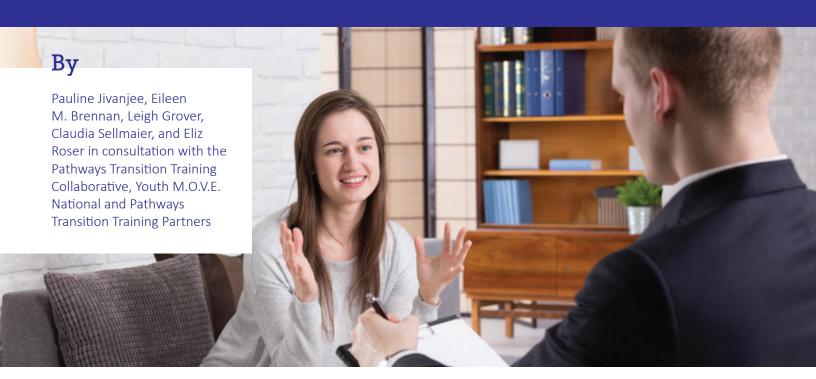
Transition Mental Health Service Provider Core Competencies



rom 2010 through 2012, the Pathways Transition Training Collaborative (PTTC) worked collaboratively to identify core competencies for service providers working in mental health services with young adults of transition age. Since then, the Pathways Transition Training Partnership (PTTP) has collaborated with partners to update and clarify the core competencies. Competencies include the values, attitudes, knowledge, and skills needed to engage youth and young adults and provide

effective services and supports to young people and families. Each of the 15 core competencies is defined, followed by the attitudes, knowledge and skills needed to demonstrate it, and an example of the competency in practice. We note that these competencies are based on a set of values that include respect for the worth and self-determination of young people, a commitment to respecting youths' cultures and strengths, and a belief in the importance of relationships and supports to promote well-being.

ENGAGING AND BUILDING TRUST WITH YOUTH AND YOUNG ADULTS

Takes time to engage youth and young adults to build rapport and trust.

Attitude: Desires to build relationships as a foundation for offering support to young people and is able to manage own emotional reactions to youth concerns.

Knowledge: Understands young people's ambivalence about accessing support and cycles of relationship building. Has good self-awareness and emotional intelligence.

Skill: Takes time to build rapport and trust by engaging with young people, by listening to their concerns, and by demonstrating empathy.

Example: A service provider in a drop-in center takes time over several months to build a relationship with a youth with mental health difficulties who is using substances to selfmedicate. Without expressing judgment, the service provider slowly builds trust, teaches the youth about stages of change, and offers to accompany him if he decides to seek help.

PARTNERING
WITH YOUTH AND
YOUNG ADULTS

Joins with youth and young adults to assure youth-led services.

Attitude: Views youth and young adults as resilient and competent people who know what is best for them and are capable of making good decisions. Focuses on youth autonomy, strengths, and goals.

Knowledge: Appreciates the importance of youth and young adult self-determination and autonomy.

Skill: Following the building of a trusting relationship, and the readiness of young people, offers support to brainstorm around goals, strategies, and choices. Then encourages young people to follow through on responsibilities, take risks, and learn from experiences.

Example: After taking time to build a trusting relationship with a high school senior with a serious mental health challenge, a school social worker explores with her the pros and cons of searching for a part-time job, or applying for disability income and participation in a Work Incentive program. The student reports that her parent thinks she is not capable of working and she agrees that is true right now, but realizes that she might benefit from participating in a Work Incentive program. With the social worker's support, she completes the needed paperwork.



Engages with youth and young adults to support their self-discovery in order to understand and meet their own mental health needs, challenges stigma, and advocates for youth rights.

Attitude: Believes in the importance of wellness, maximizing functioning, and youth and young adult rights to access effective, self-determined services, including both traditional and non-traditional supports, .

Knowledge: Knows about mental health needs, effective coping strategies, evidence-supported interventions, medications, resources, peer support, rights to accommodations in education and employment, and advocacy.

Skills: Supports and encourages youth and young adults to

work toward recovery. Fosters and supports self-advocacy without shaming or blaming young persons about their current situation.

