Logistics necessary for service recipient access and follow through with the referral
- f. Mission, function, and resources of appropriate community service providers
- g. Referral protocols of selected service providers

Skills:

- a. Advocating for service recipient to receive needed and requested services
- b. Conforming to all applicable confidentiality regulations documenting the referral process accurately
- c. Maintaining and nurturing the referral process with key contacts in the community
- d. Maintaining follow-up activity with service recipient throughout the process
- e. Using appropriate technology to assess, collect, and forward necessary documentation
- f. Using written and verbal communication for successful referrals

Attitudes:

- a. Respect for collaboration and cooperation
- b. Respect for interdisciplinary, comprehensive approaches to meet service recipient needs.
- c. Respect for service recipient and service recipient's needs, interests and choices

Task 4.4 Promote successful transition among the array of services by coordinating linkages to ensure that there are no gaps in services.

Knowledge:

- a. Eligibility criteria for referral to community service providers
- b. Initial and on-going referral criteria

- c. Methods to assess current and on-going service recipient status
- d. Philosophies, policies, procedures, and admission protocols for community agencies
- e. Principles for tailoring treatment to service recipient needs
- f. Service/recovery outcomes and appropriate discharge indicators
- g. Stages of progress associated with treatment modalities

Skills:

- a. Applying placement, continued stay, and discharge criteria in negotiation with the service recipient and provider
- b. Creatively accessing available funding resources
- c. Demonstrating clear and concise written and verbal communication
- d. Demonstration skills related to conflict resolution, problem solving, mediation, and negotiation
- e. Involving family and significant others in service/recovery planning
- f. Observing and assessing progress as well as discussing progress with service recipient and others, as appropriate.
- g. Recognizing, documenting, and communicating service recipient experiences with services
- h. Tailoring treatment to meet service recipient needs, desires and choices
- i. Using effective communication styles
- j. Working with service recipient to select the most appropriate services and strategies

Attitudes:

- a. Appreciation for the fair and objective use of placement, continued stay, and discharge criteria and when advocacy is required
- b. Appreciation of the need for continuing assessment and modifications to the treatment plan
- c. Confidence in service recipient's ability to progress at their own rate within an array of services
- d. Recognition of the importance of continued support, encouragement, and hope
- e. Recognition of the importance of family and significant others can have in service/recovery planning
- f. Understanding and respect for the goal of self-determination
- g. Willingness to accept the limitations of available services and supports for some service recipients and commitment to try and tailor these to better meet needs

Task 4.5 Convene and participate in multidisciplinary service/recovery team meetings as indicated to ensure a holistic and coordinated approach to care.

Knowledge:

- a. Applicable confidentiality regulations
- b. Case presentation techniques and protocols
- c. Functions and unique terminology of related disciplines and how to re-language this terminology into user friendly language that all team members understand
- d. How to facilitate the development of individualized, person centered recovery based plans of care
- e. How to use language that is inclusive and not exclusive of the service

- recipient
- f. Roles, responsibilities, and areas of expertise of other team members, and disciplines
- g. Team dynamics and group process

Skills:

- a. Communicating about confidentiality issues
- b. Coordinating treatment with the service recipient and representatives of multiple disciplines
- c. Demonstrating accurate, clear, and concise verbal and written communication that is person-first, user-friendly and avoids jargon
- d. Demonstrating negotiation, advocacy, conflict-resolution, and mediation skills
- e. Interpreting written and verbal data from various sources
- f. Participating in interdisciplinary collaboration
- g. Participating in interdisciplinary team building that includes the service recipient or the persons representative
- h. Participating in problem solving, decision making, mediation, and advocacy
- i. Presenting the service recipients individual needs, choices and desires in a organized manner when the individual cannot do so themselves

Attitudes:

- a. Interest in cooperation and collaboration with diverse groups of service recipients and providers
- b. Respect and appreciation for other team members and their disciplines
- c. Willingness to collaborate

## **DOMAIN 5: Professional Responsibility and Ethics**

Task 5.1 Adhere to established codes of ethics that define the professional context within which the counselor works in order to maintain professional standards that safeguard the service recipient's respect, dignity, safety, humanity, and choices.

