Technician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The technician must be able to demonstrate the necessary knowledge, skills, and professionalism to provide care based on the physical, emotional, cognitive, and safety needs of patients served in their assigned area.

Please use this Competency Checklist to assess the competency level of behavioral health technicians. To complete the form, please enter the validation method using the designated letters from the legend below. Please initial and date each entry.

Methods of Validation:

Demonstration (D) Observation (O) Medical Records Review (MRR) Verbal Response (V)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Specific Competencies** | **Validation Method** | **Validated By** | **Date** |
| Administer and score outcome measures | * Identify appropriate outcome measures for patient conditions * Appropriately administer and score\*: * PHQ-2/8/9 * PCL-5 * GAD-7 * AUDIT-C * Others (e.g., ISI, C-SSRS): \_\_\_\_\_\_\_\_\_\_   \*When BHDP is not available |  |  |  |
|  | | | | |
| Provide logistical support to individual EBP therapists | * Complete patient check-ins through EMR (electronic medical record) * Schedule follow-up appointments for patients when appropriate * Complete phone consults and transfers notes to providers for co-signature * Knows locations of EBP forms and manuals * Ensures EBP forms and manuals are stocked * Follows procedures for administering and scoring outcome measures |  |  |  |
|  | | | | |
| Conduct group screenings | * Explains rationale for group therapy * Apply inclusion/exclusion screening criteria for various groups * Describes expectations for EBP groups * Can screen records to determine appropriateness of referral |  |  |  |

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| --- | --- | --- | --- | --- |
| **Domain** | **Specific Competencies** | **Validation Method** | **Validated By** | **Date** |
| Provide logistical support for EBP groups | * Tracks patient attendance * Describes behavioral observations of group members during group session such as orientation, mood, affect, level of participation, and attitude * Drafts notes for group sessions using note templates * Ensures group room is adequately stocked with materials (pens, white board markers, worksheets, etc.) * Makes follow-up calls to group members who do not attend sessions * Provides updates to referring providers |  |  |  |
|  | | | | |
| Provide clinical support for EBP groups | * Ensures patient outcome measures are completed * Provide appropriate feedback about patient progress based on participation and outcome measures * Understands role if patient leaves group session early * Understands role and procedures after a patient endorses suicidal thoughts/urges/plans with intent * Understands role and procedures after a patient endorses homicidal thoughts/urges/plans with intent * Maintains professional boundaries with patients inside and outside of group |  |  |  |
|  | | | | |
| Conduct Stress Management group | * Explain ABC model of emotions as it relates to stress * Explain and demonstrate various relaxation techniques * PMR * Deep breathing * Guided imagery * Others: \_\_\_\_\_\_\_\_\_\_\_ * Explain other stress management topics * Time management * Role of exercise and nutrition * Others: \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  | | | | |
| **Domain** | **Specific Competencies** | **Validation Method** | **Validated By** | **Date** |
| Conduct Anger Management group | * Explain ABC model of emotions as it relates to anger * Teach cognitive restructuring to patients * Explain other anger management topics and demonstrate appropriate interventions, such as: * Limiting stimulants/alcohol * Assertiveness * Anger control plans * Aggression cycle * Anger triggers * Others: \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  | | | | |
| Conduct  (Add additional group information here)  \_\_\_\_\_\_\_\_\_ group | * Able to \_\_\_\_\_\_\_\_\_\_\_\_ * Explain and demonstrate other \_\_\_\_\_\_\_\_ topics, such as: * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
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