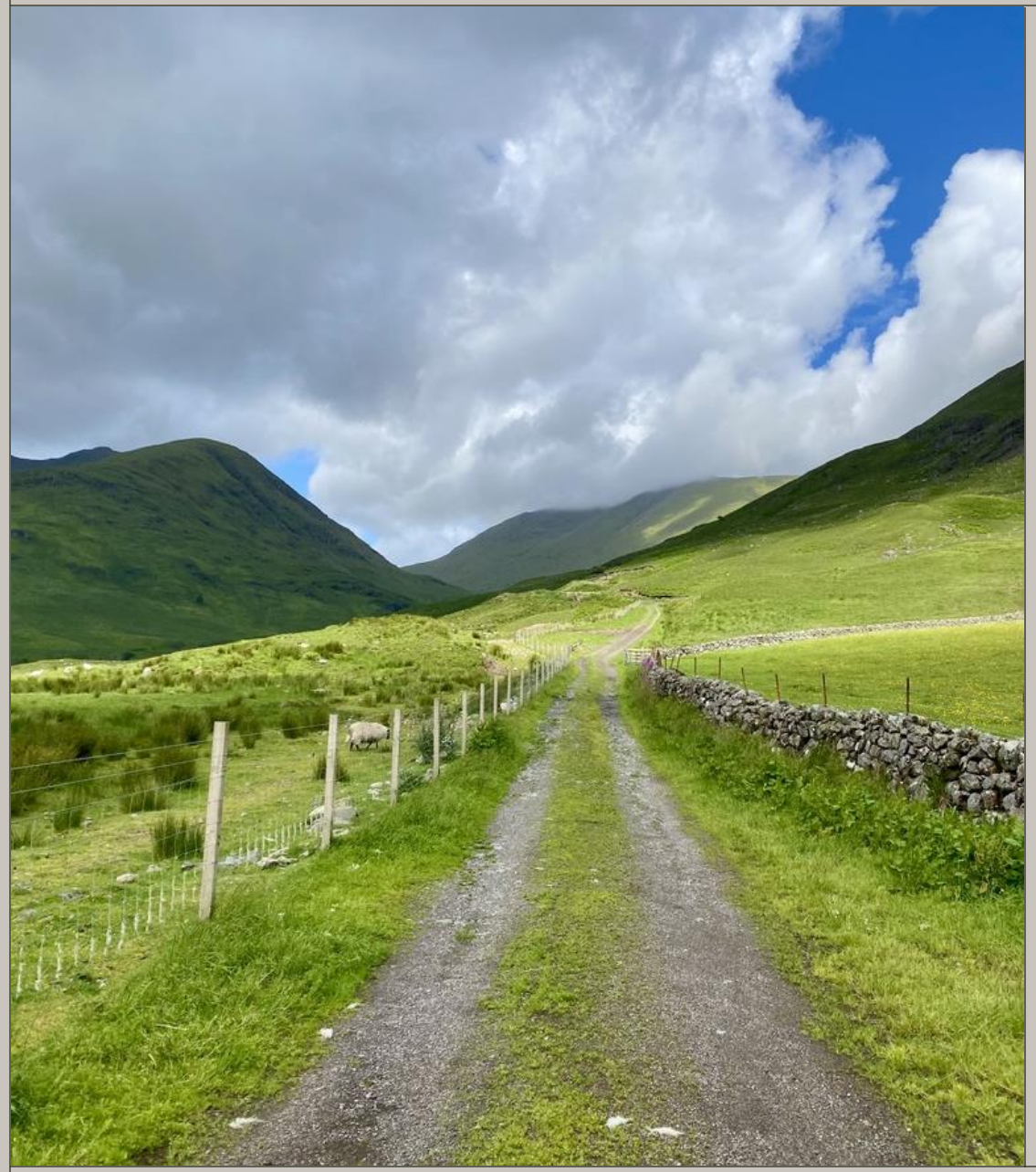