Knowledge:

- a. Consequences of violating codes of ethics
- b. Counselor's role, responsibilities, and scope of practice
- c. Federal, State, local, and program professional codes of ethics
- d. Limits of the counselor's training and education
- e. Mandatory reporting requirement
- f. Means for addressing alleged ethical violations
- g. Non-discriminatory practices
- h. Professional standards and scope of practice
- i. Service recipient rights and responsibilities
- j. Strategies to maintain one's own physical and mental health

Skills:

- a. Demonstrating ethical and professional behavior
- b. Employing stress reduction strategies
- c. Locating and accessing resources to achieve physical and mental health
- d. Modeling self-care as an effective treatment tool

- e. Recognizing the need for assistance from a supervisor
- f. Recognizing when consultation is appropriate
- g. Using prevention measures to guard against burnout

Attitudes:

- a. Acceptance of one's own personal and professional limitations
- b. Appreciation that maintaining a healthy lifestyle enhances the counselor's effectiveness
- c. Openness to changing professional behaviors and attitudes that may conflict with ethical guidelines or respectful care
- d. Recognition that counselors serve as role models
- e. Respect for professional standards
- f. Willingness to learn from clinical supervision and modify practice appropriately
- g. Willingness to participate in self, peer, recipient and supervisory assessment of clinical skills and practice

Task 5.2 Protect service recipient rights to privacy and confidentiality in the preparation and handling of records and verbal communication with third parties.

Knowledge:

- a. Applicable confidentiality regulations and their intent
- b. Ethical standards related to confidentiality
- c. Federal, State, local, and program confidentiality regulations
- d. Legal nature of records
- e. Service recipient rights and responsibilities

Skills:

- a. Applying Federal, State, local and program regulations regarding service recipient's confidentiality
- b. Communicating with the service recipient's, family, and significant others, and with other service providers within the boundaries of existing confidentiality regulations
- c. Explaining regulations to service recipients and third parties
- d. Obtaining informed consent
- e. Protecting and communicating service recipient rights
- f. Providing security for clinical records
- g. Requesting, preparing, and completing release of information when appropriate

Attitudes:

- a. Commitment to professionalism
- b. Recognition of the absolute necessity of safeguarding records
- c. Respect for the service recipient's right to privacy and confidentiality
- d. Willingness to seek and accept supervision regarding confidentiality regulations

Task 5.3 Adhere to Federal and State laws and regulations regarding the treatment of mental illness/emotional disturbances.

Knowledge:

- a. Confidentiality regulations
- b. Federal, State, local and agency regulations that apply to mental illness/emotional disturbances
- c. Grievance processes
- d. Legal ramifications of non-compliance with confidentiality regulations
- e. Legal ramifications of violating service recipient rights
- f. Olmstead Decision
- g. Regulations and standards regarding the use of seclusion and restraint
- h. Role of the Advocacy Agencies (P&A and others)
- i. Service recipient rights and responsibilities
- j. The ADA
- k. The Florida Baker Act/Marchman Act
- l. The Tarosoff Decision (responsibility to warn)

Skills:

- a. Interpreting and applying Federal, State, local, and program regulations regarding mental illness/emotional disturbances
- b. Making ethical decisions that reflect unique needs and situations
- c. Providing services that conform to Federal, State, local, and program regulations

Attitudes:

- a. Appreciation of the importance of complying with Federal, State, local, and program regulations
- b. Willingness to learn appropriate application Federal, State, local, and program requirements

Task 5.4 Adapt intervention strategies to the individual characteristics of the service recipient, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

Knowledge:

- a. Counseling strategies
- b. Culturally sensitive counseling methods
- c. Differences found in diverse populations
- d. Dynamics of family systems in diverse cultures and lifestyles
- e. Hierarchy of needs and motivation
- f. How individual differences impact assessment and response to service provision
- g. How to apply appropriate strategies based on the service recipient's individualized treatment plan
- h. Impact of culture on mental health
- i. Literature relating spirituality to mental health
- j. Personality, culture, lifestyle, and other factors influencing service recipient behavior
- k. Risk factors that relate to potential harm to self or others
- l. Service recipient advocacy needs specific to diverse cultures and lifestyles
- m. Service recipient and system's cultural norms, biases, and preferences
- n. Service recipient's family and social systems and relationships between each
- o. Signs, symptoms, and patterns of violence against self and others

Skills:

- a. Adapting counseling strategies to unique service recipient characteristics and circumstances
- b. Adapting therapeutic strategies to service recipient needs
- c. Assessing and interpreting culturally specific service recipient behaviors and lifestyle
- d. Conveying respect and acceptance for cultural and lifestyle diversity in the therapeutic process
- e. Individualizing treatment plans
- f. Practicing cultural communication

Attitudes:

- a. A non-judgmental, respectful acceptance of cultural, behavioral, and value differences
- b. Appreciation for diverse populations and lifestyles
- c. Recognition of one's own biases towards other cultures and lifestyles
- d. Recognition of the need for flexibility in meeting service recipient needs
- e. Willingness to adjust strategies in accordance with service recipient's characteristics
- f. Willingness to appreciate the life experience of individuals

Task 5.5 Obtain continuing professional education to increase knowledge and skills in applying best practices.

Knowledge:

- a. Current literature and research on evidence-based practices, promising practices and historical practices based on mythology
- b. Requirements for maintaining credential
- c. Resources to promote professional growth and competency
- d. Sources for seeking education and training that promote professional growth

Skills:

- a. Applying new skills in clinically appropriate ways
- b. Applying professional knowledge to service recipient-specific situations
- c. Assessing personal training needs
- d. Selecting and participating in appropriate training programs that provide effective training in current best practices
- e. Using consultation and supervision as an enhancement to professional growth

Attitudes:

- a. Interest in expanding one's own knowledge and skills base
- b. Recognition that practices in delivering mental health care are changing at a rapid pace and that one needs to keep current and adjust
- c. Recognition that professional development is an individual responsibility
- d. Recognition that professional growth continues throughout one's professional career

- e. Willingness to act as a change agent and role model in adapting to change in systems of care
- f. Willingness to adjust clinical practice to reflect advances in the field
- g. Willingness to expose oneself to information that may conflict with personal and/or professional beliefs

## **Appendix B**

### **Certified Mental Health Professional Role Delineation Study**

#### **Validation Survey**

*(Note: The survey attached is a sample of the survey that will be put on the web. Formatting may change as it is implemented from paper to online. However, the content will be the same.)*

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# **Certified Mental Health Professional (CMHP)**

## **Role Delineation Survey**

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Florida Certification Board, Inc.  
1715 S. Gadsen Street  
Tallahassee, FL 32301

## Instructions

Thank you for participating in the Role Delineation Survey for the Certified Mental Health Professional (CMHP) credential. The data collected from this survey will be used to help determine the test blueprint for the new CMHP certification exam. Please know that your input will be confidential and anonymous. All data will be pulled into one common file for data analysis purposes, and no analysis will be done at the individual level.

The survey will take approximately 20-30 minutes to complete. We recognize the time commitment required on your part and hope you participate, as your input will impact the shape of the CMHP certification exam.

In **Section A**, you will be asked to complete a *Demographic Survey* which will provide demographic information necessary to ensure that professionals working in various settings with differing backgrounds are represented in the data collection.

In **Section B**, you will be asked to evaluate the *Task Statements* required for competent performance of your job as a Mental Health Professional.