Example: A mental health social worker partners with a young adult to research her preferred strategies for managing her wellness and living without medication, and connects her with a peer support group where she receives encouragement and advice about how to obtain accommodations at her job.

MEETING
NEEDS IN KEY
AREAS OF LIFE

Encourages young people to pursue positive goals and collaborates with them to meet their expressed needs for education, health, employment, peer support, parenting assistance, safe and stable housing, healthy relationships, and participation in community life, and addresses economic challenges.

Attitude: Is committed to supporting young people from a strengths perspective to meet youth-identified needs and achieve youth-specified goals.

Knowledge: Is knowledgeable about policies and supports affecting young adults of transition age, obstacles to their success, and strategies to facilitate their goal achievement.

Skill: Facilitates transitions to adult roles and relationships by creating opportunities to gain skills and experience success in key areas of life.

Example: A peer support provider at a drop-in center encourages a youth with mental

health needs to pursue his goal of going to college by helping him to complete a college application and financial aid form. When he expresses anxiety about going to a new environment, she accompanies him on a college visit and introduces him to a campus-based support network

FACILITATING
YOUNG PEOPLE'S
EMPOWERMENT
TO TAKE CHARGE
OF THEIR OWN
WELLNESS

Partners with young people to facilitate their sense of power in their own lives and relationships, to challenge oppressive systems, and to overcome barriers to meeting needs. Attitude: Views youth and young adults as strong people who are capable of making their own decisions and acting based on their own power.

Knowledge: Recognizes oppression in communities and systems serving youth and young adults and knows the principles of self-determination and empowerment practice.

Skill: Supports and encourages youth and young adults to advocate to get their own needs met and, if they wish, to join with others in system-level advocacy.

Example: A school-based transition counselor introduces a young adult to an LGBT support group and after participating for a time, the young person participates with the group in reaching out to local legislators to advocate for more funding for LGBT peer support services in schools. She returns to the counselor to ask for information about seeking an internship in local government.

MEETING THE
NEEDS OF
DIVERSE YOUNG
PEOPLE

Seeks to respond effectively to the preferences of young people of all diversities and their families. Attitude: Respects youth culture and celebrates differences in culture and ethnicity, gender identity, and sexual orientation, as well as alternative perspectives on mental health and wellness, help-seeking, and healing practices, and in family and community relationships. Acknowledges the effects of socioeconomic status and historical trauma and seeks to increase equity and reduce disparities.

Knowledge: Recognizes the ways that cultural dimensions, the intersections of personal identities, and socioeconomic factors affect young people's mental health needs and preferences for intervention strategies.

Skill: Demonstrates cultural humility and an authentic desire to learn from youth and their allies and to be responsive to their needs and preferences, including experiences of historical and current oppression, cultural and gender-related differences in views of health and healing, and the roles of family and other supports.

Example: A youth advocate in an urban area assists a young person to do research on his tribal affiliation and introduces him to staff at a Native American specific agency who facilitate a connection to tribal elders for mentorship.

PROMOTING
SUPPORT FROM
FAMILY, ALLIES,
AND MENTORS

Assists young people to strengthen their social networks to gain the support they want from family members, allies, and mentors.

Attitude: Values informal support systems, including family, friends, romantic partners, and mentors preferred by young people.

Knowledge: Understands the benefits of social relationships, including informal caring and mutual support.

Skill: Seeks to understand young people's preferences regarding family involvement and other social relationships. In response to youth preferences, promotes, maintains, and (if appropriate) helps to rebuild relationships.

Example: A transition living worker assists a young woman who is feeling isolated in her rural community to re-connect with a cousin who is living in a nearby city. After a series of phone calls and an invitation to visit the cousin, responding to the young person's hesitation to ride two buses in an unfamiliar area, the worker offers to accompany her on her first visit.

SUPPORTS THE DEVELOPMENT AND USE OF PEER SUPPORT, PEER ADVOCACY, AND PEER LEADERSHIP

Encourages organizational leaders to build meaningful peer support into existing programs and facilitates young people's identification of needs and preferences for connecting with peers.

