



Curriculum Meta-Competencies, Competencies and Sample Learning Objectives For the Behavioral Health Support Specialist Clinical Training Program

About

This document describes the meta-competencies, competencies, and sample learning objectives for the Behavioral Health Support Specialist (BHSS) Clinical Training Program curriculum.

Questions or Comments?
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Meta-Competencies

Meta-competencies (MC) are the domains used to group related competencies. These are intentionally broad and may be transferable to multiple settings and roles. The eight MCs for the BHSS Clinical Training Program curriculum are as follows:

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| MC 1: Health Equity | MC 5: Screening and Assessment |
| MC 2: Helping Relationship | MC 6: Care Planning and Care Coordination |
| MC 3: Cultural Responsiveness | MC 7: Intervention |
| MC 4: Team-Based Care and Collaboration | MC 8: Law & Ethics |

Competencies & Learning Objectives

Each MC contains competencies that are the major outcomes expected for students participating in the BHSS Clinical Training Program. Competencies may fit into several MCs but for conciseness have been assigned only one. Each competency is broken down further into learning objectives. Learning objectives are more specific knowledge, skills or attitudes a student should demonstrate to be considered proficient in a competency. This document includes only a sample of learning objectives for each competency for succinctness.

The numbering of the MCs, competencies and sample learning objectives is not indicative of sequence of learning or difficulty.

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Curriculum Competencies and Sample Learning Objectives for the BHSS Clinical Training Program

MC1: HEALTH EQUITY	
Competency	Sample Learning Objectives
MC1a Recognize the impact of health disparities on patient engagement.	<ul style="list-style-type: none"> Describe the relationship between social determinants of health (SDOH), patient health behaviors, and health outcomes/disparities. Describe how systems that support health (policies, programs, practices, services, and environments) can be used to reduce health disparities/inequities. Incorporate a patient's SDOH into brief interventions for depression, anxiety, etc., as appropriate.
MC1-b Practice use of inclusive communication that supports healthcare equity.	<ul style="list-style-type: none"> Describe strategies to increase the accessibility of healthcare communications to patients. Describe the impacts of literacy, digital literacy, numeracy, and health literacy on patient engagement. Discuss the appropriate use of pronouns and terminology that should be used in respectful communication with members of the LGBTQ+ community.
MC2: HELPING RELATIONSHIP	
Competency	Sample Learning Objectives
MC2-a Develop supportive and effective working alliance with patients and their support networks.	<ul style="list-style-type: none"> Explain facilitative conditions of an effective helping relationship. Practice attending, paraphrasing, reflecting feelings, asking open ended questions, and summarizing. Demonstrate empathy for patients, their families, and support network.
MC2-b Practice patient engagement to encourage active involvement in care and connect to relevant members of the care team.	<ul style="list-style-type: none"> Recognize the evidence base for early engagement and improved patient outcomes. Explain motivational interviewing principles related to engagement.
MC2-c Facilitate group psychoeducation.	<ul style="list-style-type: none"> Explain the general foundations of group facilitation and leadership. Demonstrate skills in building group cohesion. Guide healthy communication in group interactions.
MC2-d Utilize a trauma-informed care framework in all aspects of a helping relationship.	<ul style="list-style-type: none"> Explain the nature of trauma, including events, experiences, and effects. Explain the principles of a trauma-informed approach to care per SAMHSA guidelines. Teach distress tolerance skills to support a patient in distress. Describe referral process for persons experiencing debilitating symptoms of trauma.

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MC3: CULTURAL RESPONSIVENESS	
Competency	Sample Learning Objectives
<p>MC3-a Demonstrate openness and interest in all aspects of cultural identity prioritized by the patient.</p>	<ul style="list-style-type: none"> • Provide examples of cultural worldviews for specific patient populations. • Recognize culture as an integral and inseparable aspect of whole person healthcare. • Describe how one’s own cultural worldviews can influence interactions with patients and care delivery. • Demonstrate commitment to minimize the impact of own cultural worldviews on interactions with patients and care delivery through regular self-reflection and use of supervision.
<p>MC3-b Develop knowledge of a patient’s cultural identity(ies) and provide services responsive to this identity.</p>	<ul style="list-style-type: none"> • Explain how cultural identity/worldview impacts a patient’s attitude about and approach to healthcare, healing, and recovery. • Assess aspects of a patient’s cultural background and identity(ies) that are most important to them. • Appreciate how a patient’s cultural identity(ies) might serve as a source of strength, support, or resilience.
<p>MC3-c Identify culturally congruent goals and activities respectful of family, spiritual, and cultural traditions.</p>	<ul style="list-style-type: none"> • Describe a process for creating culturally responsive and individualized whole health care plans that incorporate a patient’s values and diverse background characteristics. • Collaborate with patients to assess and incorporate cultural healing methods they practice into interventions, as relevant. • Recognize that meaningful goals and activities vary across—and are influenced by—individual experiences and cultural backgrounds.
<p>MC3-d Practice cultural humility in helping relationships.</p>	<ul style="list-style-type: none"> • Engage patients with openness, curiosity, and respect regarding their cultural background and identity(ies). • Demonstrate commitment to exploring implicit bias and microaggressions through supervision. • Show willingness to repair helper relationship when needed.

