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IDENTIFIERS	*Texas

ABSTRACT

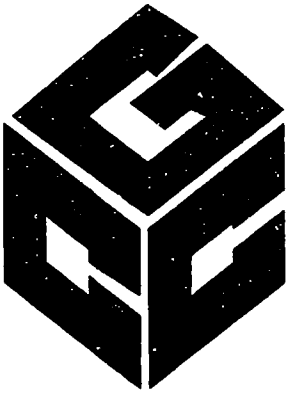
A statewide ev luation of the mental health technologies programs of Texas' community colleges was conducted to determine the extent to which the programs use the principles of competency-based instruction (CBI) and performance standards and to establish whether competencies being taught have been evaluated in the workplace. The following were among the major activities/outcomes of the project: an advisory committee of individuals from Texas' 8 higher education regions was created; Texas's 24 community colleges with mental health technology programs were surveyed twice; the survey responses were analyzed and used to develop a list of competencies; and a panel of experts evaluated and tested the competencies in the workplace. Fewer than 60% of the mental health technologies programs were implementing CBI. Lack of understanding of CBI was the greatest barrier to implementation. It was recommended that Texas' HECB establish program standards in CBI and conduct or contract for professional development activities in CBI. (Appendixes constituting approximately 75% of this document nclude the following: project brochure; list of participating community/technical colleges; summaries of survey responses; final round of competencies; and field test results.) (MN)

EXECUTIVE SUMMARY

Assessment of Competency-Based Instruction in Mental Health Technology

Funded by Texas Higher Education Coordinating Board

Project Bidder: Grayson County College
Project Director: Linda Linn
Project Assistant: Sherry Williams



EXECUTIVE SUMMARY

ASSESSMENT OF COMPETENCY-BASED INSTRUCTION IN MENTAL HEALTH TECHNOLOGY

Project Director: Dr. Linda Linn
Project Assistant: Sherry Williams

Sponsored By:

The Texas Higher Education Coordinating Board
Community and Technical Colleges Division
Austin, Texas

Conducted By:

Grayson County College
Denison, Texas

June 30, 1995

FUNDING INFORMATION

Project Title:	Assessment of Competency-Based Instruction in Mental Health Technologies
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Coordinating Board Staff Advisor:	Dr. T.R. Williams Community and Technical Colleges Division Texas Higher Education Coordinating Board Austin, Texas
Project Staff:	Dr. Linda Linn, Project Director Charlotte Bullard, Project Administrator Sherry Williams, Project Assistant Dr. Bill Lovelace, Project Consultant Grayson County College, Denison, Texas
Disclaimer:	This publication was prepared pursuant to a contract with the Texas Higher Education Coordinating Board, Community and Technical Colleges Division. Contractors undertaking such projects are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official Texas Higher Education Coordination Board position or policy.

ACKNOWLEDGMENTS

The project staff expresses sincere appreciation to the following individuals who provided guidance and expertise to the project staff by serving as members of the Project Advisory Committee (PAC).

Region I
Shirley Goller
Texarkana College
Texarkana, Texas

Region II
Dr. Gerhard Carrier
Alvin Community College
Alvin, Texas

Region III
Patricia Shufelt
Del Mar College
Corpus Christi, Texas

Region IV
Dolores K. Sutter
Tarrant County College-NE Campus
Hurst, Texas

Region V
Joann Jumper
McLennan Community College
Waco, Texas

Region VI
Dr. Dorothy L. Newman
Cisco College-Abilene Campus
Abilene, Texas

Region VII
Stephen Kahoe
El Paso Community College
El Paso, Texas

Region VIII
Dr. Robert E. Banks
Amarillo College
Amarillo, Texas

We appreciate the assistance provided by the individuals who served as our panel of experts in identifying and validating in the workplace competencies necessary for these programs. The members of the Panel Of Experts (POE) are as follows:

Perry Martin
Angelina Community College
Lufkin, Texas

Mollie McCook
South Plains College-Lubbock Campus
Lubbock, Texas

Dr. Gerhard Carrier
Alvin Community College
Alvin, Texas

John Barlow
Grayson County College
Denison, Texas

Patricia Stillwell
Del Mar College
Corpus Christi, Texas

Dolores K. Sutter
Tarrant County College-NE Campus
Hurst, Texas

We are also grateful to each of the deans/directors/department chairs at each of the community colleges that have the Mental Health Technologies programs. The deans/directors/department chairs assisted by allowing the PAC and POE to serve as advisors to this project. Special appreciation is extended to **Dr. Jessie Teddlie of the University of North Texas**, who served as the third party evaluator of the project's installation, process, and products.

EXECUTIVE SUMMARY

I. PROJECT OVERVIEW

The Grayson County College Assessment of Competency-Based Instruction (CBI) in Mental Health Technologies programs assessed the community colleges with programs in Mental Health Services and Drug and Alcohol Abuse Counseling which make up the Mental Health Technologies. The Texas Higher Education Coordinating Board (CB) funded the project to determine if the Mental Health Technologies programs are competency-based and the extent of and the use of the effectiveness of performance standards.

II. PROJECT GOALS

The overall goals of this project were to conduct a statewide evaluation to determine if the Mental Health Technologies programs are competency-based and the extent and use of the effectiveness of performance standards and to establish competencies that have been validated in the workplace.

III. PROJECT HISTORY

The use of a competency-based curriculum and the delivery of the curricula is supported by both mandate and implied mandate. The Technical and Vocational Guidelines of the Texas Higher Education Coordinating Board advocate the use of competency-based curricula and instruction. Grayson County College partnered with consultant Dr. Bill Lovelace of the University of North Texas and the Texas Higher Education Coordinating Board to accomplish this project objectives and products.

Each community college in Texas with Mental Health Technologies programs participated in a two-part survey to determine the extent to which characteristics of a competency-based instructional system are being implemented on a particular campus for these program areas and to determine the barriers to the implementation and/or maintenance of CBI for program at a particular campus.

Additionally, a panel of experts evaluated a list of possible competencies for the Mental Health Technologies programs and determined the competencies these programs should have. These competencies were then field-tested at 4 workplaces in the communities where the panel of experts members lived. From this field-test, a final list of competencies for the Mental Health Technologies programs (Mental Health services and Alcohol and Drug Abuse Counseling) was compiled.

The final report from this project presents the results of the two surveys and the list of competencies that selected workplaces have deemed necessary for successful employment.

IV. PROJECT OBJECTIVES AND OUTCOMES

Objectives	Outcomes
Create and use Project Advisory Committee(PAC) with membership representing a community or technical college from each of the Texas Higher Education	• Created a PAC with membership from the eight higher education regions. (See Acknowledgments for list.)

Regions conducting the programs being assessed.	
Develop and Implement a dissemination plan for publicizing the project and distributing the project products.	• Prepared and printed, and mailed brochure to all community and technical colleges • Disseminated completed products
Develop and implement a plan for using the evaluation model developed by the Assessment of Competency-Based Instruction Project.	• Conducted an information search • Implemented two-part survey to 24 community colleges with mental health technology programs • Analyzed the responses • Compiled a list of competencies • Panel of Experts evaluated and tested competencies in work place
Evaluate the Project	• Evaluated Project • Submitted reports • Prepared final report

V. CONCLUSIONS:

- The assessment model was appropriate in determining priorities for state Mental Health Technologies programs.
- Implementation of competency-based instruction in Mental Health Technologies programs is less than 60%.
- Understanding of CBI is the greatest barrier to implementation.
- The Coordinating Board has not published standards for CBI in Mental Health Technologies programs.
- Validated competencies from this study should be helpful at the local level in establishing CBI in Mental Health Technologies programs.

VI. RECOMMENDATIONS:

- Program standards in competency-based instruction should be established by the Coordinating Board.
- The Coordinating Board should conduct or contract for professional development activities in CBI.
- Competencies should include SCANS and National Skill Standards.