Attitude: Appreciates the benefits of peer support in strengthening young people's sense of positive identity, building social skills and relationships, overcoming stigma, and creating opportunities.

Knowledge: Is familiar with the principles and functions of peer support and has knowledge of existing local and online peer support networks, as well unmet peer support needs.

Skill: Is skilled at collaborating with existing peer support networks and assisting young people to create new peer support networks. Creates opportunities for young people to give and receive support and

to practice advocacy and leadership skills.

Example: A college counselor learns of the growing number of foster care alumni on campus who are struggling with loneliness. She plans and publicizes a support and leadership group. Over the next several weeks, she facilitates the group and each week she invites a different student to co-facilitate with her. The students recruit more foster care alumni and the counselor gradually moves into a consultant role as a core group of peers takes over leadership of the group.

ENGAGING IN
PARTNERSHIPS
WITH PROVIDERS OF
OTHER SERVICES AND
COLLABORATING TO
BRIDGE SERVICE
GAPS

Reaches within and across child- and adult-serving service systems to build constructive working alliances/partnerships to enable young people to achieve their goals.

Attitude: Believes in the benefits of partnering with service providers across service sectors and of bridging systems that serve both adults and children to meet youth and young adult needs holistically.

Knowledge: Has familiarity with the legal issues, policies, and system contexts that are affecting young people, the gaps in existing service systems, and the importance of collaborating to implement an integrated care plan.

Skill: Demonstrates communication skills that result in effective collaboration and is skilled at collaborative service planning within and across

service systems, including education, employment support, homeless services, child welfare, juvenile justice, and advocacy organizations.

Example: A school counselor helps a student select a community college program that will be a good match for her interests in developing smart phone applications. Together they explore job opportunities that will help her decide if she would like to work as a mobile app developer. In response to the student's request, the counselor reaches out to the program director to arrange a meeting to get her connected with support at the college.

PROVIDING
INDIVIDUALIZED,
DEVELOPMENTALLY
APPROPRIATE
SERVICES

Facilitates the development, implementation, and reflection upon goal-oriented plans that are driven by individual preferences, developmental needs, and goals of the young person.

Attitude: Believes that services must be youth-led, engaging, developmentally appropriate, and based on compassion, respect for individual needs and choices, and collaboration with young people and their chosen support systems.

Knowledge: Understands the unique developmental needs of young adults of transition age related to brain development, social, cultural, and emotional factors, and the effects of trauma and toxic stress on development.

Skill: Supports young people to meet their individual needs,

preferences, and goals with developmentally-appropriate, culturally preferred, traumainformed supports and services.

Example: A transition facilitator engages with a young woman leaving a juvenile justice program and facilitates her move to an apartment with an older sibling who has been identified as a support person. She also encourages her to pursue her goal to become an electrician and connects her with an apprenticeship program.

USING EVIDENCE-SUPPORTED PRACTICES AND INDIVIDUALIZING INTERVENTIONS

Adapts knowledge of effective interventions and programs and applies them when needed.

Attitude: Embraces new learning about effective and evidence-based interventions while taking account of cultural, ethnic, gender, economic, and other sources of diversity, which may affect young people's outcomes.

Knowledge: Pursues current and emerging knowledge of mental health disorders, including co-occurring disorders that affect young people, and evidence-supported practices and programs to address them.

Skill: Taking culture and diversity into account, shares

information with youth about evidence-supported interventions, and adapts interventions to meet the youth's preferences and goals.

Example: Working with a group of Hispanic youth affected by mental health difficulties at a culturally specific agency, a vocational rehabilitation counselor locates research on an employment support program for Latino youth. The counselor consults with the young people, their families, and the agency board and they agree to adapt the program to the needs of their community.

ENGAGING WITH
YOUNG PEOPLE
TO EVALUATE AND
IMPROVE THE
QUALITY OF
SERVICES

Collaborates with youth and young adults and their advocates/support network to: track progress over time and evaluate individual service outcomes; develop and implement program and agency-level evaluations; and make improvements in response to findings.

