INSTRUMENT TO ASSESS KNOWLEDGE AND SKILLS OF PSYCHOLOGISTS WORKING WITH INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES AND SEVERE EMOTIONAL DISTURBANCE (SMI/SED)

Specialty Council for Serious Mental Illness (SMI) Psychology

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Purpose: This Instrument is designed to be used to evaluate psychologists who are developing the knowledge and skills to provide services to adults with serious mental illness (SMI) or adolescents/young adults with severe emotional disturbance (SED), as well as their families, supporters, and care systems. Psychology trainees, their supervisors, and practicing psychologists can use this Instrument (in whole or in part) to evaluate progress in developing SMI/SED competencies and to help define ongoing learning goals and training needs.

The Instrument is intended to serve three main functions for professional development:

1) to allow individuals to identify personal competency areas in need of improvement via continued professional development and education
2) to provide aggregate data on the areas around which there is the greatest need for additional training to inform the development of CE opportunities
3) to provide a holistic structure from which to develop and evaluate available training and professional development offerings. This evaluation Instrument is intended to measure competency over time and is highly recommended for use by programs in this Specialty.

NOTE: Post-doctoral programs seeking APA accreditation must be sure to evaluate residents on EACH of the Commission on Accreditation required competencies, all of which may not be incorporated in this Instrument. For complete information, contact APA and see http://www.apa.org/ed/accreditation.

Development: The Council for Serious Mental Illness (SMI) Psychology is responsible for the development of this instrument. Organizational members include: The APA Task Force on Serious Mental Illness/Severe Emotional Disturbance (SMI/SED); APA's Division of Psychologists in Public Service (Division 18); Division 18's Section on SMI/SED; The Psychosis and Schizophrenia Spectrum Special Interest Group (PASS-SIG) of the Association for Behavioral and Cognitive Therapies (ABCT). Following the development of the competencies for the Post-Doctoral Specialty in SMI Psychology, the Council requested and received permission from the Council of Professional Geropsychology Training Programs (CoPGTP) to modify the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (Karel et al., 2012). The SMI Psychology Specialty Council is most grateful to the CoPGTP for granting this permission.

The CoPGTP Task Force on Geropsychology Competency Assessment (members included Michele J. Karel (Chair), Jeannette Berman, Jeremy Doughan, Erin E. Emery, Victor Molinari, Sarah Stoner, Yvette N. Tazeau, Susan K. Whitbourne, Janet Yang, and Richard Zweig) developed the original version of this tool. The original Geropsychology tool was adapted from previous efforts, as summarized by Hatcher and Lassiter (2007), and was developed for learners and supervisors to gauge competence in serving older adults. Modifications were made to the content of Geropsychology tool to align with the competencies in this Specialty.

Structure and Use: The Instrument is intended to be used both by supervisors to assess trainees and by psychologists to assess their own knowledge and skills. Supervisors in psychology training programs may choose to evaluate the domains relevant to the goals of their program. Evaluation should include the learner's perspective (self-assessment), observation of the learner's work (e.g., direct observation, audiotape, videotape, co-therapy), and regular supervision involving case discussion. Psychologists and trainees conducting self-assessments can use the Instrument to evaluate their training and supervision needs in each competency. The Instrument can also be used to gauge a learner's progress over time.

The Instrument contains the following four topic domains: I.) General knowledge about SMI/SED; II.) Assessment; III.) Intervention; IV.) Consultation. Within each topic area, there are varying numbers of knowledge domains/skill competencies that are grouped into those addressing a *Knowledge Base* or *Professional Functioning*. Each knowledge domain/skill competency is illustrated by varying number of specifiers listed separately under each knowledge domain/skill competency. A full index of topic domains and knowledge domains/skill competencies is below.

Note that the learner can be rated on each knowledge domain/skill competency (highlighted in light gray in the Instrument) as one of five levels: Novice (N), Intermediate (I), Advanced (A), Proficient (P), or Expert (E). The specifiers listed under each knowledge domain/skill competency (and indicated by lower case letters) are designed to define the knowledge domain or skill competency and **do not need to be rated separately**. However, the specifiers can be rated individually if that level of assessment is desired. The Instrument is intended to be modified to suit the needs of individuals or programs.

Note that some redundancy is inherent in this measure. The intent is to evaluate both the learner's knowledge base and professional functioning separately for each of the four the topic domains, as the awareness of information and one's ability or experience in applying it may differ. Further, knowledge domains/skill competencies are aspirational, rather than "required" of any particular psychologist—even the most accomplished psychologist will have relative strengths and weaknesses across the spectrum of defined knowledge domains/skill competencies.

Rating Scale Anchors: The rating scale assumes that professional competence is developed over time, as learners develop knowledge and skills with ongoing education, training, and supervision. The anchors reflect developmental levels of competence (from Novice through Expert). Because the scale reflects development of competence, the same scale can be used at different levels of training. For example, graduate practicum students would be expected to perform at Novice through Advanced levels, while Postdoctoral Fellows would be expected to perform at Intermediate to Proficient levels. Development of knowledge and skills may differ significantly across domains, depending upon previous training experiences. To illustrate use of the scale, a brief vignette (with examples describing the approach of an individual at each level of competence is provided following the index immediately below.

