

# Health Workforce Policy Brief

October 2016

## A Preliminary Analysis of Behavioral Health Workforce Competencies

Christian Vazquez, Phillip M. Singer, MHSA, Mary Ruffolo, PhD, LMSW, Brian Perron, PhD

### BACKGROUND

Behavioral health organizations have developed professional competency statements to describe expected levels of knowledge and skills in a specific area of practice. The need for professional competency statements is particularly important as the behavioral health workforce expands in size and scope to serve an increasingly diverse population and as demand for services increases. To ensure that a wide range of service needs are effectively being met, a comprehensive set of competencies is essential.

Competency statements are documents prepared by professional groups, organizations and societies that describe expected levels of knowledge and skills in a specific area of practice. Although competency statements have previously been established by several behavioral health organizations, a comprehensive study of content has not been conducted. The extent to which these competency statements cover a full range of needed professional behaviors is unknown, as is the extent to which gaps and overlap in competency statements exist across behavioral health professions. The absence of uniformity across competency statements could be a potential limiting factor to monitor and advance the education of service providers and ensure the competencies are aligned with the scopes of practice within each discipline.

The purpose of this study was to respond to these gaps in understanding by conducting a comprehensive search and review of competencies put forth by behavioral health professional organizations. This brief summarizes the competency categories identified across professions.

### METHODS

The Behavioral Health Workforce Research Center's research team conducted a comprehensive analysis of competency statements that pertain specifically to the delivery of behavioral health services. There is no central repository or clearinghouse for this information; thus, our search criteria followed an iterative process. We initially employed broad-based search criteria to understand the universe of existing competency statements, and then used more targeted search criteria to find additional organizational competency statements.

Twenty-five competency documents were obtained directly from official websites of professional groups that establish accreditation requirements for disciplines (e.g., Council on Social Work Education, American Psychological Association), governmental organizations that fund various aspects of care for behavioral health (e.g., SAMHSA), and other professional organizations or societies.

### CONCLUSIONS AND POLICY IMPLICATIONS

The findings of this study show:

- Competencies related to professionalism and science, knowledge, and methods and are most commonly emphasized across disciplines.
- Professions have varying competencies for their respective specialty.
- Six competency categories are included in competency documents from at least 6 professions.
- A lack of information about competency statements for some professions.

Although changes to competency authority may strengthen overall health workforce capacity, potential barriers to changes may include:

- Resistance to change by each professional group desiring to protect their discipline's competency authority.
- Resistance from behavioral health professionals who are reluctant to expand capacities without increase in pay.
- A lack of empirical literature detailing the types of competency changes leading to high quality and effective professionals.

Based on the information in the competency documents, we created a database of competency statements and analyzed each for practice behaviors, which are items within the competency statement that describe expected levels of knowledge and skills. Practice behaviors were grouped into larger competency categories with similar major themes (e.g., domains composed of practice behaviors entitled “Relationships” and Helping Relationships” were grouped together). We calculated frequencies for the number of competency statements that include each category.

## KEY FINDINGS

The search resulted in the inclusion of 32 competency statements. These statements were authored for 9 behavioral health professions: social work (n = 3), clergy (n = 1), marriage and family therapy (n = 1), medicine (n = 2), psychiatry (n = 2), psychology (n = 5), counseling (n = 5), nursing (n = 2), and paraprofessionals (n = 11). A total of 1,731 individual practice behaviors were derived from the 32 competency statements (mean=53.09; sd = 34.08) and grouped into 28 competency categories.

We found wide variation in the number of competency categories included across the competency statements (Table 1). The Science, Knowledge, and Methods category was present in 23 competency statements, while competencies related to referral and engagement were identified in only 2 competency statements.

**Table 1.** Number of Competency Statements for Each Competency Category (n=32)

Competency Category	n	Competency Category	n
Professionalism	23	Evidence-Based Practice	7
Science, Knowledge, and Methods	18	Counseling	6
Intervention	15	Quality	6
Systems-Based Practice	15	Teaching	6
Diversity	13	Community	6
Treatment Planning	12	Management/Administration	5
Assessment	12	Career Development	5
Relationships	11	Supervision	5
Legal issues, Ethics, and Standards	11	Human Growth and Development	4
Advocacy	10	Documentation	4
Research and Evaluation	10	Policy Practice	4
Clinical Care	10	Consultation	3
Interpersonal Skills and Communication	10	Referral	2
Reflective Practice/Self Assessment/Self Care	9	Engagement	2

We identified areas of overlap for several of the competency categories across the 9 professions. Science, Knowledge, and Methods (present for all 9 professions), Professionalism (8/9), Interpersonal Skills and Communication (7/9), Systems-Based Practice (7/9), Clinical Care (7/9), Intervention (6/9), Legal Issues, Ethics, and Standards (6/9). However, a lack of competency uniformity also exists across professions, which may partly be a result of differences in professional focus found within the behavioral health workforce.