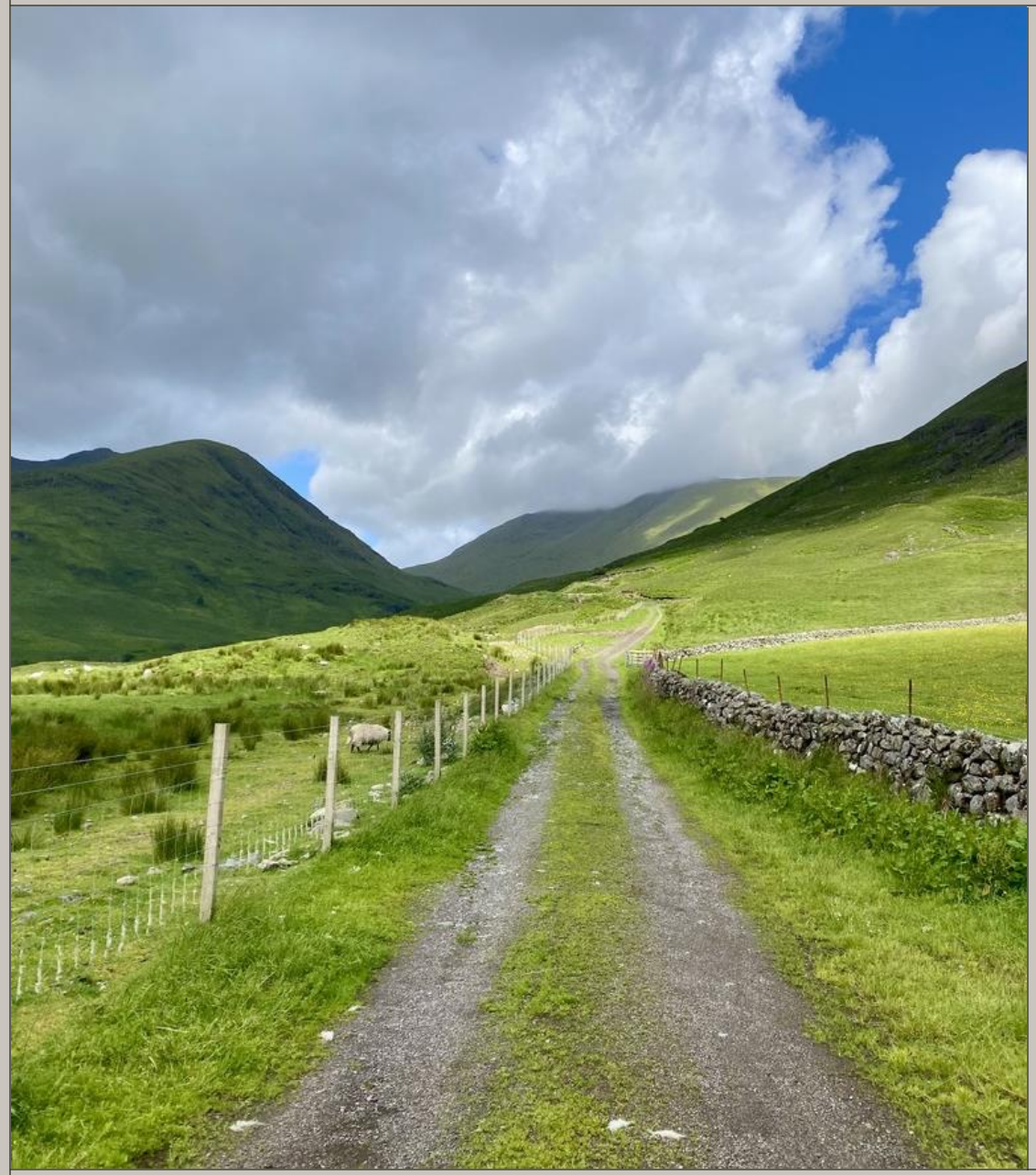