Index of Topic Domains and Knowledge Domains/Skill Competencies

I. General Knowledge about Serious Mental Illness/Severe Emotional Disturbance (SMI/SED)
   A. Knowledge Base
      1. Models of Development
      2. Epidemiology and Demographics

3. Biological, Psychological, Social Aspects
4. Quality of Life and Community Engagement
5. Psychopathology
6. Diversity in the Population

B. Professional Functioning
1. Ethical and Legal Standards
2. Cultural and Individual Diversity
3. The Importance of Teams
4. Practice of Self-Reflection
5. Relate Effectively and Empathically
6. Apply Scientific Knowledge
7. Appropriate Business Practice
8. Care Coordination

II. Assessment

A. Knowledge Base
1. Assessment Methods for Individuals with SMI/SED
2. Limitation of Assessment Methods
3. Contextual Issues in Assessment

B. Professional Functioning
1. Utilize Assessment Instruments
2. Utilize Information from Psychological Assessments
3. Interpret Assessment Information and Conduct Differential Diagnosis
4. Assess Risk
5. Refer for Other Evaluations as Indicated
6. Goal Development
7. Communicate Assessment Results and Recommendations

III. Intervention

A. Knowledge Base
1. Theory, Research, and Practice
2. Health, Illness, and Pharmacology
3. Specific Settings
4. Recovery and Rehabilitation Services
5. Ethical and Legal Standards

B. Professional Functioning
1. Provision of Effective, Evidence-based Interventions
2. Apply Individual, Group, and Family Interventions
3. Base Interventions on Empirical Research, Theory, and Clinical Judgment

IV. Consultation

A. Knowledge Base
1. Prevention, Health Promotion, and Social Integration
2. Diverse Clientele and Contexts
3. Interdisciplinary Collaboration

B. Professional Functioning

1. Provide Consultation to Improve Assessment and Treatment
2. Provide Training
3. Participate in Interprofessional Teams
4. Communicate Psychological Conceptualizations for SMI/SED
5. Implement Organizational Change
6. Participate in a Variety of Models of Service Delivery
7. Collaborate and Coordinate with Other Agencies and Professionals
8. Recognize and Negotiate Multiple Roles

Vignette: *A 24-year-old who identifies as an African-American man is referred to the mental health clinic by his primary care physician because his mother reported that his "erratic behavior" has become "more frequent and disturbing." In recent months, he has become depressed, increasingly disoriented, withdrawn, and absent from home for several days at a time. His employer has reported him missing from or reporting late for work. He no longer takes care of his personal hygiene and sometimes complains of stomach problems, although the primary care physician has not offered a diagnosis for this. At the insistence of his mother, he very reluctantly has come to the clinic for an initial evaluation.*

Novice (N): Possesses entry-level skills; needs intensive supervision

Novices have limited knowledge and understanding of case conceptualization, intervention skills, and the processes and techniques of implementing them. Novices do not yet recognize consistent patterns of behavior relevant for diagnosis or care planning, and do not differentiate well between important and unimportant details.

Example: The learner is able to identify salient symptoms. However, they do not fully appreciate the possible contributions of potential medical or behavioral co-morbidities, neuropsychological complications, practitioner bias, or family system factors, as well as the potential impact of stigmatization on the individual's presentation. The learner does not know how to formulate differential diagnosis questions.

Intermediate (I): Has a background of some exposure and experience; ongoing supervision is needed

Experience has been gained through practice, supervision, and instruction. The learner is able to recognize important recurring issues and to select appropriate strategies for assessment or intervention. Generalization of skills is limited and support is needed to guide performance.

Example: The learner recognizes multiple possible contributions to the person's presentation; is able to collect history from the client (and his mother with his permission); administers appropriate clinical, cognitive, and functional screening tools; and consults with their supervisor to discuss possible implications and plan further evaluation. The learner may not appreciate complex family and cultural systems issues or the possible impact of practitioner bias on the part of the family physician.

Advanced (A): Has solid experience; handles typical situations well; requires supervision for unusual or complex situations

Knowledge of the competency domain is more integrated, including application of appropriate research literature. The learner is more fluent in their ability to recognize patterns of behavior and to select appropriate strategies to guide diagnosis and treatment.

Example: The learner is able to integrate multiple sources of information (e.g., behavioral observation, cognitive testing data, medical records, collateral reports [mother, employer, supporters] with the client's permission) and complex histories (e.g., medical, psychiatric, family, occupational, cultural) to rule out the possibility of co-morbid physical or behavioral conditions and to make recommendations to the client, primary care provider, and family about further assessment and treatment options. The learner consults with their supervisor about local resources for persons with first episode psychosis and early intervention programs, as well as around how to best handle issues related to the primary care provider's belief that "there is nothing physically wrong" with the client.