I. PROJECT OVERVIEW

Background

The use of a competency-based curricula and the delivery of the curricula is supported by both mandate and implied mandate. The Technical and Vocational Program Guidelines of the CB advocate the use of competency-based curricula and instruction. The Guidelines provide the following definition:

> Competency-based education is designed to teach job related clusters of skills and knowledge, the mastery of which forms the basis upon which the student is evaluated; competency-based programs must possess the following characteristics:
>
> 1. Involvement of business and industry in the determination of the job competencies and the expected performance level required for successful employment within a defined job or cluster of jobs.
>
> 2. Course sequence which allows the mastery of competencies leading to the satisfactory performance of all identified competencies.

The above definition clearly directs that the curriculum and instructional content of postsecondary occupational preparation programs shall be competency-based.

Competency-based instruction in technical and vocational education has been described as an instructional delivery system that provides a process by which students develop measurable performance competencies, specified by business and industry, that will assist students in obtaining gainful employment based on their ability to perform in a productive manner.

Student achievement is measured by *demonstration* of mastery of competencies-rather than *performance* on written tests and subsequent comparison to the performance of other students.

Student are held accountable for mastery of each competency and may progress at their own rate.

A review of final reports of program improvement projects funded by the Coordination Board reveals progress has been made in the achievement of developing competency-based

curricula that adhere to the two characteristics of CBI specified in the CB definition of competency-based education above. Other characteristics of competency-based instruction include:

- **Performance objectives are developed for the program.** There is one performance objective developed for each task/competency. In addition, enabling objectives are sometimes developed for each performance objective.
- **The student is informed of the required competencies prior to instruction.** The specific requirements and content of the program, course, and performance objectives are provided to the student prior to instruction.
- **Student achievement is based on demonstration of mastery of specified competencies.**
- **Criterion-referenced testing procedures are used to evaluate student progress and performance.**
- **Student competency profiles are maintained for purposes of program articulation, student application for employment, and permanent records.**
- **Learning time is flexible.**
- **Learning is guided by feedback.**

A competency-based instructional system is designed for the delivery of an occupational competency-based curriculum that is performance measured and will:

- Clearly state exactly what is to be learned (specifies what competencies are to be mastered);
- Provide high quality instruction;
- Assist students to learn one competency well before progressing to the next; and
- Require each student to demonstrate mastery of the competency.

With the demands of business and industry for new employees who have demonstrated mastery of entry level occupational competencies, a national concern for educational accountability, and the need to serve special populations without "diluting" the curriculum, the concept of competency-based instruction is receiving considerable attention again. Postsecondary technical and vocational education personnel in Texas are moving toward a phase of design, actualization, and implementation of a competency-based instruction system.

In the report of the STATE ASSESSMENT, for Section 116 of the Perkins Act, prepared by the Texas Higher Education Coordinating Board, there were two recommendations that support and can use competency-based instruction and the use of core performance measures and standards. The two recommendations made for *Criteria factor: Sequential courses of study leading to both academic and occupational competencies* are:

3. Public community colleges and technical colleges should develop a periodic review process to ensure that applied basic work skills are incorporated into the curriculum of each technical program.

4. Public community colleges and technical colleges should develop a periodic assessment to ensure that competency-based instruction is incorporated in all programs.

The assessment of the achievement of the two recommendations stated above will assist the staff of the CB in determining what technical assistance should be provided to local institutions to assist them in the use of competency-based instruction and performance standards.

The Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990, P.L. 101-392, supports the use of competency-based instruction (CBI) to meet the requirements for using Perkins funds as shown by the following citations:

In reference to accountability by state and local standards and measures.

> *Sec. 115. (b, (1) measures of learning and competency gains, including student progress in the achievement of basic and more advanced academic skills;*

A great number of individuals have interpreted this requirement to mean that "*measures of learning and competency gains*" pertain only to basic and academic skills. A review of the working papers and the agreement of the conference committees of the House and Senate reveals the following from the Senate and agreed to by the House:

"...; includes measures of learning and competency gains in both academic achievement and vocational skills competencies;..."

Need

There is a need for a project that will field test the assessment model, developed by the project "Assessment of competency-Based Instruction," to determine the extent to which all two year postsecondary Mental Health Technology programs are being delivered in accordance with

established characteristics of a competency-based instructional system and state adopted performance standards and local performance measures of student progress.

II. PROJECT GOALS

Significance of Study

In order to make decisions at the state level for continued assistance to public postsecondary institutions, the assessment of competency-based instruction in mental health technologies must collect information that will produce the following:

- A list of validated characteristics of a competency-based instructional system for mental health technologies.
- A proven process or system for the formative evaluation of competency-based instruction in the mental health technologies.
- A list of barriers that inhibit the implementation of competency-based instruction in the mental health technology programs.
- The status, on a statewide basis, of competency-based instruction in mental health technologies.
- An awareness by faculty and administrators of the acceptable minimum characteristics or criterion for evaluating competency-based instruction in mental health technologies.
- A list of recommendations for improving the status of competency-based instruction in mental health technologies.

The results of the assessment will have the following uses:

- The Coordinating Board will have documented information that will assist them in identifying and supporting state leadership activities that will assist local institutions in the expansion and improvement of competency-based instruction.
- Local institutions will be able to use the finding for improving competency-based instruction in the mental health technologies at the local level.
- Local institutions can use the developed and piloted assessment process to identify what should be done to improve competency-based instruction in mental health technologies locally and to ensure that competency-based instruction is incorporated in mental health technologies programs.

Project Goals and Objectives

The goal of this project was to process and determine the extent of the use of competency-based instruction in the mental health technology programs (Alcohol and Drug

Abuse Counseling and Psychiatric Mental Health Technicians) in all public community and technical colleges.

The objectives of this project were as follows:

- Create and use a project advisory committee with membership representing a community or technical college from each of the Texas Higher Education Regions conduction mental health technology programs being assessed
- Develop and implement a plan for using the evaluation model developed by the Assessment of Competency-Based instruction project
- Develop and implement a dissemination plan for publicizing the project and distribution the project products
- Compile and validate competencies in the mental health technology workplace
- Evaluate the project

III. PROJECT HISTORY

The use of a competency-based curricula and the delivery of the curricula is supported by both mandate and implied mandate. The Technical and Vocational Guidelines of the Texas Higher Education Coordinating Board advocate the use of competency-based curricula and instruction. Grayson County College partnered with consultant Dr. Bill Lovelace of the University of North Texas and the Texas Higher Education Coordinating Board to accomplish this project objectives and products.

Each community college in Texas with Mental Health Technologies programs participated in a two-part survey to determine the extent to which characteristics of a competency-based instructional system are being implemented on a particular campus for these program areas and to determine the barriers to the implementation and/or maintenance of CBI for program at a particular campus.

Additionally, a panel of experts evaluated a list of possible competencies for the Mental Health Technologies programs and determined the competencies these programs should have. These competencies were then field-tested at 4 workplaces in the communities where the panel

of experts members lived. From this field-test, a final list of competencies for the Mental Health Technologies programs (Mental Health services and Alcohol and Drug Abuse Counseling) was compiled.

Procedures

The primary focus of any educational evaluation (assessment) is to determine the status of an educational system or a specific component or process within an educational system. Unless specifically defined as to purpose, assessment in education is most often used to refer to a process of gathering information for the purpose of making decisions.

In the development and implementation of an assessment activity or program, the planners must define their terms very carefully and specify the purposes of the assessment to be conducted. Before any assessment activities are planned, there are two important assumptions that should be considered.

One assumption that can be made is that the planned assessment can obtain information that is needed and has not been compiled and is not readily available elsewhere. Therefore, the question that becomes important for a specific assessment project is: "Has a methodology been developed and proven to produce the specific information that the proposed assessment project is expected to obtain?"