PATHWAYS TO EFFECTIVENESS: AN INITIAL INVESTIGATION OF CORE COMPETENCIES FOR MHM PRACTITIONERS

Mental Health and Missions Conference

Hurst, Texas

November 21, 2025



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check-in code for NBCC
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Check-in code: WTU73

RESEARCH TEAM

The team consists of psychologists and counselors specialized in mental health care of cross-cultural workers:

- Bob Watson, Psy.D., Alongside Clinical Director
- Chad Westmaas, M.A., Alongside Counselor
- Hanny Wuysang, Ph.D., Alongside Counselor
- Terri Watson, Psy.D., Professor of Psychology, Wheaton College

MENTAL HEALTH AND MISSIONS COMPETENCE

Long-standing questions and conversations in our MHM community:

- What makes for an excellent, competent MHM practitioner?
- Who is qualified to care for cross-cultural workers, their families, their teams, and their organizations?
- What preparation does she need to provide care services?
- What pathways exist for practitioners into the MHM and Member Care worlds?

MENTAL HEALTH AND MISSIONS COMPETENCE

Four MHM Pioneers

Kelly and Michele O'Donnell

Larrie Gardner

Fran White

MENTAL HEALTH AND MISSIONS COMPETENCE

"The psychologists in this study felt that cross-cultural experiences played a major preparatory role for their work in missions. The general sense seemed to be that the more time one could spend overseas, the better equipped he or she would be for work in mental health and missions."

Kelly O'Donnell (*Helping Missionaries Grow*, 1988, p.123)

MENTAL HEALTH AND MISSIONS COMPETENCE

'Blueprint for training' MHM practitioners:

- Spend time overseas doing missionary work to understand and empathize with missionary clients
- Thorough academic background in psychology
- Study missiology and anthropology
- General cross-cultural experience, including travel and interaction with different ethnic groups
- Internship or supervised experience in missions' psychology

Kelly O'Donnell (*Helping Missionaries Grow*, 1988, p.123-124)

MENTAL HEALTH AND MISSIONS COMPETENCE

"Mental health professionals must be hardy and whole people. They must be people who have resolved their own issues as much as possible so they have a full array of emotional resources from which to serve...Missions will continue to need experienced, professionally trained mental health professionals to deliver sound psychological help based on tested principles and Biblical concepts. To be effective, they must have personal experience in mission settings and the ability to put Biblical truths and concepts above psychological theory and offerings."

Laura (Larrie) Mae Gardner (*Enhancing Missionary Vitality*, 2002, p.46)

MENTAL HEALTH AND MISSIONS COMPETENCE

“The only way we can truly grow through a mission assignment is to allow a place to become a part of us by internalizing what is meaningful to us about the people and culture.”

Francis (Fran) White
("Fran Jems", 2025)

COMPETENCIES IN PROFESSIONAL EDUCATION

1960s–1970s: Birth of the “competency movement” (David McClelland); competency-based teacher education

1980s–1990s: Professional regulation adopts competencies; business/leadership competency models grow

1990s–2010s: Outcome-based education: system-wide competency frameworks in medicine, counseling, social work, business

2010s–Present: Integrated, developmental, holistic competency-based education expands globally

DELPHI METHOD DESIGN AND METHODOLOGY

The Delphi method is an “iterative, anonymous, structured, group-based elicitation technique” (Khodyakov et al., 2023) that gathers experts who generate evidence, constructs, or decisions.

It is especially useful when there is little consensus about which constructs should be used for testing relationships among variables in quasi-experimental or experimental research.

DELPHI METHOD DESIGN AND METHODOLOGY

Delphi Method Overview

Three rounds of survey with expert panelists to reach consensus on complex issues.

Competency Components

This study focused on generating relevant competency components: knowledge, skills, behavior, and judgment critical for mental health practice.