Proficient (P): Functions autonomously; knows limits of ability; seeks supervision or consultation as needed

Proficiency is demonstrated in perceiving situations as integrated wholes and not only a summation of parts, including an appreciation of the long-term implications of the current situation. The learner demonstrates understanding of the graduated importance of details from the present situation, and has developed a nuanced understanding of the clinical situation.

Example: The learner is able to integrate information and collaborate with family and relevant providers (e.g., family physician, psychiatrist, neuropsychologist, early intervention team, substance abuse team if appropriate, psychosocial rehabilitation team, and social service providers) across assessment, intervention and exploration of community support options. The learner functions as a full member of an interdisciplinary team to address the biopsychosocial needs of the client and his family, and is able to assume a leadership role.

Expert (E): Serves as resource or consultant to others; is recognized as having expertise

With significant background of experience, the psychologist is able to focus in on the essentials of the problem quickly and efficiently. Analytical problem-solving is used to consider unfamiliar situations or when initial impressions are rejected.

Example: The psychologist is frequently contacted by other psychologists in the community to provide consultation regarding assessment and intervention options for persons with serious mental illness and severe emotional disturbance (SMI/SED). The psychologist is able to use the above case as a teaching example for the need to provide a thorough biopsychosocial assessment in complex cases, to implement an interdisciplinary team plan, and to be knowledgeable about the multiple resources needed to assist individuals with SMI and SED in the community

SERIOUS MENTAL ILLNESS COMPETENCY ASSESSMENT INSTRUMENT

***NOTE**: Learners can be rated on **EACH** knowledge domain/skill competency (highlighted in **light gray** in the Instrument) Ratings are only needed where the anchors are provided (highlighted in light gray).* The specifiers listed under each knowledge domain/skill competency (and indicated by lower case letters) are designed to define the knowledge domain or skill competency and **do not need to be rated separately unless that level of assessment is desired**.

I. General Knowledge about Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) **N=novice; I=intermediate; A=advanced; P=proficient; E=expert**	
I. A. Knowledge Base – The psychologist/trainee has *KNOWLEDGE* OF:	
1. Models of Development	**N I A P E**
a. Development as a life-long process encompassing both gains and losses over the lifespan, especially those that impact on the development of serious mental illness	
b. Theories of development theories of typical versus pathological development and adaptation within the general population	
c. Biopsychosocial perspective for understanding an individual's physical and psychological development within the sociocultural context	
d. Concept of, and variables associated with, development of psychopathology (e.g., stress-vulnerability model, risk/resilience factors	
e. Relevant research on development and the impact of the various factors that can lead to illness and or functional impairment, including methodological considerations in cross-sectional and longitudinal research	
2. Epidemiology and Demographics	**N I A P E**
a. Demographic trends related to mental illness, particularly SMI and SED, including gender, racial and ethnic factors and disparities, and socioeconomic heterogeneity	
b. Resources to remain updated on the demographics of the population, including internet sites for: Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Social Security Administration, Bureau of Labor Statistics, National Institutes of Health particularly National Institute of Mental Health, World Health Organization	

3. Biological, Psychological, Social Aspects	N	I	A	P	E
a. Biological and physiological (medical/health conditions including substance use and diabetes) aspects that may be associated with the development or presentation of SMI/SED symptoms					
b. Psychological characteristics/factors (behavioral, cognitive including attention, memory, executive functioning, language, and intellectual functions, personality, emotional expression and coping mechanisms) that may be associated with the development or presentation of SMI/SED symptoms.					
c. Social and environmental factors (socialization, family dynamics, educational and work-related concerns, trauma/ACES, and post-traumatic growth) that be associated with the development or presentation of SMI/SED symptoms.					
d. Interactions among the three processes above that may impact development of SMI/SED					
4. Quality of Life and Community Engagement	**N**	**I**	**A**	**P**	**E**
a. Relationship between quality of life and decisions/goals individuals make with regard to activities in meaningful life domains (e.g., education, employment, healthcare, relationships, lifestyle and leisure activities, and living environment).					
b. Relationship between challenges with function for those with SMI/SED and psychopathology, including how challenges experienced by individuals with SMI and/or SED affect family and significant others					
c. Strategies commonly used to cope with functional limitations					
d. Impact of stereotypes and stigma on an individual's functional status and self-efficacy					
e. Ethical and legal issues which arise in the context of markedly impaired functional status and decision-making capacity					
5. Psychopathology	**N**	**I**	**A**	**P**	**E**
a. Common types of psychopathology in terms of diagnostic determination, onset, etiology, risk factors, clinical course, associated behavioral features, and medical and psychological management of these disorders					
b. Differential presentation, associated features, age of onset, and course of psychological disorders and syndromes					

c. Under-recognized aspects of psychopathology which affect functional impairment and safety (e.g., trauma, suicide risk, substance use)	
d. Interaction of SMI/SED with the more common medical illnesses and medications and implications involved for assessment and treatment	

6. Diversity in the Population	**N**	**I**	**A**	**P**	**E**
a. The impact of cultural experiences and personal identify factors (e.g., age, race, spiritual/religious beliefs) on illness development and expression					
b. The unique experience of each individual: demographic, sociocultural, and life experiences and the interaction of multiple factors that may interact to influence an individual's patterns of behavior					
c. The varied preferences individuals with SMI/SED have in discussing mental health problems and their effect on functional capability with family, primary care providers, treatment team members, spiritual advisors, etc.					