Attitude: Sees the importance of data and feedback from young people and their advocates as essential tools for tracking progress, continually improving supports, and a way to contribute to youth empowerment.

Knowledge: Has knowledge of research methods, empowerment evaluation, and strategies needed to engage young people in planning program evaluations, monitoring progress, and participating in data-driven advocacy.

Skill: Tracks young people's progress collaboratively over time, participates in youth-led program evaluations, regularly seeks feedback from young people about the effectiveness of services, and makes changes

to improve responsiveness of services.

Example: A peer support team leader asks her co-workers to invite youth service users to join a collaborative program evaluation team to evaluate services and make recommendations for improvements. She gains approval from the board for funds to pay youth for their time and to hire a program evaluator to provide technical assistance. After reviewing the completed evaluation report and its recommendations. board members agree to the recommended improvements in services and the creation of a youth advisory group to the board.



Recognizes the need for continuous learning to increase knowledge, improve skills, and enhance responsiveness to youth and young adult needs and preferences.

Attitude: Has an understanding of the importance of lifelong learning and a desire to continuously monitor own performance and reactions; embraces supervisory support, coaching, and new learning to increase self-awareness, manage biases and personal reactions to difficult situations; and is responsive to emerging needs.

Knowledge: Knows the best ways to access and use supervision, coaching, and training and continuously seeks new learning opportunities to increase knowledge and improve skills.

Skill: Seeks and uses supervision, coaching, and

further training to increase selfawareness, manage biases and personal reactions to difficult situations, increase knowledge, practice new skills, and be responsive to young people.

Example: A service provider seeks supervision to clarify her values and appropriate next steps following a difficult interaction with an impoverished young woman with an unwanted pregnancy whose family's religion is strongly opposed to abortion and adoption but who believes she is incapable of caring for a child.



Recognizes that working with young people in difficult life circumstances can be emotionally draining and engages in self-care activities to maintain wellness and sustain commitment to providing effective services to young people.

Attitude: Believes in maintaining balance between work and personal life; prioritizes self-care to maintain emotional and physical wellness to be able to respond appropriately to young people with complex needs and in difficult living situations.

Knowledge: Is knowledgeable about one's own reactions to stressful interactions and the potential for overwhelming demands, and has developed a range of effective self-care strategies.

Skill: Maintains a personal list of self-care activities and has strategies for managing physical,

mental, and emotional health to maintain wellness and a positive attitude toward the youth service users. Uses supervision time to debrief.

Example: After a series of long, stressful days at work, a staff member has an extremely intense meeting with a young adult who is angry and upset after being arrested and kept in jail overnight following a gangrelated incident. She debriefs with her supervisor; they agree that she may leave early to participate in a fitness class at the local gym.



Is guided by legal and ethical principles in the use of technology to enable communication with young people, families, and collaborators.

Attitude: Has a positive attitude toward uses of technology to develop and maintain engagement with young people, build supportive relationships, and share permitted information with relevant team members.

Knowledge: Is knowledgeable about communication devices currently preferred by youth and collaborators and the legal and ethical requirements for confidentiality and agency directives guiding uses of technology for protected information.

Skill: Is skilled at using technology appropriately to engage young people and to

sustain communication with young people, families, and collaborators within legal and ethical parameters regarding confidentiality.

Example: An outreach worker keeps in touch with young adults on the street using texting. She reaches out on a daily basis to a young woman she is concerned about because she knows she has depression. After gradually building trust she assists the young woman to access supportive services.