The second assumption which can be made is that the information obtained by the assessment can and will be used by the decision makers to improve the educational component or program being assessed. The ultimate design of any assessment is dependent upon the specific purpose of the assessment.

The assessment model developed and field tested by the University of Texas was designed to *determine the extent to which competency-based instruction in vocational/technical education programs and courses in all public community and technical colleges had been implemented.* The assessment model can also be used to determine the extent of the use of and effectiveness of both local and state established performance standards.

Assessment is formative evaluation. Formative evaluation or assessment is normally done by collecting data that is quantitative. The assessment is conducted to gather specified

information about status and comparing the findings or analyzed status information with predetermined goals, objectives, or characteristics of program, component, or process being assessed.

An assessment program or project must include a process for "discrepancy analysis" which will pinpoint the specific purpose for which the assessment is made. The analysis of information collected by the formative evaluation or assessment must be able to identify "what is" and compare the "what is" with the "what should be" or desired status that describes the characteristics or measures of a prestated goal or objective.

Using the assessment instruments developed in the Assessment of Competency-Based Instruction , this project established performance measures and standards for the evaluation of competency-based instruction in mental health technologies programs.

A list of required competency-based instruction characteristics were established and validated by a panel of experts in conjunction with the workplace using a modified Delphi technique.

A modified assessment questionnaire was mailed to deans/directors/ department chairs/instructors of the twenty-four public and community colleges having mental health technologies programs. One person - a member of the Panel of Experts, Project Advisory Committee department chair - distributed and collected the questionnaires to at least one instructor in each area of the mental health technologies program.

IV. PROJECT OBJECTIVES AND OUTCOMES

Objective 1

Create and use Project Advisory Committee with membership representing a community or technical college from each of the Texas Higher Education Regions conducting the programs being assessed.

Outcome 1

See Acknowledge page for a list of PAC members, regions, and colleges. The PAC met in Austin, TX, September 23, 1994 and in Austin, TX, March 31, 1995. All other communications were done by telephone, mail, and fax.

Objective 2

Develop and implement a dissemination plan for publicizing the project and distributing the project products.

Outcome 2

A brochure was developed, printed and sent to all public community and technical colleges in Texas. See a copy of the brochure in Appendix A.

The project products were sent to the Coordinating Board, all public community and technical colleges in Texas, and members of the PAC and POE.

Objective 2

Develop and implement a plan for using the evaluation model developed by the Assessment of Competency-Based Instruction Project.

Outcome 3

After an information search, the two-part survey was sent to all community colleges with Mental Health Technology programs. The list of participating colleges and the contact person at that college is listed in Appendix B.

The responses from the colleges were compiled and analyzed. See Appendix C for a summary of the responses on Survey 1. See Appendix D for a summary of the responses on Survey 2.

After the responses were compiled and analyzed, a list of competencies was developed and field-tested in workplaces around the state by the Panel Of Experts. (See Acknowledgement page for members) The list of competencies is in Appendix E. The field-testing results, the interviewer, the workplace, the expert, and comments about the competencies are presented in Appendix F.

Objective 4

Evaluate the project.

Outcome 4

The evaluated project, the submitted reports, and the Final Report were completed within the designated timeframe. Dr. Jessie Teddlie of the University of North Texas served as third-party evaluator.

V. CONCLUSIONS

- The assessment model was appropriate in determining priorities for state Mental Health Technologies programs.
- Implementation of competency-based instruction in Mental Health Technologies programs is less than 60%.
- Understanding of CBI is the greatest barrier to implementation.
- The Coordinating Board has not published standards for CBI in Mental Health Technologies programs.
- Validated competencies from this study should be helpful at the local level in establishing CBI in Mental Health Technologies programs.

VI. RECOMMENDATIONS

- Program standards in competency-based instruction should be established by the Coordinating Board.
- The Coordinating Board should conduct or contract for professional development activities in CBI.
- Competencies should include SCANS and National Skill Standards.

APPENDIX A

BROCHURE

Grayson County College

- Located between Sherman and Denison, off U.S. 75 on F.M. 691
- 480 acre campus
- Over 3,000 students
- 1 & 2 year degrees; transfer and certificate programs

Project Director:

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Project Consultant:

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Fax 817/565-4348

Project Administrator:

Charlotte Bullard, M S
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If you would like additional information, please contact the project director at the above address and telephone number

Grayson County College is an equal opportunity institution

Grayson County College
6101 Grayson Drive
Denison, TX 75020

Assessment of Competency-Based Instruction in Mental Health Technologies

from
Grayson County College
through a
Carl Perkins Grant
and
Texas Higher Education Coordinating Board

Grayson County College is conducting a statewide evaluation using the model produced by the Perkins project Assessment of Competency-Based Instruction to determine if the Mental Health Technologies programs are competency-based and the extent of and the use of the effectiveness of performance standards. The project will use an advisory committee; conduct an information search; analyze responses; disseminate project products; evaluate the project; and submit reports.

What are Mental Health Technologies?

- Drug and alcohol abuse counseling programs
- Psychiatric/mental health services technician programs

What is Competency-Based Instruction?

- Involves business and industry in determining competencies
- Sets course sequence to allow for mastery of competencies
- Has performance objectives for each task/competency
- Informs student of the required competencies prior to instruction
- Bases student achievement on demonstration of mastery of specified competencies
- Uses criterion-referenced testing
- Maintains student competency profiles
- Has flexible learning time
- Has feedback to guide future learning

What is a Project Advisory Committee (PAC)?

- Acts as advisory body to project staff
- Represents each of the eight regions in Texas
- Reviews and makes recommendations for survey instrument, interim and final reports, and final project products

Who is on our PAC?

Shirley Goller
Texarkana College

Dr Gerhard Carrier
Alvin Community College

Patricia Shufelt
Del Mar College

Dolores K. Sutter
Tarrant County Jr. College, NE Campus

Jo Ann Jumper
McLennan Community College

Dr Dorothy L Newman
Cisco Junior College, Abilene Campus

Stephen Kahoe
El Paso Community College

Dr. Robert E Banks
Amarillo College

What is Panel of Experts (POE)?

- Determine competencies
- Provide feedback from the mental health technology programs
- Validate competencies

Who is on our Panel of Experts?

- Selected instructors, deans, and directors in the mental health technologies programs

What will be the procedure for this assessment?

- Create PAC
- Conduct information search
- Develop a plan to conduct the evaluation
- Implement the evaluation plan
- Evaluate the response

What will be the outcome?

- A final comprehensive report
- A copy of the report for each community college with Mental Health Technology programs

APPENDIX B

Texas Public Community and Technical Colleges

Participating in Research Project

Colleges with Mental Health Technologies Programs that Participated in Assessment of Competency-Based Instruction

Dr. Lorena Maher
Lee College
511 S. Whiting St.
Baytown, TX 77520

Mrs. Martha Warburton
Texas Southmost College
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Brownsville, TX 78520

Ms. Shirley Goller
Texarkana Community College
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Texarkana, TX 75505

Mr. James Jordan
Odessa College
201 W. University
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Mr. Tom Billinek
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Mrs. Pat Crowell
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Dr. Lynn Webb
Austin Community College
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Austin, TX 78701

Mrs. Carolyn Thornton
Eastfield College-DCCCD
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Mesquite, TX 75150

Mr. Steven Haberman
Tom Ball Campus of N.H.M. College
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Tom Ball, TX 77375

Mrs. Terry Gonzalez
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Laredo, TX 78040

Dr. J. Kwame Bruce
Midland College
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Midland, TX 79705

Dr. Nadine Blair
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Ms. Patricia Shufelt
Del Mar College
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Mr. Perry Martin
Angelina College
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Lufkin, TX 75902

Mr. Dan Lipscomb
Collin County Community College
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Plano, TX 75074

Dr. R.E. Banks
Amarillo College
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Amarillo, TX 79178

Dr Dorothy L. Newman
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Abilene, TX 79601