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I. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:					
1. Ethical and Legal Standards—Apply Ethical and Legal Standards by identifying, analyzing, and proactively addressing complex ethical and legal issues, to understand:	**N**	**I**	**A**	**P**	**E**
a. Tension between sometimes competing goals of promoting autonomy and protecting safety of at-risk clients					
b. Decision making capacity and strategies for optimizing an individual's participation in informed consent regarding a wide range of medical, residential, financial, and other life decisions, and the possible presence of a psychiatric living will					
c. Surrogate decision-making as indicated regarding a wide range of medical, residential, financial, and other life decisions, e.g., changes in capacity depending upon current mental status/acute psychotic episode/in remission					
d. State and organizational laws and policies covering committal, assisted outpatient treatment, advance directives, conservatorship, guardianship, multiple relationships, and confidentiality					
2. Cultural and Individual Diversity—Address Cultural and Individual Diversity of those with SMI/SED, their families, communities, & systems/providers by being able to:	**N**	**I**	**A**	**P**	**E**
a. Recognize gender, age, cohort, ethnic/racial, cultural, linguistic, socioeconomic, religious, disability, sexual orientation, gender identity, and urban/rural variations					
b. Articulate integrative conceptualizations of multiple aspects of diversity influencing those with SMI/SED, psychologists and other providers, and systems of care					
c. Adapt professional behavior in a culturally sensitive manner, as appropriate to the needs of the client					
d. Work effectively with diverse providers, staff, and students in care settings serving those with SMI/SED					
e. Initiate consultation with appropriate sources as needed to address specific diversity issues					

3. The Importance of Teams	**N**	**I**	**A**	**P**	**E**
a. Understand the importance of diverse team members and their professional expertise					
b. Value the role that other providers play in the assessment and treatment of persons with SMI/SED					
c. Demonstrate awareness, appreciation, and respect for team experiences, values, and discipline-specific conceptual models					
d. Understand the importance of teamwork in settings where individuals with SMI/SED are seen to address the varied bio-psycho-social needs of this population					
4. Practice Self-Reflection	**N**	**I**	**A**	**P**	**E**
a. Demonstrate awareness of personal biases, assumptions, stereotypes, and potential discomfort in working with people with SMI/SED, particularly those of backgrounds divergent from the psychologist/trainee					
b. Monitor internal thoughts and feelings that may influence professional behavior (e.g., stigma toward mental illness), and adjust behavior accordingly in order to focus on needs of the patient, family, significant others, and treatment team					
e. Demonstrate self-awareness and ability to recognize differences between the clinician's and the client's values, attitudes, assumptions, hopes and fears related to the illness, symptoms, functional capabilities, stigma, treatment, social supports					
d. Demonstrate accurate self-evaluation of knowledge and skill competencies related to work with diverse individuals, including those with particular diagnoses, or in particular care settings					
e. Initiate consultation with or referral to appropriate providers when uncertain about one's own competence					
f. Seek continuing education, training, supervision, and consultation to enhance competence related to practice					
5. Relate Effectively and Empathically	**N**	**I**	**A**	**P**	**E**
a. Use rapport and empathy in verbal and nonverbal behaviors to facilitate interactions with individuals, families, and treatment teams					

b. Form effective working alliances with wide range of clients, families, colleagues, and other stakeholders	
c. Communicate with individuals and their families, adjusting language and complexity of concepts based on the person's and family's level of sensory and cognitive capabilities, educational background, knowledge, values, and developmental stage	
d. Demonstrate awareness, appreciation, and respect for those with SMI/SED, families, and team perspectives, experiences, values, and conceptual models	
e. Demonstrate appreciation of client, family, and organizational strengths, as well as deficits and challenges, and capitalize on strengths in planning interventions	
f. Tolerate and understand interpersonal conflict and differences within or between clients, families, and team members, and negotiate conflict effectively	
6. Apply Scientific Knowledge	**N I A P E**
a. Demonstrate awareness of the scientific knowledge-base related to individuals with SMI/SED including areas such as biological, psychological, social, and community influences; physical and mental health care, and incorporate this knowledge into interdisciplinary health and mental health practice	
b. Apply review of available scientific literature to case conceptualization, treatment planning, and intervention	
c. Acknowledge strengths and limitations of knowledge base in relation to individual case	
d. Demonstrate ability to cite scientific evidence to support professional activities in academic, clinical and policy settings	
7. Appropriate Business Practice	**N I A P E**
a. Demonstrate awareness of Medicare, Medicaid, and other insurance coverage for diagnostic conditions and health and mental health care services	
b. Demonstrate appropriate diagnostic and procedure coding for psychological services rendered	
c. Demonstrate medical record documentation that is consistent with Medicare, Medicaid, HIPAA, and other federal, state, local or organizational regulations, including appropriate documentation of medical necessity for services and insurance companies	

d. Remain updated on policy and regulatory changes that affect practice, such as through professional newsletters and e-mail for a		
e. Demonstrate understanding of quality indicators for the care of individuals with SMI/SED		
8. Care Coordination—Advocate for and Provide Care Coordination	**N I A P E**	
a. Demonstrate awareness of possible individual and psychosocial barriers to individuals with SMI/SED accessing and utilizing health, mental health, forensic, or community services		
b. Advocate for clients' needs in interdisciplinary and organizational environments when appropriate		
c. Collaborate with clients, families, and organizational and community providers to improve access to needed health care, and residential, transportation, social, or community services		

