

NAVAC Mental Health Chaplaincy Specialty Certification

Competencies and Requirements

The following information describes the knowledge, skills, and abilities required for chaplains who desire to receive National Association of VA Chaplains (NAVAC) specialty certification as a Mental Health Chaplain. In order to qualify, chaplains must first be a NAVAC board-certified chaplain; that is, meet all NAVAC criteria and requirements for serving as a board certified chaplain. Specific specialty competencies and requirements to be a Mental Health Chaplain are listed below. The 26 competencies will be evaluated by 20 Colleague-Observed Competencies, 3 Committee Meeting Reviewed Competencies, and 3 Application Review by Committee Competencies.

Competencies:

A. Role Clarification and Cross Disciplinary Training

MHCSC 1: Identifies and observes professional boundaries in providing pastoral care in the context of interdisciplinary team-based mental health care, functioning within the scope of chaplaincy practice, and facilitating engagement with professional mental health services. (Colleague-Observed Competency)

MHCSC 2: Functioning within the scope of chaplaincy practice, the mental health chaplain has an appreciation and knowledge of mental health diagnosis and treatment. The mental health chaplain is not in the role of diagnosing nor treating patients with mental illness. (Committee Meeting Reviewed Competency)

MHCSC 3: Conducts in-service education to chaplains and other clinical staff on how research literature affirms the benefits of spirituality integration into holistic mental health care, including roles for mental health chaplain specialists in providing care to those with mental health needs. During the in-service education presentations, the chaplain employs evidence-based demonstration of how spirituality addresses meaning, purpose, connectedness, and hope. (Colleague-Observed Competency)

B. Chaplain's Clinical Skills

MHCSC 4: Provides spiritual assessment and care to patients, integrating this into interdisciplinary, team-based approaches as appropriate. (Colleague-Observed Competency)

MHCSC 5: Formulates chaplaincy care plans, informed by knowledge gained through assessment of the spiritual and existential dimensions of emotional suffering. (Colleague-Observed Competency)

MHCSC 6: Can identify and communicate about signs and symptoms of diverse mental health related problems prevalent among Veterans and Service members – including but not limited to posttraumatic stress disorder, traumatic brain injury, dementia, mood and anxiety disorders, substance abuse, serious mental illness, and suicidality. (Colleague-Observed Competency)

MHCSC 7: Writes clear, concise medical record notes regarding the provision of spiritual care. (Colleague-Observed Competency)

MHCSC 8: Understands how mental health problems can affect the ways that patients think, feel, and behave in relation to self, others - and God, if applicable. (Application Review by Committee Competency)

MHCSC 9: Incorporates pertinent contemporary evidence-based approaches complementary to the scope of chaplaincy practice in mental health patient care. (Colleague-Observed Competency)

MHCSC 10: Demonstrates ability to research and utilize authoritative references commonly used in mental health to enhance understanding and care of patients. (Committee Meeting Reviewed Competency)

MHCSC 11: Understands important psychological dynamics, processes and psychosocial issues. (Committee Meeting Reviewed Competency)

MHCSC 12: Demonstrates understanding of various disruptive effects that mental illnesses can have in relationships, employment, and general functioning. (Colleague-Observed Competency)

C. Interdisciplinary Collaboration

MHCSC 13: Supports mental health and other team professionals in working with Veteran patients. (Colleague-Observed Competency)

MHCSC 14: Promotes bi-directional exchange of referrals with mental health as indicated by patients' needs. (Colleague-Observed Competency)

MHCSC 15: Works with other disciplines to promote the integration of pastoral and spiritual care within the institution where one serves. (Colleague-Observed Competency)

MHCSC 16: Serves as a subject-matter expert to interdisciplinary teams on spiritual issues, including how these issues may intersect with mental health concerns. (Colleague-Observed Competency)

MHCSC 17: Communicates effectively the adaptive values of normative cultural, religious, and spiritual values, beliefs, and practices in patient care. (Application Review by Committee Competency)

MHCSC 18: Shares observations from chaplain visits and assessments to members of care team. (Colleague-Observed Competency)

MHCSC 19: Contributes to ethical discussions to advocate for patients' needs related to questions of faith, spiritual health, and well-being. (Colleague-Observed Competency)

D. Pastoral Care

MHCSC 20: Demonstrates ability to use pastoral and relational skills that build trust and a working alliance in individual pastoral care and counseling. (Colleague-Observed Competency)

MHCSC 21: Fosters resilience, human flourishing, prevention, and palliation of mental health problems. (Colleague-Observed Competency)