Dr. Charlie Gongre
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Port Arthur, TX 77641

Colleges with Mental Health Technologies Programs that Participated in Assessment of Competency-Based Instruction

Ms. Dolores Sutter
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Ms. Joann Jumper
McClennan Community College
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Mr. Stephen Kahoe
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Ms. Molly McCook
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Ms. Sharon Gillum
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Baytown, TX 77520

Mr. John Barlow
Grayson County College
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Denison, TX 75020

Ms. Barbara Lusk
Collin County Community College
2200 W. University
McKinney, TX 75069

APPENDIX C

Summary of Responses on Survey 1

Mean, Median and Interquartile Range

Question	Response	Mean for "yes" response only	Mean for "yes" and "no" responses	Median with "yes" responses	Median with "yes" and "no" responses	Inter-quartile range for "yes" **	Inter-quartile range for "yes" and "no" responses
1. Occupational competencies are obtained from the workplace	Y = 38 N = 6	4.00	3.45	4.75	4.50	Q1= 4.05 Q3 = 5.00	Q1 = 3.20 Q3 = 5.00
2. Academic competencies needed to develop and/or perform the occupational competencies are obtained from the workplace.	Y = 37 N = 7	3.68	3.09	4.45*	4.14*	Q1 = 3.50 Q3 = 5.00	Q1 = 2.58* Q3 = 5.00
3. The occupational competencies are sequenced for instructional purposes.	Y = 34 N = 10	3.80	2.95	4.56*	3.94*	Q1=3.58* Q3=5.00	Q1=2.25* Q3=5.00*
4. The occupational competencies are clustered for course development.	Y = 39 N = 5	3.97	3.52	4.58	4.39	Q1 = 3.78 Q3 = 5.00	Q1=3.40 Q3=5.00
5. Occupational program courses are named and described.	Y = 43 N = 1	4.63	4.52	5.00	5.00	Q1 = 4.96 Q3 = 5.00	Q1=4.83 Q3=5.00
6. The prerequisite courses are identified and listed.	Y = 37 N = 7	4.49	3.77	5.00*	5.00*	Q1=4.75* Q3=5.00	Q1=4.09* Q3=5.00
7. The support courses are identified and listed.	Y = 36 N = 8	4.28	3.50	5.00	4.00	Q1=4.29 Q3=5.00	Q1=2.00 Q3=5.00
8. Technical and support (including academic courses) are arranged so that sequential mastery of competencies leads to the satisfactory performance of all competencies of the workplace for the occupation(s) being prepared for by the student.	Y = 40 N = 4	3.90	3.55	4.63	4.50	Q1=4.00 Q3=5.00	Q1=3.80 Q3=5.00
9. Legitimate or validated career ladder exit points are identified in the curriculum.	Y = 32 N = 12	4.06	2.95	4.64	4.09	Q1=3.88 Q3=5.00	Q1=0 Q3=5.00
10. The curriculum is kept current with the requirements of the workplace by the use of a program advisory committee composed of representatives of the workplace.	Y = 38 N = 6	4.50	3.90	5.00	5.00	Q1=4.90 Q3=5.00	Q1=3.00 Q3=5.00
11. Occupational competency profiles are developed for the occupational curriculum (program).	Y = 32 N = 12	3.59	2.61	3.91	3.36	Q1=3.18 Q3=5.00	Q1=0 Q3=4.00
12. Objectives are written in performance terms for each occupational competency.	Y = 41 N = 3	3.88	3.61	4.70*	4.55*	Q1=3.67* Q3=5.00	Q1=3.42* Q3=5.00

Question	Response	Mean for "yes" response only	Mean for "yes" and "no" responses	Median with "yes" responses	Median with "yes" and "no" responses	Inter-quartile range for "yes" **	Inter-quartile range for "yes" and "no" responses
13. Objectives are written in performance terms for each occupational task.	Y = 37 N = 7	3.65	3.07	4.71*	4.21*	Q1=3.00* Q3=5.00	Q1=2.13* Q3=5.00
14. Enabling objectives are written for each task performance objective.	Y = 29 N = 15	3.55	2.34	4.06	3.30	Q1=3.33 Q3=4.86	Q1=0 Q3=4.44
15. Instructional materials, equipment, and supplies essential for performance of the competency are available for instructor and student use.	Y = 43 N = 1	3.93	3.84	4.48	4.46	Q1=3.98 Q3=4.99	Q1=3.90 Q3=4.95
16. Learning activities are designed to support the student' ability to learn and perform each competency successfully.	Y = 44 N = 0	4.20	4.20	4.88*	4.88*	Q1=4.34* Q3=5.00	Q1=4.34* Q3=5.00
17. All objectives of the programs (each course, each competency, and each lesson) are written in performance terms.	Y = 33 N = 11	3.93	2.95	4.67*	4.06*	Q1=3.78* Q3=5.00	Q1=0* Q3=5.00
18. Students entering the occupational program (curriculum) are routinely tested prior to entering the program for communication, computational, and current occupational skills/aptitudes.	Y = 24 N = 20	4.29	2.34	5.00	3.25	Q1=4.20 Q3=5.00	Q1=0 Q3=5.00
19. Instructional content of the course(s) is derived from an analysis of tasks validated in the workplace.	Y = 38 N = 6	4.03	3.48	5.00	4.80	Q1=3.69 Q3=5.00	Q1=3.13 Q3=5.00
20. The student is informed of the required competencies and/or tasks prior to instruction.	Y = 42 N = 2	3.81	3.64	4.75*	4.65*	Q1=3.78* Q3=5.00	Q1=3.63* Q3=5.00
21. Learning time is flexible.	Y = 32 N = 12	3.66	2.66	4.44*	3.78*	Q1=3.61* Q3=5.00	Q1=0* Q3=4.94
22. Learning is guided by feedback.	Y = 41 N = 3	3.80	3.55	4.93*	4.82*	Q1=4.29* Q3=5.00	Q1=4.13* Q3=5.00
23. Students are informed of performance measures in advance of instruction for each task.	Y = 40 N = 4	3.70	3.36	4.71*	4.54*	Q1=3.89* Q3=5.00	Q1=3.46* Q3=5.00
24. Students are informed of performance measures in advance of instruction for each competency.	Y = 41 N = 3	3.61	3.36	4.67*	4.54*	Q1=3.75* Q3=5.00	Q1=3.38* Q3=5.00

Question	Response	Mean for "yes" response only	Mean for "yes" and "no" responses	Median with "yes" responses	Median with "yes" and "no" responses	Inter-quartile range for "yes" **	Inter-quartile range for "yes" and "no" responses
25. Each student is required to perform each task at a specified standard before receiving credit or moving on to the next task.	Y = 33 N = 11	4.63	3.02	4.72	4.11	Q1=3.78 Q3=5.00	Q1=0 Q3=5.00
26. Each student is required to demonstrate mastery of competency at a standard specified by the workplace before receiving credit or moving on to the next competency.	Y = 30 N = 14	3.60	2.45	4.11	3.40	Q1=3.35 Q3=4.94	Q1=0 Q3=4.56
27. Students are required to perform each task in a joblike setting.	Y = 27 N = 17	3.85	2.36	4.69	2.00	Q1=3.58 Q3=5.00	Q1=0 Q3=4.00
28. A clear specification of student achievement is provided to the student in performance terms prior to each learning experience.	Y = 29 N = 15	3.76	2.48	4.38	3.80	Q1=3.85 Q3=4.81	Q1=0 Q3=4.59
29. The delivery of instruction or learning experiences provides for immediate and frequent feedback from the student.	Y = 43 N = 1	3.95	3.86	4.91*	4.86*	Q1=3.88* Q3=5.00	Q1=3.69* Q3=5.00
30. The instructor is a manager and facilitator of learning.	Y = 44 N = 0	4.34	4.34	5.00	5.00*	Q1=4.52* Q3=5.00	Q1=4.52* Q3=5.00
31. The delivery of instruction is appropriate for the different learning styles of students.	Y = 42 N = 2	4.07	3.89	5.00	4.89	Q1=3.81 Q3=5.00	Q1=3.63 Q3=5.00
32. A record system is maintained for recording and documenting tasks and competencies which have been achieved by each student.	Y = 36 N = 8	3.64	2.98	4.39*	3.94*	Q1=3.42* Q3=5.00	Q1=2.25* Q3=5.00
33. The record system contains data that includes program standards and performance measures that are used in the continuous evaluation of the effectiveness of instruction in terms of student progress and competencies mastered.	Y = 28 N = 16	3.89	2.48	5.00*	3.44*	Q1=3.59* Q3=5.00	Q1=0* Q3=5.00