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MC4: TEAM-BASED CARE & COLLABORATION	
Competency	Sample Learning Objectives
MC4-a Integrate professional identity and scope of practice within a healthcare team.	<ul style="list-style-type: none"> Describe BHSS role to team and general scope of practice. Recognize the limits of one’s knowledge and skills and seek assistance from supervisor and other team members when needed.
MC4-b Practice interprofessional communication.	<ul style="list-style-type: none"> Describe how communication affects team processes and patient care and outcomes. Appreciate supervisory feedback on communication as part of professional development. Value brief, clear, concise, and timely communication between team members.
MC4-c Contribute to teams and teamwork.	<ul style="list-style-type: none"> Recognize the role of an integrated care team in promoting patient recovery and well-being. Explain BHSS role in managing patient safety as part of a healthcare team. Value continuing education in team-based processes related to patient safety and improved outcomes.
MC5: SCREENING & ASSESSMENT	
Competency	Sample Learning Objectives
MC5-a Utilize appropriate standardized screening tools to identify common behavioral health conditions.	<ul style="list-style-type: none"> Describe evidence-base for screening and implications for preventative care across diverse populations. List the cultural and literacy options for screening tools to improve accessibility, (e.g., visual answer aids, large print, multiple languages). Administer evidence-based screening tools, utilizing aids to improve accessibility as appropriate.
MC5-b Conduct a suicide risk assessment and provide appropriate intervention under supervision.	<ul style="list-style-type: none"> Identify elements of a structured interview for suicide risk assessment. Administer a standardized screening tool such as the CSSR-S and identify level of suicide risk. Design a collaborative safety plan with a patient.
MC5-c Conduct a patient-centered biopsychosocial assessment.	<ul style="list-style-type: none"> Explain the common components of an initial assessment. Determine symptoms that need further exploration or clarification with a positive screen. Value the BHSS role in assisting the healthcare team to complete a holistic assessment of patient symptoms.
MC5-d Use measurement-based care to support stepped care approaches and adjust the type and intensity of services to the needs of the patient.	<ul style="list-style-type: none"> Articulate the difference between using a tool for screening and identification of behavioral health conditions compared to ongoing assessment of symptom severity. Recognize how behavioral health measurement is used to drive treatment to target. Review patient progress on behavioral health measures in regular supervision and response to interventions.

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MC6: CARE PLANNING & CARE COORDINATION	
Competency	Sample Learning Objectives
<p>MC6-a Contribute to the development of a whole health care plan and Stay Well plan with the patient, the patient’s support network, and healthcare team members.</p>	<ul style="list-style-type: none"> • Describe the components of shared decision-making in the care planning process. • Co-develop and support the whole health care plan and/or Stay Well Plans with patients. • Recognize the importance of involving the patient actively in both whole health care planning and Stay Well planning.
<p>MC6-b Maintain a registry to systematically track patient treatment response to interventions.</p>	<ul style="list-style-type: none"> • Describe how a registry facilitates population-based care. • Use registry data to identify and prioritize patients to discuss as part of supervision, team meetings, or case review sessions. • Recognize how a registry facilitates successful caseload management.
<p>MC6-c Ensure the flow and exchange of information among patients, patients’ support networks, and linked providers.</p>	<ul style="list-style-type: none"> • Describe benefits of information exchange within a healthcare team to optimize patient care planning and coordination. • Practice information sharing within team context based on information relevant to patient behavioral healthcare. • Demonstrate confidence in setting limits based on privacy and confidentiality policies, rules, and laws.
<p>MC6-d Facilitate referrals to social and community-based services outside of the clinic (housing assistance, food banks, vocational rehabilitation, substance use disorder treatment, etc.).</p>	<ul style="list-style-type: none"> • Identify trusted, available, and impactful community resources across a variety of service categories. • Assess individual needs, identify potential referral services, and problem-solve for potential barriers to accessing a referral. • Document, track, and follow up with patients regarding referrals.
<p>MC6-e Demonstrate accurate documentation of services provided and summaries of contact with linked providers in the patient record.</p>	<ul style="list-style-type: none"> • Document a patient-provider session using principles of accuracy, parsimony, transparency, and open notes. • Document patient healthcare records in a way that respects individual requests as well as standard confidentiality guidelines. • Invest in timely and accurate documentation of patient encounters.
<p>MC6-f Recognize the interaction between behavioral health conditions, chronic physical health conditions, and their associated symptoms.</p>	<ul style="list-style-type: none"> • Articulate how behavioral health and physical health influence each other. • Provide psychoeducation about how actions individuals take can affect their health, both positively and negatively.