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II. Assessment **N=novice; I=intermediate; A=advanced; P=proficient; E=expert**					
II. A. Knowledge Base -- The psychologist/trainee has *KNOWLEDGE* OF:					
1. Assessment Methods for Individuals with SMI/SED	**N**	**I**	**A**	**P**	**E**
a. Current research and literature relevant to understanding theory and current trends in assessment					
b. Assessment measures or techniques that have been developed, normed, validated, and determined to be psychometrically suitable for use with individuals with SMI. Additionally, demonstrate knowledge of the implications of using standardized assessments in ways that may require modification for use with this population (i.e., assessments not developed or normed using persons with SMI)					
c. Assessment measures relevant to understanding the experiences of individuals with SMI (e.g., trauma, suicide risk, substance abuse)					
d. A comprehensive interdisciplinary assessment approach (e.g., integrating other professionals' evaluations of medical or psychosocial issues)					
e. A multi-method assessment approach (e.g., standardized instruments, self-report, structured interviews, observational methods, collateral sources)					
2. Limitations of Assessment Methods	**N**	**I**	**A**	**P**	**E**
a. Criterion and age requirements for testing instruments, as well as specific standard normative data					
b. Limitations of testing instruments (including those not validated with SMI/SED samples) for assessing diverse individuals					
c. Advantages and limitations of using repeated testing to understand complex diagnostic problems					

3. Contextual Issues in Assessment	N	I	A	P	E
a. The potential impact of individual factors on assessment (e.g., medications, substance use, medical conditions)					
b. Appropriateness of instruments based on individual identity factors (e.g., age, cultural and educational background)					
c. The potential impact of assessment environment on test performance (e.g., noise, lighting, distractions)					
d. The potential impact of an individual's testing approach (e.g., consistency, forthcomingness, under or over reporting) on accuracy and interpretability of results, as well as contextual factors impacting testing approach (e.g., purpose of assessment, legal involvement)					
e. The potential impact of cognitive impairments on testing and, as needed, ability to conduct behavioral observational assessments that accurately account for these					
f. Legal and clinical contexts of capacity/competence evaluations (e.g., need for guardianship, loss of right to make decisions, live independently, drive, etc.)					

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II. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:					
1. Utilize Assessment Instruments	**N**	**I**	**A**	**P**	**E**
a. Consider reliability and validity of standardized instruments					
b. Assess an individual's ability to provide informed consent					
c. Assess an individual's motivation, readiness, and desire for treatment					
d. Assess for medication adherence and barriers to adherence					
e. Assess cognitive abilities, using instruments such as the Wechsler Adult Intelligence Scale-IV (WAIS-IV), Wechsler Intelligence Scale for Children – Fifth Edition (WISC-5), or MATRICS Consensus Cognitive Battery (MCCB)					
f. Assess early-stage psychosis symptoms using screening tools such as the Prodromal Questionnaire (PQ) and Behavior Assessment Scale for Children – Third Edition (BASC-3; i.e., *Atypicality* subscale via youth, caregiver, and teacher self-report)					
g. Assess symptom severity, using instruments such as the Positive and Negative Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS), and Structured Interview for Prodromal Symptoms (SIPS).					
h. Utilize personality assessments, such as the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and Personality Assessment Inventory (PAI)					
i. Conduct strengths-based assessment, including review of functional capability					
j. Conduct assessment of internal/external resource availability and the individual's ability to utilize available resources					
2. Utilize Information from Psychological Assessments	**N**	**I**	**A**	**P**	**E**
a. Integrate testing results, clinical interview, information from collateral sources, and behavioral observations to formulate impressions and recommendations					
b. Make specific and appropriate recommendations, based on testing results, that can inform treatment planning					

c. Interpret the meaning and implications of testing data or assessment reports for case conceptualization and treatment planning	

3. Interpret Assessment Information and Conduct Differential Diagnosis	**N I A P E**
a. Distinguish between symptoms of lesser versus more severe symptomatology in making diagnoses (e.g., transient hallucinations without significant distress vs. self-harm behaviors)	
b. Consider base rates, risk factors, and distinct symptom presentations of psychological disorders when making diagnoses	
c. Integrate information on symptom presentation with knowledge of an individual's identity factors (e.g., age, race, spiritual/religious beliefs) to make culturally informed diagnoses	
d. Use assessment results to formulate biopsychosocial case conceptualizations	
e. Recognize the level of capacity and competence of an individual with SMI in order to make appropriate intervention recommendations (e.g., level of care)	
f. Conduct differential diagnosis with consideration of co-morbid medical issues, co-occurring substance abuse, and situational factors (e.g., impact of current medications)	