References

- 1. Astroth, K. A., Garza, P., & Taylor, B. (2004). Getting down to business: Defining competencies for entry-level youth workers. *New Directions for Youth Development, 104,* 25-37.
- 2. Arnett, J. J. (2003). Conceptions of the transition to adulthood among emerging adults in American ethnic groups. *New Directions for Child and Adolescent Development*, 100, 63–75.
- 3. Benitez, D. T., Morningstar, M. E., & Frey, B. B. (2009). A multistate survey of special education teachers' perceptions of their transition competencies. *Career Development for Exceptional Individuals*, 32(6), 6-16.
- Burk, L.K., Bergan, J., Long, J, Noelle, R., Soto, R., Richardson, R., & Waetzig, E. (2014). Youth advocate to advocate for youth: The next transition. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University. http://www.pathwaysrtc.pdx.edu/pdf/pb-Youth-Advocacy-Guide.pdf

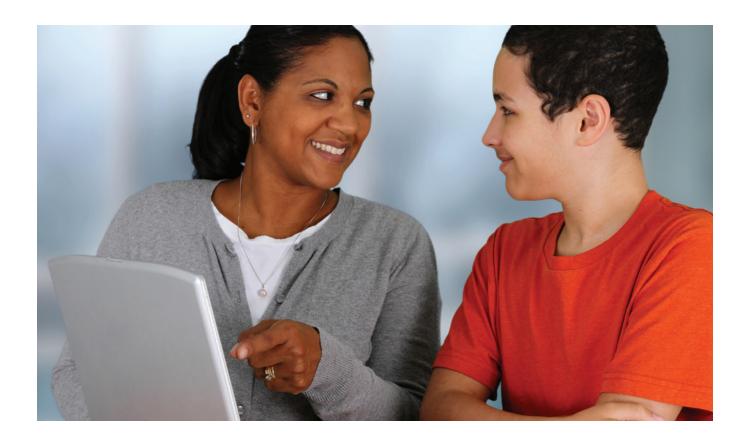
- 5. Boahin, P. & Hofman, W. H. A. (2014). Perceived effects of competency-based training on the acquisition of professional skills. *International Journal of Educational Development*, *36*, 81-89.
- Breland-Noble, A. M., Bell, C., & Nicolas, G. (2006).
 Family First: The development of an evidence-based family intervention for increasing participation in psychiatric clinical care and research in depressed African American adolescents. *Family Process*, 45(2), 153-168. http://onlinelibrary.wiley.com.proxy.lib.pdx.edu/doi/10.1111/j.1545-5300.2006.00088.x/epdf
- Bruns, E. J., Hoagwood, K. E., Rivard, J. C., Wotring, J., Marsenich, L., & Carter, B. (2008). State implementation of evidence-based practice for youth, part II: Recommendations for research and policy. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(5), 499-504.
- 8. Bruns, E. J., Kerns, S. E. U., Pullmann, M. D., Hensley, S. W., Lutterman, T., & Hoagwood, K.E., (2016). Research,

- data, and evidence-based treatment use in state behavioral health systems, 2001-2012. *Psychiatric Services*, *67*(5), 496-503.
- 9. Chapman, M. V., & Perreira, K. M. (2005). The well-being of immigrant Latino youth: A framework to inform practice. *Families in Society 86*(1), 104-111.
- Clark, H. B. (2010). Transition to Independence Process (TIP) Model: An evidence-supported practice for improving the progress and outcomes of youth and young adults with EBD. Stars Behavioral Health Group. http://www.tipstars.org/Portals/0/documents/Website%20 TIP%20Model%20OVERVIEW%20PDF%20092714. pdf?timestamp=1412197858133
- 11. Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Washington, DC: Author.
- 12. Coursey, R. D., Curtis, L., Marsh, D. T., Campbell, J., Harding, C., Spaniol, L. et al. (2000). Competencies for direct service staff members who work with adults with severe mental illnesses in outpatient public mental health/managed care systems. *Psychiatric Rehabilitation Journal*, 23(4), 370-378.
- 13. Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. (Eds.) (2010). *Pillars of peer support:*Transforming mental health systems of care through peer support services. http://www.pillarsofpeersupport.org/final%20%20PillarsofPeerSupportService%20Report.pdf
- 14. Davis, T. S., Saltzburg, S., & Locke, C. R. (2009). Supporting the emotional and psychological well being of sexual minority youth: Youth ideas for action. *Children and Youth Services Review, 31*, 1030-1041.
- 15. Falender, C. A. & Shafranske, E. P. (2007). Competency in competence-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, *38*(3), 232-240.
- 16. Fixsen, D. L., Blasé, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, *19*(5), 531-540.
- Frank, J. R., Mungroo, R., Ahmad, Y., Wang, M., De Rossi, S., & Horsley, T. (2010). Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Medical Teacher*, 32, 631-637.
- 18. Friesen, B. J., Cross, T. L., Jivanjee, P., Thirstrup, A., Bandurraga, A., Gowen, L. K., & Rountree, J. (2014). Meeting the transition needs of urban American Indian/ Alaska Native youth through culturally based services.