Question	Response	Mean for "yes" response only	Mean for "yes" and "no" responses	Median with "yes" response	Median with "yes" and "no" responses	Inter-quartile range for "yes" **	Inter-quartile range for "yes" and "no" responses
34. Task and competency progress records are maintained for each student.	Y = 29 N = 15	3.93	2.59	4.55	3.67	Q1=3.71 Q3=5.00	Q1=0 Q3=4.90
35. Student progress records are current.	Y = 39 N = 5	3.59	3.18	4.56*	4.25*	Q1=3.66* Q3=5.00	Q1=2.83* Q3=5.00
36. Student progress is determined by criterion-referenced measurement.	Y = 27 N = 17	3.19	1.95	4.67*	2.75*	Q1=3.63* Q3=5.00	Q1=0* Q3=4.81
37. Competency Profiles are kept current for each student.	Y = 18 N = 26	3.44	1.41	4.43*	0*	Q1=3.67* Q3=4.00	Q1=0 Q3=4.07
38. The minimum acceptable measure occupational competency or task achievement is based on the performance level established by the workplace.	Y = 27 N = 17	3.52	2.16	4.55*	3.50*	Q1=3.00* Q3=5.00	Q1=0 Q3=4.70
39. A copy of the students' competency profile is included in the students' permanent records.	Y = 12 N = 32	4.17	1.14	4.83	0	Q1=4.33 Q3=5.00	Q1=0 Q3=2.00
40. Students exiting a program are provided with a copy of their competency profile.	Y = 11 N = 33	4.09	1.02	4.83	0	Q1=3.88 Q3=5.00	Q1=0 Q3=0
41. Time required for a student to master a competency is not considered in rating or grading a student if flexible learning time is available.	Y = 23 N = 21	2.91	1.52	4.50*	0*	Q1=3.81* Q3=5.00	Q1=0* Q3=4.36
42. Each student is graded on his or her own level of achievement based on predetermined standards and nor in comparison to other students.	Y = 40 N = 4	3.90	3.57	4.67*	4.56*	Q1=4.14* Q3=5.00	Q1=3.92* Q3=5.00
43. Grades for competencies achieved are not lowered by competencies not achieved if flexible learning time is available.	Y = 27 N = 17	3.00	1.84	4.06*	2.50*	Q1=3.03* Q3=5.00	Q1=0* Q3=4.63
44. The grading system provides for achievement (proficiency) above the established performance (minimum) level.	Y = 40 N= 4	3.78	3.43	4.69*	4.44*	Q1=3.71* Q3=5.00	Q1=3.48* Q3=5.00

Question	Response	Mean for "yes" response only	Mean for "yes" and "no" responses	Median with "yes" responses	Median with "yes" and "no" responses	Inter-quartile range for "yes" **	Inter-quartile range for "yes" and "no" responses
45. Performance levels (criterion) for each occupational competency of the program (course) are obtained from the workplace.	Y = 25 N = 16	3.68	2.34	4.64*	3.67*	Q1=4.05* Q3=5.00	Q1=0* Q3=4.86
46. The competency exams are totally performance measured.	Y = 23 N = 21	4.00	2.09	4.56	3.00	Q1=3.79 Q3=5.00	Q1=0 Q3=4.38
47. Student mastery of occupational competencies are determined (assessed) on an individual basis.	Y = 40 N = 4	3.53	3.20	5.00*	5.00*	Q1=4.04* Q3=5.00	Q1=3.61* Q3=5.00
48. Competency exams approved by the workplace are used in determining a student's mastery of an occupational competency.	Y = 21 N = 23	4.05	1.93	4.56	0	Q1=3.88 Q3=5.00	Q1=0 Q3=4.50
49. Criteria for passing performance tests are acceptable for on-the-job performance.	Y = 28 N = 16	3.86	2.45	4.50*	3.57*	Q1=3.79* Q3=5.00	Q1=0* Q3=4.75
50. The time taken to complete performance tests is acceptable for the occupation (workplace).	Y = 29 N = 15	3.38	2.23	5.00*	3.67*	Q1=3.96* Q3=5.00	Q1=0* Q3=5.00
51. In an articulated program or a tech-prep curriculum, both secondary and postsecondary instructors have accepted the criteria or standards established by the workplace to determine mastery of each competency.	Y = 23 N = 21	4.35	2.27	5.00*	1.02*	Q1=4.63* Q3=5.00	Q1=0* Q3=5.00
52. The same criteria stated in the instructional objective are used in the performance test (exam).	Y = 38 N = 6	3.97	3.43	4.82*	4.55*	Q1=3.00* Q3=5.00	Q1=3.50* Q3=5.00

* Answered yes but did not give degree of implementation

** Q1 = first quartile range
Q3 = third quartile range

APPENDIX D

Summary of the Responses on Survey 2

CBI Survey 2: Barriers to Competency-Based Instruction in the Mental Health Technology Programs

Question	# of Responses	Yes / Percent	No / Percent	Don't Know / Percent
ORGANIZATIONAL BARRIERS:				
O-1. Faculty are not provided release time needed to develop CBI system format.	40	15 / 37.5%	16 / 40%	9 / 22.5%
O-2. These institutions do not have specialists trained in CBI systems to assist faculty.	40	12 / 30%	8 / 20%	20 / 50%
O-3. Students are expected to complete occupational preparation programs (or courses) in a specified number of hours.	40	17 / 42.5%	13 / 32.5%	10 / 25%
O-4. Traditional college procedures do not permit students to enter and complete programs with the flexibility possible with a CBI system.	40	16 / 40%	14 / 35%	10 / 25%
O-5. It is difficult to schedule students and facilities needed when using a CBI system.	40	7 / 17.5%	19 / 47.5%	14 / 35%
O-6. Students may require greater time to master competencies in a CBI system.	40	14 / 35%	14 / 35%	12 / 30%
O-7. CBI programs with open entry-open exit do not match institutional methods for determining funding.	40	14 / 35%	10/ 25%	16 / 40%
O-8. Faculty have little access to clerical help needed for CBI development, implementation, and maintenance.	40	17 / 42.5%	12 / 30%	11 / 27.5%
O-9. The staff of the Community and Technical College division of the Coordinating Board has not reached consensus about CBI.	40	9 / 22.5%	8 / 20%	23 / 57.5%
O-10. Guidelines and policies of the Texas Higher Education Coordinating Board communicate mixed messages to local institutions of the Coordinating Board's commitment and direction relative to CBI.	40	11 / 27.5%	4 / 10%	25 / 62.5%
O-11. There is a lack of a comprehensive State plan and methodology for the implementation of CBI.	40	15 / 37.5%	2 / 5%	23 / 57.5%
O-12. Local administrators do not provide sufficient supportive resources needed to encourage faculty participation in CBI.	40	14 / 35%	13 / 32.5%	13 / 32.5%
O-13. Faculty are not aware of opportunities to learn the skills needed to implement CBI.	40	22 / 55%	14 / 35%	4 / 10%