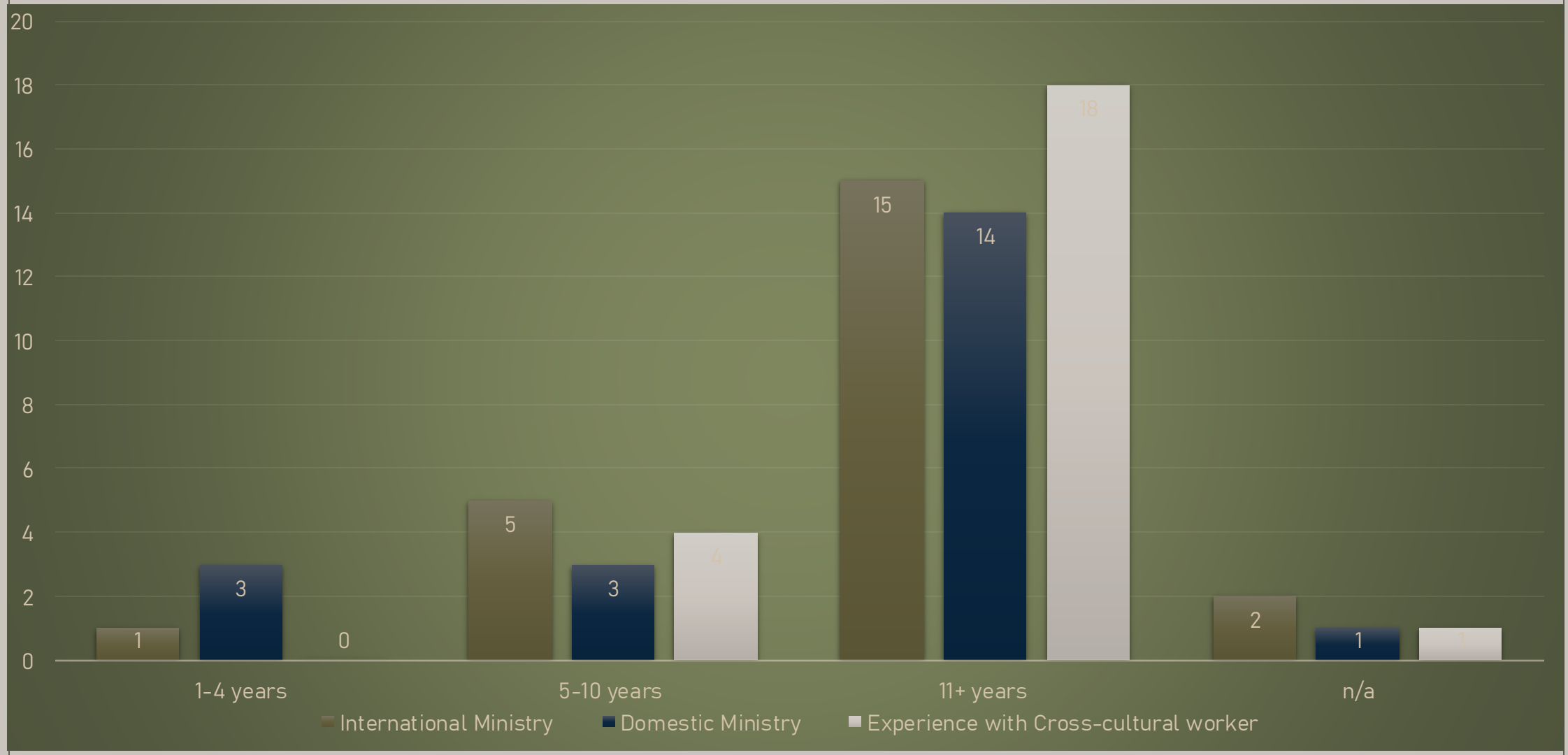
Expert Participation

23 experts started and 21 completed all three rounds, providing comprehensive input throughout the study.

THE EXPERTS THAT PARTICIPATED

- **Advanced degree** in MHP discipline (i.e., psychiatry, psychology, social work, counseling, marriage and family therapy)
- **Licensed** or license eligible in the US
- At least **5 years of experience** working with Christian vocational cross-cultural workers in a counseling, psychoeducational, research, or consulting context
- Affirmation of an **orthodox** statement of Christian faith
- **Personal vocational ministry experience** of some type (i.e., domestic or international) of at least 3 years
- Advanced training and/or literacy in the literature on the **integration of psychology and Christianity**
- Substantial experience in the training / vocational **formation of MHM practitioners**
- Thought and practice **leadership in MHM**

MHM-RELEVANT EXPERIENCE



DEFINITION OF COMPETENCIES

Competencies have been defined as the way healthcare clinicians of all kinds are expected to assess, treat, care for, and interact with clients.