- Journal of Behavioral Health Services & Research, 42(2), 191-205.
- 19. Frounfelker, R., Klodnick, V. V., Mueser, K. T., & Todd, S. (2013). Trauma and posttraumatic stress disorder among transition age youth with serious mental health conditions. *Journal of Traumatic Stress*, *26*(3), 409-412.
- 20. Fuhrmann, D., Knoll, L. J., & Blakemore, S. J. (2015). Adolescence as a sensitive period of brain development. *Trends in Cognitive Sciences*, *19*(10), 558-566.
- 21. Gamache, P., & Lazear, K. J. (2009). Asset-based approaches for lesbian, gay, bisexual, transgender, questioning, intersex, two-spirit (LGBTQI2-S) youth and families in systems of care. (FMHI pub. no. 252). Tampa, FL: University of South Florida, College of Behavioral and Community Sciences, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health. http://rtckids.fmhi.usf.edu/rtcpubs/FamExp/lgbt-mono.pdf
- 22. Gelman, C. R. (2004). Empirically-based principles for culturally competent practice with Latinos. *Journal of Ethnic and Cultural Diversity in Social Work, 13*(1), 83-108. DOI: 10.1300/J051v13n01_05
- Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual Review of Clinical Psychology*, 8, 131-160. http://stats.lib.pdx.edu/proxy.php?url=http://www.annualreviews.org.proxy.lib.pdx.edu/doi/pdf/10.1146/annurev-clinpsy-032511-143127
- 24. Gravina, E. W. (2017). Competency-based education and its effect on nursing education: A literature review. *Teaching and Learning in Nursing*, *12*, 117-121.
- 25. Hoge, M. A., Paris, M., Adger, H., Collins, F. L., Finn, C. V., Fricks, L. et al. (2005), Workforce competencies in behavioral health: An overview. *Administration & Policy in Mental Health*, *32*(5/6), 593-631.
- 26. Hoge, M. A., Tondora, J., & Marrelli, A. F. (2005). The fundamentals of workforce competency: Implications for behavioral health. *Administration and Policy in Mental Health*, *32* (5/6), 509-531.
- 27. Jennings, L. B., Parra-Medina, D. M., Hilfinger-Messias, D. K., & McLoughling, K (2006). Toward a critical social theory of youth empowerment. *Journal of Community Practice*, *14*, 31-55.
- 28. Jivanjee, P. & Kruzich, J. M. (2011). Supports for young people and their families in the transition years: Youth and family voices. *Best Practices in Mental Health,* 7(1), 115-133. https://www.pathwaysrtc.pdx.edu/pdf/pbBestPractices6.pdf