O-14. CBI requires students who are mature and self-directed and who can assume responsibility for his/her own learning or occupational skills.	40	12 / 30%	13 / 32.5%	15 / 37.5%
INTERPERSONAL BARRIERS:				
I-1. There is difficulty in getting faculty and institution to accept demands of CBI characteristics.	40	16 / 40%	13 / 32.5%	11 / 27.5%
I-2. Many inservice, workshops, and conferences are not competency-based.	40	22 / 55%	5 / 12.5%	13 / 32.5%
I-3. State approved teacher education programs are not competency-based.	40	14 / 35%	5 / 12.5%	21 / 52.5%
I-4. CBI system is not perceived by faculty as an improvement over the existing system for delivery of instruction.	40	17 / 42.5%	10 / 25%	13 / 32.5%
I-5. Faculty have insufficient knowledge of CBI.	40	24 / 60%	10 / 25%	6 / 15%
I-6. Faculty believe CBI will make new demands on their time.	40	23 / 57.5%	8 / 20%	9 / 22.5%
I-7. Faculty express a negative attitude about CBI and fail to conceptually support its development and.or fail to demonstrate and/or commit to goals of CBI.	40	16 / 40%	11 / 27.5%	13 / 32.5%
I-8. Administrators express a negative attitude about CBI and fail to conceptually support its development and/or fail to demonstrate and/or commit to goals of CBI.	40	7 / 17.5%	15 / 37.5%	18 / 45%
I-9. Faculty have responsibility for CBI program development, but lack skills.	40	18 / 45%	11 / 27.5%	11 / 27.5%
I-10. Teacher education programs do not adequately prepare faculty to use a CBI system.	40	20 / 50%	8 / 20%	12 / 30%
I-11. Faculty fears that the CBI system may result in the loss of his/her position.	40	2 / 5%	19 / 47.5	19 / 47.5%
MATERIAL BARRIERS:				
M-1. Institutions find it difficult to obtain/maintain appropriate equipment required for CBI.	40	7 / 17.5%	12 / 30%	21 / 52.5%
M-2. Institutions have difficulty in keeping CBI instructional materials current.	40	8 / 20%	9 / 22.5%	23 / 57.5%
M-3. There are few, if any, state-provided incentives to institutions' administrators and faculty for implementing and maintaining a CBI system.	40	14 / 35%	5 / 12.5%	21 / 52.5%
M-4. Facilities are not appropriate for CBI.	40	5 / 12.5%	22 / 55%	13 / 32.5%

M-5. Printing, Storing, and distributing individualized instructional materials require greater resources than do conventional programs.	40	15 / 37.5%	10 / 25%	15 / 37.5%
M-6. CBI programs require more advanced teaching technology that is difficult to obtain and maintain.	40	7 / 17.5%	15 / 37.5%	18 / 45%
M-7. State funding for educational instruction is not sufficient for CBI programs.	40	14 / 35%	4 / 10%	22 / 55%

APPENDIX E

Final Round of Competencies

COMPETENCY / SKILL STANDARDS FOR MENTAL HEALTH TECHNOLOGY PROGRAMS

Prerequisite Foundations:

1. Understand Addiction / Mental Illness
2. Have Knowledge of Treatments
3. Be Able to Apply in Practice
4. Have Professional Readiness

Mental Health Professional Functions (Psychiatric - Mental Health Technician / Drug and Alcohol Abuse Counseling)

1. Clinical Evaluation
    A. Screening
    B. Assessment
2. Treatment Plan
3. Referral
4. Case Management
    A. Implement the treatment plan
    B. Consult
    C. Continue assessment and treatment
5. Counseling
    A. Individual
    B. Group
    C. Family
6. Education
    A. Client
    B. Family
    C. Community
7. Document Actions
8. Professional and Ethical Issues

FOUNDATIONS FOR MENTAL HEALTH TECHNOLOGY PROGRAMS

The following knowledge and attitudes are prerequisite to the development of competency in the professional treatment of chemical dependency, other substance related disorders, and mental health. Such knowledge and attitudes form the base of understanding upon which discipline-specific proficiencies are built.

A. UNDERSTAND ADDICTION / MENTAL HEALTH

The professional is able to :

A.1 Understand a variety of models and theories of addiction, other substance related problems, and/or mental health.

A.1 Appreciate the social, political, economic and cultural context within which addiction, substance abuse, and / or mental illness exist.

A.3 Describe the behavioral, psychological, physical health, and social effects of psychoactive drugs, including alcohol and tobacco, on the consumer and significant others.

A.4 Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.

B. HAVE KNOWLEDGE OF TREATMENTS

The professional is able to:

B.1 Describe the philosophies, practices, policies and outcomes of the most generally accepted models of treatment, recovery, relapse prevention and continuing care for addiction, other substance related problems, or mental health.

B.2 Appreciate the importance of family, social networks and community systems in the treatment and recovery process

B.3 Understand the importance of research and outcome data and their application in clinical practice.

B.4 Appreciate the value of an interdisciplinary approach to addiction and mental health treatment.

C. BE ABLE TO APPLY TO PRACTICE

The professional is able to:

C.1 Understand the established diagnostic criteria for substance dependency and abuse and for mental health; and describe treatment, modalities, and placement criteria within the continuum of care.

C.2 Describe a variety of helping strategies for reducing the negative effects of substance abuse, dependency, and/or mental health.

C.3 Tailor helping strategies and treatment modalities to the client's stage of mental health, dependency, change, or recovery.

C.4 Appreciate the need to adapt practice to the range of treatment settings and modalities.

C.5 Be familiar with medical and pharmaceutical resources in the treatment of addictive disease, other substance related disorders, and mental illness.

C.6 Understand the variety of insurance and health maintenance options available and appreciate the importance of helping clients access those benefits.

C.7 Recognize that crisis may indicate an underlying substance abuse / mental health problem and may be a window of opportunity for change.

D. HAVE PROFESSIONAL READINESS

The professional is able to:

D.1 Incorporate an understanding of racial and ethnic cultures, including their distinct patterns of communication, and the special needs of minority groups and the differently abled into clinical practice.

D.2 Understand the importance of self-awareness.

D.3 Understand the obligations of mental health technology (mental health or substance abuse) professional to adhere to generally accepted ethical and behavioral standards of conduct in the helping relationship.

D.4 Understand the importance of ongoing supervision and continuing education in the delivery of client services.

D.5 Understand the obligation of the mental health technology professional to participate in prevention as well as treatment.

D.6 Understand and appropriately apply agency-specific policies and procedures for handling crisis or dangerous situations and safety measures for clients and staff.

MENTAL HEALTH PROFESSIONAL FUNCTIONS

The tasks and responsibilities that constitute the work of an addiction counselor or mental health technician (in addition to "Foundations for Mental Health Technology Professionals")

1. CLINICAL EVALUATION
    - 1.1 SCREEN
    - 1.2 ASSESS
2. TREATMENT PLAN
3. REFERRAL
4. CASE MANAGEMENT
    - 4.1 IMPLEMENT THE TREATMENT PLAN
    - 4.2 CONSULT
    - 4.3 CONTINUE ASSESSMENT AND TREATMENT PLANNING
5. COUNSELING
    - 5.1 INDIVIDUAL
    - 5.2 GROUP
    - 5.3 FAMILIES, COUPLES AND INTIMATE DYADS
6. CLIENT, FAMILY AND COMMUNITY EDUCATION
7. DOCUMENTATION
8. PROFESSIONAL AND ETHICAL ISSUES

COMPETENCIES / SKILL STANDARDS

The following are the knowledge, skills and attitudes essential to the competent practice of addiction treatment, substance abuse counseling, or mental health technicians.

1. **CLINICAL EVALUATION** - The systematic approach to screening and assessment.

1.1 **SCREENING** - The process through which counselor/technician, client and significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community.