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MC 7: INTERVENTION		
Competency	Sample Learning Objectives	
MC7-a	Use focused, brief interventions to engage patients and foster shared decision-making with patients, their support network, and the care team.	<ul style="list-style-type: none"> • Discuss when motivational interviewing strategies can be used to engage patients with any behavioral health concerns. • Elicit patient preferences regarding treatment and self-management options. • Respect patient autonomy in making health care and lifestyle decisions.
MC7-b	Provide psychoeducation to patients and their support network about behavioral health conditions and treatment options consistent with recommendations from the healthcare team.	<ul style="list-style-type: none"> • Describe the importance of psychoeducation and the role it plays in providing information and skills training. • Utilize psychoeducation to provide skills training for self-management of BH conditions. • Value the role of psychoeducation in promoting relapse prevention.
MC7-c	Apply low-intensity strategies for common mental health presentations, based on cognitive behavioral principles and BA.	<ul style="list-style-type: none"> • Recall the common elements of brief treatment and its overarching stages. • Describe requirements of well-defined achievable goals and action plans. • Demonstrate awareness of limits of own skillset and seek supervision on complex or challenging cases.
MC7-d	Apply low-intensity strategies for mild-to-moderate depression, based on cognitive behavioral principles and BA.	<ul style="list-style-type: none"> • Describe the behavioral activation (BA) model of depressive symptoms. • Provide tailored patient psychoeducation on the BA model of depressive symptoms. • Apply compilation of rewarding activities, activity scheduling, and homework review.
MC7-e	Apply low-intensity strategies for mild-to-moderate anxiety, based on cognitive behavioral principles and BA.	<ul style="list-style-type: none"> • Describe how to evaluate the outcome of patients' anxiety management efforts. • Provide patient psychoeducation on the CBT model of anxiety (CBT-A) symptoms, tailored to the patient's experience. • Apply comprehensive CBT-A with patients.
MC7-f	Utilize a screening, brief intervention, and referral (SBIRT) approach appropriate to patient alcohol or substance use problems.	<ul style="list-style-type: none"> • Accurately interpret and discuss screening results with a patient using patient-centered, interpersonal communication skills. • Integrate principles of harm reduction into the Brief Negotiated Interview. • Demonstrate understanding of stigma related to substance use disorders and impact of stigma on patient presentation.
MC7-g	Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity strategies.	<ul style="list-style-type: none"> • Explain a stepped-care model that matches intervention to symptom severity. • Assess patient progress to identify barriers to improvement, problem solve options with patient and revise care planning, including stepping up to high-intensity interventions. • Show courage when seeking supervised support for situations where appropriate level of care is unclear for a patient.

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MC 8: LAW & ETHICS	
Competency	Sample Learning Objectives
MC8-a Identify and apply federal and state laws to practice.	<ul style="list-style-type: none"> • Explain HIPAA, HITECH, and CFR-42 as related to privacy and confidentiality. • Explain state standards of professional conduct relevant to BHSS practice. • Appreciate relationship between law and professional behavior.
MC8-b Integrate foundations of interprofessional ethics into practice.	<ul style="list-style-type: none"> • Distinguish between law, ethics, and standards of professional conduct. • Explain the ethical principles of autonomy, beneficence, non-maleficence, veracity, fidelity, and justice. • Apply ethical principles in day-to-day care delivery and resolve dilemmas using an ethical decision-making model.
MC8-c Utilize supervision and consultation to guide practice.	<ul style="list-style-type: none"> • Describe the role and function of supervisor and consultant related to scope of practice. • Practice transparent communication with supervisor, team, and patients. • Appreciate role of supervisor overseeing BHSS practice.
MC8-d Engage in continuous reflective practice in all professional helping relationships.	<ul style="list-style-type: none"> • Explain importance of reflective practice in relationship to patient care and health of care team. • Identify support system for work with patients that includes supervisor, consultants, colleagues, and other forms of professional or peer support. • Value ongoing personal development through mindful reflection on self in relationship to others.