4. Assess Risk	**N I A P E**
a. Screen for and assess risk for suicide and self-directed violence, including use of instruments such as the Collaborative Assessment and Management of Suicidality (CAMS) model, Beck Scale for Suicide Ideation (SSI), Columbia-Suicide Severity Rating Scale (C-SSRS), and Linehan Risk Assessment and Management Protocol (LRAMP)	
b. Screen for and assess risk for violence to others, such as the Historical Clinical Risk Management-20, Version 3 (HCR-20V3)	
c. Screen for and assess capacity for self-care (e.g., activities of daily living)	
d. Screen for and assess for impact of trauma and risk of neglect/abuse (e.g., emotional, physical, sexual, financial)	
e. Screen for and assess risk for comorbid substance use disorders	

5. Refer for Other Evaluations as Indicated	**N I A P E**
a. Utilize assessment data to gauge the need for more comprehensive, multidisciplinary assessment	

b. Acknowledge one's personal level of expertise pertaining to assessment of individuals with SMI and demonstrate awareness of when to refer to or consult with other healthcare professionals	
c. Recognize the level of competence of an individual with SMI in order to refer to appropriate specialty services	
d. Recognize when a medical evaluation is indicated to rule out underlying medical or pharmacological causes of presenting symptoms	
e. Collaborate with professionals from other disciplines to assess specific functional capacities (e.g., social/communication skills, ability for work, ability to live independently or with supports)	

6. Goal Development	**N**	**I**	**A**	**P**	**E**
a. Work with an individual and his/her support team to develop short- and long-term goals and objectives based on the results of clinical and functional assessments and inventory of available resources					
b. Identify interventions and resources needed for goals/objectives					

7. Communicate Assessment Results and Recommendations	**N**	**I**	**A**	**P**	**E**
a. Translate assessment results into practical conclusions and recommendations for the individual, family, and treatment team					
b. Provide written recommendations and relevant psychoeducational materials in a format understandable to stakeholders					
c. Communicate assessment results and recommendations to relevant treatment providers to inform and support treatment planning					
d. Communicate assessment results within the confines of federal, state, local, and institutional privacy and confidentiality rules and regulations					

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III. Intervention **N=novice; I=intermediate; A=advanced; P=proficient; E=expert**	
III. A. Knowledge Base – The psychologist/trainee has *KNOWLEDGE* OF:	
1. Theory, Research, and Practice	**N I A P E**
a. Basic clinical interventions (e.g., non-judgmental reflective listening) consistent with the principles of recovery-oriented care to facilitate the development of a therapeutic alliance with individuals with SMI/SED and their caregivers	
b. Specialized interventions for individuals with SMI/SED (e.g., cognitive behavioral therapy for psychosis, illness self-management [including psychoeducation and coping skills training], assertive outreach, family psychoeducation/behavioral family therapy, social skills training, cognitive remediation and social cognition strategies, employment and educational interventions, integrated dual disorder interventions, weight management strategies, peer delivered services, specialized interventions for those with SMI in forensic settings, specialized early psychosis interventions, and specialized interventions for those with co-occurring PTSD)	
c. Broad research knowledge regarding the effectiveness of psychological interventions with individuals with SMI/SED (e.g., that CBT for psychosis impacts symptom severity, family interventions reduce relapse risk, cognitive remediation interventions improve cognitive functioning and potentially social functioning when combined with supported employment, etc.)	
d. Psychosocial, psychotherapeutic and psychopharmacological approaches to treating psychological disorders, as well as the consequences of not treating (elevated risk of relapse for not taking antipsychotic medications) and side effects of possible treatments (for example, tardive dyskinesia, type II diabetes). Knowledge of the difference between first generation and atypical antipsychotic medication (e.g., greater tolerability, reduced tardive dyskinesia risk, but greater type II diabetes risk) as well as the evidence that "partial response" to antipsychotic medication is common. Knowledge of the utility of antidepressant and mood stabilizer medications, as well as their risks/side effects.	

2. Health, Illness, and Pharmacology	N	I	A	P	E
a. The complexity and interplay of medical problems and health issues of concern for those with SMI/SED (smoking, weight gain, health system failures, stigma and reluctance to seek medical intervention, reluctance to use psychotropic medication)					
b. The possible impact of medications and procedures for medical and psychiatric problems, including detrimental side effects on symptom presentation, mental status, and treatment effectiveness					
c. The frequent comorbidity between chronic medical and psychiatric problems including substance use, and need to address both medical and mental health issues					

3. Specific Settings	N	I	A	P	E
a. The salience and presentation of ethical issues when employing interventions across varied care settings (e.g., confidentiality in context of team treatment planning, family and other supporters, privacy constraints in institutional settings)					
b. Adaptations of interventions appropriate to particular settings (e.g., focus on staff education and behavioral, environmental interventions in residential settings)					