The counselor / technician is able to do the following:

a. establish rapport, manage a crisis situation, and/or determine need for additional professional assistance
b. gather data from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, culture, and gender.
c. screen for AOD toxicity, withdrawal symptoms, aggression or danger to themselves and/or others
d. help client assess the role of mental illness or substance abuse in his/her current life problems
e. determine the client's readiness for treatment / change
f. review the treatment options relevant to the client's needs, characteristics, and goals
g. apply accepted criteria for diagnosis and the use of modalities on the continuum of care in making treatment recommendations
h. construct an initial action plan based on client needs, preferences, and resources available
I. take specific steps to initiate an admission or referral and ensure follow-through

1.2 **ASSESSMENT** - An ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress

The counselor / technician is able to do the following:

a. select and use comprehensive assessment instruments that are sensitive to age, gender, and cultural issues, and that address the following:

    1. health
    2. mental health
    3. alcohol / drug abuse history
    4. treatment history
    5. family issues
    6. work history / career issues
    7. education and basic life skills
    8. socioeconomic , lifestyle, and legal status
    9. use of community resources
    10. behavioral indicators of problems in the domains listed above

b. analyze and interpret the data to determine treatment recommendations
c. seek appropriate supervision and expert consultation
d. document assessment findings and treatment recommendations

2. **TREATMENT PLANNING** - A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them. At a

minimum the treatment plan addresses the identified substance related disorder(s) or mental health disorder(s), plus issues related to treatment progress, including relationships with family / friends, employment, education, spirituality, health concerns, and legal needs.

The counselor / technician is able to do the following:

a. obtain and interpret all relevant assessment information
b. explain assessment findings to the client and others involved in potential treatment
c. provide the client and significant others with clarification and further information, as needed
d. examine treatment implications in collaboration with the client and significant others
e. confirm client and significant other's readiness to participate in treatment
f. prioritize the client's needs
g. formulate mutually agreed upon treatment outcomes for each need
h. identify appropriate strategies for each outcome
i. match treatment activities and community resources with prioritized client needs consistent with the client's diagnosis and existing placement criteria
j. develop a mutually acceptable plan of action and method for monitoring and evaluating progress
k. inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by statute
l. re-assess treatment plan at regular intervals and/or when indicated by changing circumstances

3. **REFERRAL** - The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

The counselor / technician is able to do the following:

a. establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs
b. re-evaluate and re-assess referral resources to determine their appropriateness
c. differentiate between situations in which a client may self-refer to a resource and instances in which counselor referral is necessary
d. arrange referrals to meet client needs
e. explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through
f. exchange relevant information with the referral agency with consistency and confidentiality
g. evaluate the outcome of the referral

4. **CASE MANAGEMENT** - The administrative, clinical and evaluation activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the Treatment Plan. Case management establishes a framework of action for the achievement of specified goals. It involves collaboration with the client, coordination of treatment and referral services, liaison activities with community resources and managed care systems, and ongoing evaluation of treatment progress and client needs.

4.1 **IMPLEMENT THE TREATMENT PLAN**

The counselor / technician is able to do the following:

a. initiate collaboration with referral source

b. obtain and interpret all relevant screening, assessment, and initial treatment planning information
c. confirm the client's eligibility for admission and continued readiness for treatment / change
d. complete administrative procedures for admission to treatment
e. establish accurate client and involved significant other expectations for treatment including the following:

    1. nature of services
    2. program goals
    3. program procedures
    4. rules regarding client conduct
    5. schedule of treatment activities
    6. costs of treatment
    7. factors affecting duration of care
    8. client rights and responsibilities

f. coordinate all treatment activities with services provided to the client by other resources

4.2 CONSULT

The counselor / technician is able to do the following:

a. summarize client's background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care and planning changes in the course of treatment as necessary
b. understand terminology, procedures, and the roles of other disciplines related to the treatment of addiction
c. contribute as part of a multi-disciplinary treatment team
d. apply legal restrictions related to confidentiality
e. demonstrate respect and non-judgmental attitudes toward clients in all contact with community professionals / agencies

4.3 CONTINUE ASSESSMENT AND TREATMENT PLANNING

The counselor / technician is able to do the following:

a. maintain ongoing contact with client and involved significant others to ensure adherence to action plan
b. understand and recognize stages of change and other signs of treatment progress
c. monitor treatment / recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment objectives
d. utilize referral skills as described in 3. REFERRAL above.
e. conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others
f. assure the accurate documentation of case management activities throughout the course of treatment
g. apply placement, continued stay, and discharge criteria for each modality on the continuum of care

5. **COUNSELING** - A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. It includes individual, couple, family and group methods that are sensitive to individual client characteristics and to the client's cultural and social context. Competence in counseling is built upon an understanding, appreciation and

ability to use appropriately the contributions of various counseling models as they apply to modalities of care for individuals, groups, families, couples and intimate dyads.

5.1 INDIVIDUAL COUNSELING

The counselor / technician is able to do the following:

a. establish a helping relationship with client.(warmth, respect, genuineness, concreteness, and empathy)
b. facilitate the client's engagement in the treatment / recovery process
c. work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery
d. encourage and reinforce all client's actions determined to be beneficial in progressing toward treatment goals
e. work with client to recognize and discourage all behaviors inconsistent with progress toward treatment goals
f. promote client knowledge, skills, and attitudes that contribute to a positive change in substance use and / or mental health behaviors
g. promote client knowledge, skills, and attitudes consistent with the maintenance of good health and prevention of HIV / AIDS, TB, STDs, and other communicable diseases
h. facilitate the development of basic and life skills associated with recovery
i. adapt counseling strategies to the individual characteristics of the client, including but not limited to the following:

    1. disability
    2. gender
    3. sexual orientation,
    4. developmental level
    5. ethnicity
    6. age
    7. health status

j. make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals
k. apply crisis management skills
l. mentor client to help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care

5.2 GROUP COUNSELING

The counselor / technician is able to do the following:

a. describe, select, and appropriately use strategies from a number of accepted models for group counseling
b. perform the necessary actions to form a group, including the following:

    1. determine group type, purpose, and size
    2. recruitment and selection of members
    3. need for a co-leader
    4. establishment of group goals and clarification of behavioral ground rules for participating
    5. identification of outcomes and strategies for discharge planning

c. facilitate the entry of new members and the transition of exiting members

d. facilitate group growth within the established ground rules and precipitate movement toward group and individual goals by using methods consistent with group type
e. understand the concepts of "process" and "content" and shift the focus of the group when such an intervention will help the group move toward its goals
f. describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs / issues that need modification in the treatment plan

5.3 COUNSELING FOR FAMILIES, COUPLES AND INTIMATE DYADS

The counselor / technician is able to do the following:

a. understand the characteristics and dynamics of families, couples, and intimate dyads affected by addiction and/or mental illness
b. be familiar with and use models of diagnosis and intervention for families, couples, and intimate dyads
c. facilitate the engagement of selected members of the family, couple, or intimate dyad in the treatment and recovery process
d. help members of the family, couple, or intimate dyad understand the interaction between the family system and addiction and/or mental illness.
e. help families, couples, and intimate dyads adopt strategies and behaviors that sustain recovery and maintain healthy relationships

6. **CLIENT, FAMILY AND COMMUNITY EDUCATION** - The process of providing clients, families, significant others and community groups with information on risks related to alcohol, other drug use, and mental health as well as available prevention, treatment, and recovery resources.

The counselor / technician is able to do the following:

a. design and provide culturally relevant formal and informal education that raise awareness and support prevention and / or recovery process
b. describe factors that increase the likelihood for an individual, community, or group to be at-risk for alcohol, other drug problem, or mental illness.
c. sensitize others to issues of cultural identity, ethnic background, age, and gender role or identity in prevention, treatment, and recovery
d. describe warning signs, symptoms, and the course of chemical dependency or mental illness
e. describe how chemical dependency and / or mental illness affects families and concerned others
f. describe continuum of care resources available to family and concerned others
g. describe principles and philosophy of prevention, treatment, and recovery
h. understand the health and behavior problems related to the treatment of addiction and / or mental illness, including but not limited to the following: transmission and prevention of HIV / AIDS, TB, STDs, and other communicable diseases
i. teach basic life skills, such as stress management, relaxation, communication, assertiveness, and refusal skills

7. **DOCUMENTATION** - The recording of the screening and intake process, assessment and treatment plan, as well as the preparation of written reports, clinical progress notes, discharge summaries and other client-related data.