In **Section C**, you will be asked to rate the *Performance Domains* that have been identified as defining the profession of the Mental Health Professional.

**All surveys must be completed by Friday, December 10, 2004.**

If you have any questions regarding this study, please feel free to contact Jennifer Edelman at [jsedelman@flcertificationboard.org](mailto:jsedelman@flcertificationboard.org) or 850-222-6314 at your convenience.

**Section A**  
**Demographic Information**

Please complete the following demographic information. This data will be used to ensure that professionals working in various settings with differing backgrounds are represented in the data collection.

***Your responses will be kept strictly confidential. In addition, no individual person/responses will be identifiable in the final analysis and report.***

1. Gender:

- Female  Male

2. Age:

- Under 25 years old  41-50  
 26-30  More than 50  
 31-40

3. How long have you worked in the mental health field? (Select only one.)

- Less than 1 year  7 – 10 years  
 1 – 3 years  More than 10 years  
 4 – 6 years

4. Which of the following describe your current work setting(s)? (Select all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Inpatient/Hospital                           | <input type="checkbox"/> Partial Hospitalization Program (PHP)        |
| <input type="checkbox"/> Outpatient/Community Mental Health Center    | <input type="checkbox"/> Short Term Residential (SRT)                 |
| <input type="checkbox"/> Residential Treatment                        | <input type="checkbox"/> Supported Housing/Supported Living           |
| <input type="checkbox"/> Behavioral Overlay Services Setting          | <input type="checkbox"/> Crisis Stabilization Unit (CSU)              |
| <input type="checkbox"/> Case Management                              | <input type="checkbox"/> Vocational/Supported Employment              |
| <input type="checkbox"/> State Residential Treatment Center/Hospitals | <input type="checkbox"/> Prison/Jail/Forensic Setting                 |
| <input type="checkbox"/> School                                       | <input type="checkbox"/> Florida Assertive Community Treatment (FACT) |
| <input type="checkbox"/> Group Home                                   | <input type="checkbox"/> In-home services                             |
| <input type="checkbox"/> Day Treatment                                | <input type="checkbox"/> Other: _____                                 |

5. Which of the following best describe your current job function? (Select only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Counselor         | <input type="checkbox"/> Behavioral Techs      |
| <input type="checkbox"/> Case Managers     | <input type="checkbox"/> Vocational Specialist |
| <input type="checkbox"/> Supervisor        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Direct Care Staff |  |

6. What is your highest level of education completed? (Select only one.)
- |   |  |
|---|--|
| <input type="checkbox"/> Less than BA/BS degree | <input type="checkbox"/> MA/MS degree      |
| <input type="checkbox"/> BA/BS degree           | <input type="checkbox"/> Higher than MA/MS |
7. Which populations do you currently serve in your job? (Select all that apply.)
- |   |  |
|---|--|
| <input type="checkbox"/> Children/Adolescents (under 18 years of age) | <input type="checkbox"/> Older Adults (60+ years of age) |
| <input type="checkbox"/> Adults (18-59 years of age)                  |  |
8. **Optional:** Which of the following best describes your ethnicity/race? (Select only one.)
- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> African American or Black        | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Caucasian or White               |  |

**Please proceed to Section B.**

**Section B**  
**Evaluation of Task Statements**

The following domains of knowledge have been determined for the CMHP:

- Domain 1: Assessment
- Domain 2: Person-Centered Treatment/Service Planning
- Domain 3: Counseling and Intervention
- Domain 4: Service Coordination
- Domain 5: Professional Responsibilities and Ethics

Within each domain there is a set of tasks that are performed by a CMHP professional as part of their job role. The purpose of this section is to differentiate between the importance and frequency of the tasks *relative to each other* within each domain. The ratings you provide will be used to determine the *percentage* of items that each task will have on the examination. That is, tasks that are more important and more frequently performed will have more questions on the examination.