4. Recovery and Rehabilitation Services	N	I	A	P	E
a. The underlying concepts and necessary components of the recovery paradigm for persons with SMI/SED. Recognizing that recovery does not mean complete symptom remission, and that there are both “outcome” and “process” components to recovery					
b. Specific referral sources that are knowledgeable about and experienced in delivering appropriate services for persons with SMI/SED. Knowledge of types of peer-support services (e.g., stand-alone groups, drop-in centers, online resources) that might act as a helpful referral resource.					
c. Referral processes and procedures to local community resources.					
d. Follow-up mechanism(s) regarding referrals for PSR services					

5. Ethical and Legal Standards	N	I	A	P	E
a. Informed consent procedures for services to individuals with SMI/SED and challenges to the capacity of some to provide informed consent					
b. Client's right to confidentiality and to be informed of limits of confidentiality					
c. State and organizational laws and policies covering abuse, advance directives, conservatorship, guardianship, restraints, multiple relationships, and confidentiality					

***NOTE**: Learners can be rated on **EACH** knowledge domain/skill competency (highlighted in **light gray** in the Instrument) Ratings are only needed where the anchors are provided (highlighted in light gray).* The specifiers listed under each knowledge domain/skill competency (and indicated by lower case letters) are designed to define the knowledge domain or skill competency and **do not need to be rated separately unless that level of assessment is desired**.

III. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:					
1. Provide Effective, Evidence-based Interventions for Those with SMI/SED Including:	**N**	**I**	**A**	**P**	**E**
a. Adults with SMI (and other co-occurring conditions including substance use disorders) and their family caregivers					
b. Youth and young adults with SED or those at clinical high risk for psychosis					
c. Family, friends, and other supporters of individuals with SMI/SED					
2. Apply Individual, Group, and Family Interventions	**N**	**I**	**A**	**P**	**E**
a. Together with the person and his or her support team, prioritizing treatment goals as appropriate, and considering multiple problem areas					
b. Integrate relevant treatment modalities					
c. Modify evidence-based and clinically informed intervention strategies to meet the specific needs of individuals with SMI/SED (e.g., developmental level, cognitive impairments, differing belief systems, cultural practices, etc.)					
d. Provide psychoeducation as needed to help individuals, their support system and families understand the illness, its treatments, the lived experience of SMI/SED, the therapeutic process, and the interventions and strategies used					
e. Choose evidence-based treatment for individuals with SMI/SED based on appropriate assessments, capabilities, strengths- and needs- assessment, client's personal preference, available supports and resources, and other factors relevant for the person's recovery					
f. Choose and implement intervention strategies based on available evidence for effectiveness with the client					
g. Provide directly or arrange from other providers, the evidence based psychosocial rehabilitation interventions developed and tested for this population					

3. Base Interventions on Empirical Research, Theory, and Clinical Judgment	**N I A P E**
a. Articulate theoretical case conceptualization and empirical support guiding choice of intervention strategies	
b. Describe the integration or adaptation of various strategies to meet the needs of particular clients	
c. Measure the effectiveness of intervention	
d. Make appropriate adjustments to treatment based on client response	

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IV. Consultation **N=novice; I=intermediate; A=advanced; P=proficient; E=expert**	
IV. A. Knowledge Base – The psychologist/trainee has *KNOWLEDGE* OF:	
1. Prevention, Health Promotion and Social Integration	**N I A P E**
a. Incidence and prevalence rates of mental health problems in the general population and has specialized knowledge of these rates for individuals at risk for or diagnosed with SMI/SED	
b. How to connect and partner with family and local community and state resources for health promotion and social integration	
c. How to develop and/or implement strategies for community-based training/education for promoting preventive interventions	
d. How to develop and/or implement strategies for helping communities become more accepting and supportive of people with SMI/SED to help them integrate socially	
e. How various sociopolitical factors and barriers can impact the development and presentation of mental health symptoms and SMI	
2. Diverse Clientele and Contexts	**N I A P E**
a. How to enact multiple levels of intervention/consultation, including individuals, families, healthcare professionals, organizations, and community leaders	
b. Systems-based consultative and intervention models and their use, including appropriate modifications needed in different settings	
c. Strategies and methods for collaboration to address individual and organizational needs including needs of diverse clients	
d. The impact of racial prejudices and social injustices on physical and mental well-being of people of color and other marginalized and intersecting identities	

3. Interdisciplinary Collaboration	**N I A P E**
a. The roles and potential contributions of a wide range of healthcare professionals in the mental and physical health assessment and treatment of individuals with SMI/SED	
b. How interdisciplinary treatment team composition and functioning may differ across settings of care (e.g., CMHC, state hospital, VHA) and impact treatment provision	
c. Appropriate research methodology, including mixed methods and methods that incorporate people with lived experiences, in order to capture the best data for use in studying intervention effects	
d. Differences in functioning between interdisciplinary and multidisciplinary teams within mental health care, and the benefits of each model	