MHCSC 22: Applies a thoughtfully formed theology of suffering, as appropriate and with consent, in providing care to patients with mental health problems. (Application Review by Committee Competency)

MHCSC 23: Assists patients in identifying and living in accordance with their chosen values, and helps patients recognize sources of meaning, purpose, and hope. (Colleague-Observed Competency)

MHCSC 24: Facilitates theological reflection with patients' consent in a manner that honors diverse faith traditions and patients' experiences with mental health problems. (Colleague-Observed Competency)

MHCSC 25: Demonstrates group process skills and understanding of dynamics in conducting spirituality groups among Veterans with mental health problems. (Colleague-Observed Competency)

MHCSC 26: Exercises sensitivity, openness, and respect in establishing, deepening, and ending patient relationships. (Colleague-Observed Competency)

Requirements:

1. Must be a NAVAC board certified chaplain.

2. Clinical experience: Completion and documentation of a minimum of three (3) years of clinical experience in mental health care contexts. In each of the three (3) years, applicant must be able to document or demonstrate by written narrative that a minimum of 50% of the applicant's time was devoted to work in a mental health care setting or any other patient setting such as Polytrauma, Spinal Cord Injury, Palliative Care, where the patient has a comorbid psychiatric diagnosis or where patient Mental Health issues were the predominant focus of the chaplain's ministry.

3. Education: Must have completed recognized specialty training in the area of mental health as evidenced by one of the following acceptable means.

a. Being a licensed professional counselor (LPC).

b. Being a licensed marriage and family therapist (LMFT).

c. Being certified through the Mental Health Integration for Chaplain Services (MHICS) training program.

***Applicants who do not meet criteria a, b, or c above may apply for NAVAC Mental Health Chaplain Specialty Certification by submitting an in-depth narrative, transcript(s), and curricula that demonstrate education equivalency. Determination of education equivalency will be made by a committee of subject-matter experts in Chaplaincy and Mental Health. If education equivalency is granted, the applicant will be invited to meet with a Mental Health Chaplain Specialty Certification Panel to assess whether the chaplain indeed satisfies all of the competencies in these standards. If education equivalency is denied, the application will not proceed further.

4. Three (3) recommendation letters: one from a mental health care sponsor or chaplain sponsor (should include verification that clinical experience requirements have been met), and two from interdisciplinary mental health care team members (only one can be a chaplain colleague who served on-site with applicant; the other must represent another discipline).

Applicant must submit the checklist for the 20 colleague-observed competencies to a mental health care sponsor or chaplain sponsor. The mental health care sponsor or chaplain sponsor will evaluate the applicant on the 20 designated colleague-observed competencies with “yes” or “no” responses on the basis of their day-to-day interactions with the applicant. The checklist for the 20 colleague-observed competencies must be signed by the mental health care sponsor or chaplain sponsor. The applicant will submit this signed document in their application package.

5. One to two page description (double-spaced) of the applicant’s professional progression from board certified chaplain (BCC) to mental health care chaplain specialty applicant. “Professional progression” means demonstrating an understanding and use of evidence based approaches to care (e.g. Acceptance Commitment Therapy, Motivational Interviewing, Problem Solving Therapy), bi-directional referrals, spiritual assessment, documentation relevant to mental health professionals, and professional collaboration within a mental health context.

6. Submission of an essay of no more than 5 pages (double-spaced) which pragmatically demonstrates the following three aspects.

- a. Actual practice of chaplaincy care in mental health care ministry.
- b. A clinical example which demonstrates
 - i. Comprehensive spiritual assessment and plan of care.
 - ii. Integration of chaplaincy care to enhance mental health care in providing holistic service to the patient.
 - iv. Integrative team approach to the care of the patient.
 - v. Utilization of evidence-based or research-informed approaches to chaplaincy and mental health care.
- c. Suggestions for a quality improvement process that could enhance the delivery of chaplaincy care and mental health care in the essay’s clinical example.

7. Submission of an actual presentation, and the accompanying script, of no more than 20 slides. The presentation should be created by the candidate in collaboration with a mental health care colleague of a medical discipline to educate one's medical or broader community of how spiritual practice synergizes mental health care.

8. Meet with a committee. If the applicant successfully documents that s/he has met all the competencies and standards, the applicant will be contacted to set up a phone interview with two BCCs and either a psychologist or psychiatrist to discuss the materials. After there are BCCs who hold the mental health chaplain certification, one of the MH BCCs on the committee will ideally have the mental health chaplain certification. The conference call interview will be about one hour in length. A summary of the committee’s evaluation will be sent to the applicant and the NAVAC board within three days of the phone interview.