*Directions:* Each domain area and its associated tasks will appear on the following pages. Please rate the tasks by circling your responses using the rating scale below:

<b>Importance Ratings</b>	How important is the task ( <i>relative to the other tasks in the domain</i> ) to the job performance of a Certified Mental Health Professional?	1 – Not Important 2 – Somewhat Important 3 – Important 4 – Very Important 5 – Extremely Important
<b>Frequency Ratings</b>	How much time does a Certified Mental Health Professional spend performing this task ( <i>relative to the other tasks in the domain</i> )?	1 – Not Much Time 2 – A Little Bit of Time 3 – An Average Amount of Time 4 – A Fair Amount of Time 5 – A Large Amount of Time

**Please proceed to the next page to begin the ratings.**

**Review of Rating Scales**

<i>Importance</i>		<i>Frequency</i>	
<b>1:</b>	<i>Not Important</i>	<b>1:</b>	<i>Not Much Time</i>
<b>2:</b>	<i>Somewhat Important</i>	<b>2:</b>	<i>A Little Bit of Time</i>
<b>3:</b>	<i>Important</i>	<b>3:</b>	<i>An Average Amount of Time</i>
<b>4:</b>	<i>Very Important</i>	<b>4:</b>	<i>A Fair Amount of Time</i>
<b>5:</b>	<i>Extremely Important</i>	<b>5:</b>	<i>A Large Amount of Time</i>

*PLEASE CIRCLE YOUR RESPONSES.*

Domain 1: Assessment

<b>Task Number</b>	<b>Task Description</b>	<b>Importance</b>	<b>Frequency</b>
1.1	Establish rapport with service recipient to gather accurate information to determine need for services.	1 2 3 4 5	1 2 3 4 5
1.2	Screen the service recipient for eligibility and risk potential to determine appropriate kind of care setting and treatment needs avoiding overly restrictive placement settings by using established criteria, interviewing and reviewing records.	1 2 3 4 5	1 2 3 4 5
1.3	Complete biopsychosocial assessment by gathering current and historic service recipient information in order to review and analyze relevant data to make recommendations for care.	1 2 3 4 5	1 2 3 4 5
1.4	Develop an initial, individualized Service/Recovery plan by working with service recipient and other appropriate individuals to identify service recipient needs, preferences, desired outcomes, and resources available in order to initiate admission or referral and ensure follow-through.	1 2 3 4 5	1 2 3 4 5
1.5	Provide ongoing assessment through observation, review, and consultation with the individual service recipient and other professionals in order to assess progress and update the comprehensive person-centered service/recovery plan as needed.	1 2 3 4 5	1 2 3 4 5

**Review of Rating Scales**

<i>Importance</i>		<i>Frequency</i>	
<b>1:</b>	<i>Not Important</i>	<b>1:</b>	<i>Not Much Time</i>
<b>2:</b>	<i>Somewhat Important</i>	<b>2:</b>	<i>A Little Bit of Time</i>
<b>3:</b>	<i>Important</i>	<b>3:</b>	<i>An Average Amount of Time</i>
<b>4:</b>	<i>Very Important</i>	<b>4:</b>	<i>A Fair Amount of Time</i>
<b>5:</b>	<i>Extremely Important</i>	<b>5:</b>	<i>A Large Amount of Time</i>

*PLEASE CIRCLE YOUR RESPONSES.*

Domain 2: Person-Centered Treatment/Service Planning

<b>Task Number</b>	<b>Task Description</b>	<b>Importance</b>	<b>Frequency</b>
2.1	Interpret all relevant assessment information by obtaining and reviewing available documentation in order to begin the development of the individualized plan of care.	1 2 3 4 5	1 2 3 4 5
2.2	Discuss assessment findings with the service recipient and approved significant others in order to facilitate the development of the individual's plan of care.	1 2 3 4 5	1 2 3 4 5
2.3	Formulate mutually agreed upon and measurable service/recovery goals in order to assist service recipient in the recovery process.	1 2 3 4 5	1 2 3 4 5
2.4	Define the course of recovery by identifying appropriate strategies, resources, and outcome indicators in order to assist service recipient in the reaching the desired goals.	1 2 3 4 5	1 2 3 4 5
2.5	Review the service/recovery plan at regular intervals and/or when indicated by changing circumstances in order to revise the plan.	1 2 3 4 5	1 2 3 4 5
2.6	Monitor and record service recipient activities and outcomes in relation to recovery goals and objectives using accepted principles of documentation.	1 2 3 4 5	1 2 3 4 5