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IV. B. Professional Functioning – The psychologist/trainee is ABLE TO:					
1. Provide Consultation to Improve Access and Treatment	**N**	**I**	**A**	**P**	**E**
a. Recognize situations in which consultation is appropriate					
b. Demonstrate ability to clarify and refine a referral question					
c. Demonstrate ability to gather information necessary to answer referral question(s)					
d. Advocate for quality care for individuals with SMI and SED with their families, professionals, health care services, facilities, programs, legal systems, and other agencies or organizations					
2. Provide Training	**N**	**I**	**A**	**P**	**E**
a. Assess learning needs of trainees and audiences related to varying levels of training and amount of experience within and across disciplines with respect to treatment for people with SMI/SED.					
b. Define learning goals and objectives as a basis for developing educational sessions related to SMI/SED treatment					
c. Provide clear, concise education and training that is appropriate for the level and needs of trainees					
3. Participate in Interprofessional Teams	**N**	**I**	**A**	**P**	**E**
a. Work with professionals in other disciplines to incorporate information about psychological assessment and treatment of those with SMI/SED into team case conceptualization, treatment planning, and implementation					
b. Communicate psychological conceptualizations clearly and respectfully to other providers					

c. Appreciate and integrate feedback from interdisciplinary team members into case conceptualizations and treatment planning	
d. Work to build consensus on treatment plans and goals of care, to invite various perspectives, including the client's, and to negotiate disagreement and conflict constructively within a team setting	
e. Demonstrate ability to work with diverse team structures (e.g., hierarchical, lateral, virtual) and team members (e.g., including the ethics board, chaplains, families, and support team members)	
4. Communicate Psychological Conceptualizations for SMI/SED	**N I A P E**
a. Provide clear and concise written communication of psychological conceptualizations and recommendations for assessment and treatment of people with SMI/SED	
b. Provide clear and concise oral communication of psychological conceptualizations and recommendations for assessment and treatment of people with SMI/SED	
c. Use appropriate language and level of detail for the target audience for any communication	
5. Implement Organizational Change	**N I A P E**
a. Advocate for appropriate services for persons with SMI/SED within and across various settings	
b. Conduct needs assessment for service delivery within the setting or program that serves individuals with SMI/SED	
c. Develop policies and procedures for service delivery that involve all appropriate disciplines and staff members within a setting or program that serves individuals with SMI/SED.	
d. Familiar with and ability to apply best practices and/or models regarding organizational change	
e. Evaluate effectiveness of service delivery model or program	
6. Participate in a Variety of Models of Service Delivery	**N I A P E**
a. Differentiate goals and models of care in community, residential, rehabilitation, acute, primary, home, supported housing, and other care settings	
b. Appreciate and be able to work within a variety of models of mental health care for this	

population, including integrated mental health services in primary care, specialty consultation, and home or community-based services	
c. Demonstrate awareness of strengths and constraints of various care models	
d. Demonstrate flexibility in professional roles to adapt to the realities of work in a variety of healthcare delivery systems	
7. Collaborate and Coordinate with Other Agencies and Professionals	**N I A P E**
a. Work with team members to create smooth and efficient transitions across health care settings for individuals with SMI/SED and their families	
b. Demonstrate respect for confidentiality and informed consent, as well as continuity of care, in coordinating with family members, other professionals, and agencies regarding treatment for those with SMI/SED	
c. Establish working relationships with local and national agencies and organizations, including advocacy groups, treatment facilities, service providers, legislative bodies that authorize and provide funding, universities that conduct research, etc.	
8. Recognize and Negotiate Multiple Roles	**N I A P E**
a. Identify the individual or organizational client and explicate the expectations of the relationship at the outset of the consultation	
b. Advocate on behalf of the well-being of clients within each professional role, including when the individual or group of clients is not the direct client (e.g., the actual client may be the organization)	
c. Discuss potential conflicts of interest with colleagues and teams as indicated	
d. Discuss financial arrangements with all stakeholders	

SUMMARY OF STRENGTHS, AREAS FOR GROWTH, AND EDUCATION AND TRAINING GOALS

It may help psychologists in training and/or supervisors to summarize knowledge and skill strengths, and areas for growth, based on this assessment. Areas for growth may then be linked to further goals for education and training.

Strengths: Knowledge and skill domains in which the trainee feels most confident and competent for practice with individuals with SMI/SED:

Areas for Growth: Knowledge and skill domains in which the trainee wishes to develop further competency:

Education and Training Goals: (within a practicum, internship rotation, fellowship, or post-licensure program of self-study):

INSTRUMENT DEVELOPMENT REFERENCES

According to the information provided with the original Instrument, development was informed by several important previous efforts. This information is included here in order to acknowledge those efforts. These included the APA policies on multicultural and evidence-based practice, extensive work on the assessment of competencies for professional psychology practice, competencies for geriatric and palliative care, and evaluation tools that have been used by Geropsychology internship and fellowship programs. An abbreviated reference list of those efforts follows:

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American Psychological Association. (2006). *APA task force on the assessment of competence in professional psychology: Final report*. Washington, DC: American Psychological Association.

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Knight, B.G., Karel, M.J., Hinrichsen, G.A., Qualls, S.H., & Duffy, M. (2009). Pikes Peak Model for Training in Professional Geropsychology. *American Psychologist, 64,* 205-214.

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