- 29. Kapp, S. A., Petr, C. G., Robbins, M. L., & Choi, J. J. (2013). Collaboration between community mental health and juvenile justice systems: Barriers and facilitators. *Child and Adolescent Social Work Journal*, *30*, 505-517.
- 30. Koyanagi, C. & Alfano, E. (2012). Promise for the Future: A compendium of fact sheets for transition-age youth with serious mental health conditions. Washington, DC: Bazelon Center for Mental Health Law. http://www.bazelon.org/wp-content/uploads/2017/01/Promise-forthe-Future-Factsheet-Compendium-1.pdf
- 31. Koroloff, N., Friesen, B., & Buekea, N. (2016). Advice to young adults from young adults: Helpful hints for policy change in the mental health system. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University. https://www.pathwaysrtc.pdx.edu/pdf/proj-4-SPAC-advice-to-youth-from-youth.pdf
- 32. Liddle, H. A., Jackson-Gilfort, & Marvel, F. A. (2006). An empirically supported and culturally specific engagement and intervention strategy for African American adolescent males. *American Journal of Orthopsychiatry*, 75(2), 215-225.
- 33. McCain, M., Gill, P., Willis, J., & Larson, M. (2004). *Knowledge, skills, and abilities of youth service practitioners: The centerpiece of a successful workforce development system.* Washington, DC: National Collaborative on Workforce and Disability for Youth.
- 34. McCann, T. V., Lubman, D. I., & Clark, E. (2012). Views of young people with depression about family and significant other support: Interpretive phenomenological analysis study. *International Journal of Mental Health Nursing*, 21, 453-461. http://stats.lib.pdx.edu/proxy.php?url=http://onlinelibrary.wiley.com.proxy.lib.pdx.edu/doi/10.1111/j.1365-2850.2011.01783.x/epdf
- 35. Moses, T. (2011). Adolescents' commitment to continuing psychotropic medication: A preliminary investigation of considerations, contradictions, and correlates. *Child Psychiatry and Human Development, 42*, 93-117.
- 36. National Association of Social Workers (2017). Code of Ethics. Washington, DC: NASW. (Adopted 8/4/2017). https://www.socialworkers.org/LinkClick.aspx?fileticket=ms_ArtLqzel%3d&portalid=0
- 37. Pathways Achieve My Plan (AMP) Project (2016). AMP's top ten tips for engaging with young people. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University. https://www.pathwaysrtc.pdx.edu/pdf/proj-5-AMP-top-ten-tips-for-engaging-young-people.pdf

- 38. Roe, D., Goldblatt, H., Baloush-Klienman, V., Swarbrick, M., & Davidson, L. (2009). Why and how people decide to stop taking prescribed medication: Exploring the subjective process of choice. *Psychiatric Rehabilitation Journal*, *33*(1), 38-46.
- 39. Salzburg, S. & Davis, T. S. (2010). Co-authoring gender-queer youth identities: Discursive tellings and retellings. *Journal of Ethnic and Cultural Diversity in Social Work,* 19, 87-108. http://www-tandfonline-com.proxy.lib.pdx.edu/doi/pdf/10.1080/15313200903124028
- Starr, B., Yohalem, N., Gannett, E., & Next Generation Youth Work Coalition (2009). Youth work core competencies: A review of existing frameworks and purposes.
 Washington: School's Out. Retrieved from: https:// www.niost.org/pdf/Core_Competencies_Review_October_2009.pdf
- 41. Walker, J. S., Geenen, S., Thorne, E., & Powers, L. E. (2009). Improving outcomes through interventions that increase youth empowerment and self-determination. *Focal Point, 23*(2), 13-16. https://www.pathwaysrtc.pdx.edu/pdf/fpS0905.pdf
- 42. Walker, J. S. (2015). A theory of change for positive developmental approaches to improving outcomes among emerging adults with serious mental health conditions. *Journal of Behavioral Health Services and Research*, published online: http://pathwaysrtc.pdx.edu/pdf/pbJBHSR-Walker-Theory-Of-Change.pdf
- 43. Walters, K. L., Mohammed, S. A., Evans-Campbell, T., Beltrán, R. E., Chae, D. H., & Duran, B. (2011). Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. *Dubois Review, 8*(1), 179-189.
- 44. Wexler, L. (2009). The importance of identity, history, and culture in the wellbeing of Indigenous youth. *The Journal of the History of Childhood and Youth, 2*(2), 267-276.
- 45. Wisdom, J. P., Clarke, G. N., & Green, C. A. (2006). What teens want: Barriers to seeking care for depression. *Administration in Mental Health and Mental Health Services Research*, 33(2), 133-145. http://link.springer.com.proxy.lib.pdx.edu/article/10.1007/s10488-006-0036-4
- 46. Youth Summit. (2013). Youth mental health bill of rights. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University. https://www.pathwaysrtc.pdx.edu/pdf/pbYouthMHBillOfRights.pdf



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