The counselor / technician is able to do the following:

a. demonstrate knowledge of accepted principles of client record management

b. protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties
c. prepare accurate and concise screening, intake, and assessment reports
d. prepare and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules
e. record progress of client in relation to treatment goals and objectives
f. prepare accurate, concise, informative and current discharge summary

8. PROFESSIONAL AND ETHICAL RESPONSIBILITIES - The obligations of an addiction counselor to adhere to generally accepted ethical and behavioral standards of conduct and to continue professional development.

The counselor / technician is able to do the following:

a. demonstrate ethical behaviors by adhering to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client
b. adhere to federal and state laws and agency regulations regarding AOD treatment
c. interpret and apply information from current counseling and AOD research literature to improve client care and enhance professional growth
d. recognize importance of individual differences by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior and apply it to practice
e. utilize a range of supervisory options to process personal feelings and concerns about clients
f. conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance
g. obtain appropriate continuing professional education
h. assess and participate in regular supervision and consultation sessions
i. develop and use strategies to maintain physical and mental health

APPENDIX F

Field-testing Results

Responses compiled by John Barlow, Grayson County College, Denison, TX

WORKPLACE	WORKPLACE EXPERT	GENERAL OPINION	POSSIBLE CHANGES
Veteran's Administration Hospital, Bonham, TX	Dr. Charles Laburda Gary Stone	In agreement with the competencies	Indicate that many of the competencies would be accomplished as part of a treatment team and not alone
Dual Diagnosis Unit, Wilson N. Jones Hospital, Sherman, TX	DeAnna Dean Lola McGee	In agreement with the competencies	1)Add "look at addictive personality types" 2)5.2 Group Counseling should include the ideas that the employee can not always control the group type, purpose, and size; and selection of group members.
Behavioral Health Services of Texoma, Sherman, TX	Dave Farris	In agreement with the competencies	5.2 Group Counseling should indicate the differences between in-patient and out-patient needs and group set up.
House of Hope, Sherman, TX	Helen Perkins	In agreement with the competencies	Include intimate dyads in 5.2 Counseling section. Indicate that some of the competencies will be performed as part of a treatment team

Responses compiled by Perry Martin, Angelina College, Lufkin, TX

WORKPLACE	WORKPLACE EXPERT	GENERAL OPINION	POSSIBLE CHANGES
Burke Center, Regional Mental Health/Mental Retardation Services, Lufkin, TX	Elizabeth Stovall	In agreement with the competencies	Add general foundation competencies such as writing, speaking, math skills
Family Counseling Associates, Lufkin, TX	Misty Garrett	In agreement with the competencies	Include SCANS type skills; Breakdown competencies into smaller tasks for beginning or entry-level workers.
Peavy Switch Recovery Center, Lufkin, TX	Debbie Smith	In agreement with the competencies	Include a breakdown of/by entry level skills by some type of job classification, degree level, experience, etc..
Choices Adolescent Program, Lufkin, TX	Mary Eaves	In agreement with the competencies	Break down the broad brush competencies into smaller steps (tasks) or check lists for evaluation and/ or training purposes

Responses compiled by Dolores Sutter, Tarrant County Junior College District, Ft. Worth, TX

WORKPLACE	WORKPLACE EXPERT	GENERAL OPINION	POSSIBLE CHANGES
Tarrant County Mental Health/Mental Retardation Services, Ft. Worth, TX	Stevie Hansen Doris Ray	In agreement with the competencies	
Mental Health Clinic, Ft. Worth, TX	Tony Cruz	In agreement with the competencies	
BHC Richland Hospital, North Richland Hills, TX	Michael E. Will	In agreement with the competencies	
Harris Methodist Springwood Treatment Center, Bedford, TX	Dr. Peggy Bailey Marie Huggett	In agreement with the competencies	Case Management would be reviewed but not implemented at this facility

Responses compiled by Patricia Stillwell, Del Mar College, Corpus Christi, TX

WORKPLACE	WORKPLACE EXPERT	GENERAL OPINION	POSSIBLE CHANGES
Corpus Christi Independent School District, Corpus Christi, TX	Robert Garcia, Director of Special Education	All competencies are used by various employees in the special education field. Emphasize entry-level awareness.	The following would not apply to entry-level employees: A-4, C-5, D-5, L-2, 4.3-C, 5.3-A; 6-A, 6-B, 6-C, 7-A, 7-C, 7-D, 7-E, 7-F, and 8-D.
Coastal Bend Council on Alcohol and Drug Abuse, Corpus Christi, TX	Anne Dunn Don Smith	Agreed that all the competencies and skills addressed are those needed for a successful substance abuse counselor.	1) More emphasis on proficiency in reading, writing, and interpersonal communication skills. 2) Also more emphasis on infusing ETHICS throughout the standards of the mental health professional at all levels.
Corpus Christi State School, Corpus Christi, TX	Ignacio Trevino	All treatment planning competencies are desirable attributes, and they will most likely improve with repeated observation and experience.	1) More emphasis on understanding of cultural differences. 2) More emphasis on ethics at all levels. 3) Be aware that some competencies, such as Case Management, would apply only to higher level employees, but entry-level employees should be aware of the process.
Nueces County Juvenile Probation Department, Corpus Christi, TX	W. C. West	Indicated that the competency skills are all needed and necessary for the probation officers who work in the area of substance abuse. Also affects the extensive volunteer department that interfaces with the mental health associate practicum classes	1) indicate the various levels where these competencies might be performed, but all levels should be aware of what is required in a particular workplace 2) emphasize the importance of the professional and ethical responsibilities of the mental health worker

Responses compiled by Mollie McCook, South Plains College--Lubbock Campus, Lubbock, TX

WORKPLACE	WORKPLACE EXPERT	GENERAL OPINION	POSSIBLE CHANGES
Mental Health/Mental Retardation Counseling Center, Lubbock, Texas	Mary Mahan	In general agreement	1) Clarify 1.g. 2) Add to 1. and 2.: "Seek appropriate supervision and expert consultation." 3) Change 1.2.a. from health to physical health. 4) Add to 5.1 and 8.: "Maintain awareness of personal skill level and limitation."
Department of Human Services, Lubbock, Texas	Elizabeth Barron, Client Self-Support and Volunteer Coordinator	In general agreement of need	1) Extensive changes in wording and terminology 2) Change to Social Service rather than Psychiatric-Mental Health Technician 3) Add Community Service 4) Delete Counseling section and add Evaluating and Developing Services.
Children and Adolescent Unit, Lubbock Regional Mental Health/Mental Retardation Services, Lubbock, Texas	Rebecca Wallace, Director of Children and Adolescent Unit	In agreement	No changes

Responses compiled by Dr. Gerhard Carrier, Alvin Community College, Alvin, TX

WORKPLACE	WORKPLACE EXPERT	GENERAL OPINION	POSSIBLE CHANGES
Gulf Coast Center Recovery Program, Angleton, TX	Jerry Clark	In agreement with the competencies	Emphasize team concept more
Bay Area council on Drugs and Alcohol, Houston, TX	Corey Kirkland	In agreement with the competencies	Skill building concept should be included
Memorial Southeast Hospital, Houston, TX	W. R. McAlpin	In general agreement with the competencies	Emphasize that case management will be closely supervised by lead counselor
Gulf Coast Center Mental Health and Retardation, Angleton, TX	Linda Smith	In general agreement with the competencies	Add cross training and cultural/ethnic sensitivity