**Review of Rating Scales**

<i>Importance</i>		<i>Frequency</i>	
<b>1:</b>	<i>Not Important</i>	<b>1:</b>	<i>Not Much Time</i>
<b>2:</b>	<i>Somewhat Important</i>	<b>2:</b>	<i>A Little Bit of Time</i>
<b>3:</b>	<i>Important</i>	<b>3:</b>	<i>An Average Amount of Time</i>
<b>4:</b>	<i>Very Important</i>	<b>4:</b>	<i>A Fair Amount of Time</i>
<b>5:</b>	<i>Extremely Important</i>	<b>5:</b>	<i>A Large Amount of Time</i>

*PLEASE CIRCLE YOUR RESPONSES.*

Domain 3: Counseling and Intervention

<b>Task Number</b>	<b>Task Description</b>	<b>Importance</b>	<b>Frequency</b>
3.1	Establish a helping relationship with the service recipient by demonstrating warmth, respect, genuineness, and empathy in order to build trust.	1 2 3 4 5	1 2 3 4 5
3.2	Maintain the service recipient's involvement in the treatment and recovery process by reinforcing behaviors that are beneficial in progressing toward treatment goals.	1 2 3 4 5	1 2 3 4 5
3.3	Promote illness self-management by educating service recipient to identify signs and symptoms of mental illness/emotional disturbances and to develop effective management strategies to reduce relapse and facilitate recovery.	1 2 3 4 5	1 2 3 4 5
3.4	Use constructive therapeutic responses to assist the service recipient in recognizing and reducing/eliminating behaviors that are inconsistent with progress toward service/recovery goals and recovery.	1 2 3 4 5	1 2 3 4 5
3.5	Facilitate the development of life skills associated with recovery by the delivery of illness and recovery educational sessions.	1 2 3 4 5	1 2 3 4 5
3.6	Ensure safety by recognizing warning signs of a potential crisis and implementing indicated prevention and/or intervention strategies.	1 2 3 4 5	1 2 3 4 5
3.7	Apply group facilitation methods leading to measurable progress toward group and individual goals and successful outcomes (recovery).	1 2 3 4 5	1 2 3 4 5
3.8	Provide necessary education and referrals to assist families, couples, and significant others in adopting strategies and behaviors that maximize recovery and improve the quality of life in the community.	1 2 3 4 5	1 2 3 4 5



**Review of Rating Scales**

<i>Importance</i>		<i>Frequency</i>	
<b>1:</b>	<i>Not Important</i>	<b>1:</b>	<i>Not Much Time</i>
<b>2:</b>	<i>Somewhat Important</i>	<b>2:</b>	<i>A Little Bit of Time</i>
<b>3:</b>	<i>Important</i>	<b>3:</b>	<i>An Average Amount of Time</i>
<b>4:</b>	<i>Very Important</i>	<b>4:</b>	<i>A Fair Amount of Time</i>
<b>5:</b>	<i>Extremely Important</i>	<b>5:</b>	<i>A Large Amount of Time</i>

*PLEASE CIRCLE YOUR RESPONSES.*

Domain 4: Service Coordination

<b>Task Number</b>	<b>Task Description</b>	<b>Importance</b>	<b>Frequency</b>
4.1	Coordinate referrals in order to ensure access to services identified in treatment plan by following established procedures for interagency collaboration.	1 2 3 4 5	1 2 3 4 5
4.2	Monitor and coordinate service/recovery activities and community resources with prioritized service recipient needs in a manner consistent with the service recipient's service/recovery plan.	1 2 3 4 5	1 2 3 4 5
4.3	Assist the service recipient in obtaining appropriate resources such as entitlements, supplementary assistance, and natural supports in order to maximize service recipient self-sufficiency and recovery.	1 2 3 4 5	1 2 3 4 5
4.4	Promote successful transition among the array of services by coordinating linkages to ensure that there are no gaps in services.	1 2 3 4 5	1 2 3 4 5
4.5	Convene and participate in multidisciplinary service/recovery team meetings as indicated to ensure a holistic and coordinated approach to care.	1 2 3 4 5	1 2 3 4 5

**Review of Rating Scales**

<i>Importance</i>		<i>Frequency</i>	
<b>1:</b>	<i>Not Important</i>	<b>1:</b>	<i>Not Much Time</i>
<b>2:</b>	<i>Somewhat Important</i>	<b>2:</b>	<i>A Little Bit of Time</i>
<b>3:</b>	<i>Important</i>	<b>3:</b>	<i>An Average Amount of Time</i>
<b>4:</b>	<i>Very Important</i>	<b>4:</b>	<i>A Fair Amount of Time</i>
<b>5:</b>	<i>Extremely Important</i>	<b>5:</b>	<i>A Large Amount of Time</i>

*PLEASE CIRCLE YOUR RESPONSES.*

Domain 5: Professional Responsibilities and Ethics

<b>Task Number</b>	<b>Task Description</b>	<b>Importance</b>	<b>Frequency</b>
5.1	Adhere to established codes of ethics that define the professional context within which the counselor works in order to maintain professional standards that safeguard the service recipient's respect, dignity, safety, humanity, and choices.	1 2 3 4 5	1 2 3 4 5
5.2	Protect service recipient rights to privacy and confidentiality in the preparation and handling of records and verbal communication with third parties.	1 2 3 4 5	1 2 3 4 5
5.3	Adhere to Federal and State laws and regulations regarding the treatment of mental illness/emotional disturbances.	1 2 3 4 5	1 2 3 4 5
5.4	Adapt intervention strategies to the individual characteristics of the service recipient, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.	1 2 3 4 5	1 2 3 4 5
5.5	Obtain continuing professional education to increase knowledge and skills in applying best practices.	1 2 3 4 5	1 2 3 4 5

Please list any other task statements that you feel are important to the role of an Certified Mental Health Professional that were not included in the listings above.

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**Please proceed to Section C.**

**Section C**  
**Evaluation of Performance Domains**

In Section B, the five performance domains defining the CMHP major responsibilities or duties were provided. These five domains were identified by a group of subject matter experts in an earlier phase of this project.

The tasks listed in Section B define what is meant by each domain. The purpose of this section is to differentiate between the frequency of these domains when performing the role of a CMHP. The values you provide will determine the *percentage* that each domain will have on the examination.

*Directions:* Assign the percentage of time you spend performing duties **UNIQUELY** in these domains (*relative to the other domains*). For example, while everything you do is tied to Professional Responsibility and Ethics, how much time do you spend **solely or uniquely** in this domain. **The total percentage value MUST equal 100. Remember, the percentages here will tie back to the number of unique questions for each domain/section of the examination.**

*PLEASE CIRCLE YOUR RESPONSES.*

Domains	Percentage
1. Assessment	_____ %
2. Person-Centered Treatment/Service Planning	_____ %
3. Counseling and Intervention	_____ %
4. Service Coordination	_____ %
5. Professional Responsibilities and Ethics	_____ %
	<b>100%</b>

**Remember your total MUST equal 100%.** The percentages you provide should reflect the amount of exam coverage you would expect to see on this domain on a CMHP certification examination.

**This concludes the CMHP Role Delineation Study Survey.**

**Thank you for your time and input.**