Competencies may overlap with ethical standards and clinical skills, but they extend further by capturing a more holistic view of the clinician: who they are, how they practice, and how they relate to clients and colleagues.

In the literature, several researchers identify the key interlaced components of competency as **Knowledge, Skills, Behavior, and Judgment**.

COMPONENTS OF COMPETENCIES

"Knowledge" relates to the information base a clinician needs to practice well. This could include academic, clinical, sociocultural, occupational, or other domains of knowledge. Knowledge includes both the 'how' of practice as well as the 'why.'

"Skills" involve particular techniques, tools, or interventions clinicians utilize in their work, as well as how they conceptualize and formulate intentional interventions, interactions, and treatment plans.

COMPONENTS OF COMPETENCIES

“**Behavior**” includes aspects of professionalism and interpersonal aptitude that a clinician exhibits in their work with clients, enabling them to respond appropriately in any given situation.

“**Judgement**” relates to the ways clinicians make sound decisions in complex situations by using their character virtues, relevant life experiences, spiritual discernment (when appropriate), and self and other awareness.

CONSENSUS AND COMPETENCIES IDENTIFIED

Delphi Study Process

The study collected over 200 responses and refined 188 items, rated on a 7-point Likert scale for relevance (ranging from “low” to “extremely”) to MHM competencies, in three rounds.

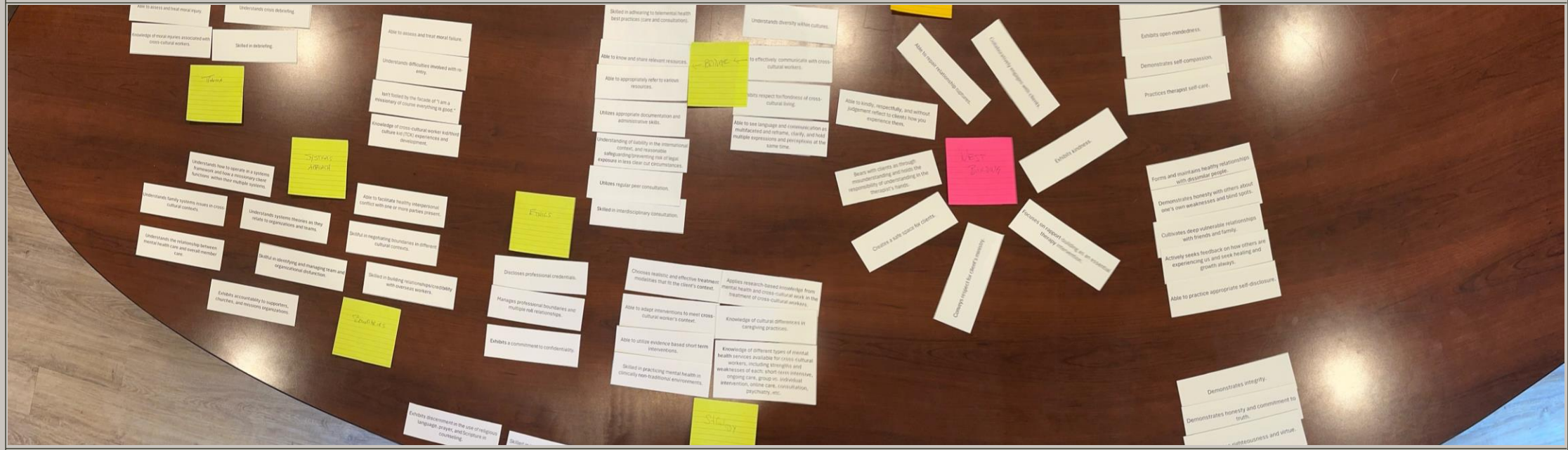
Consensus Threshold

Consensus was defined using a robust measure of agreement about the relevance of competence items (Median minus Interquartile Range greater than or equal to 6 on a 7-point Likert scale)

Final Competencies List

A final set of 73 key competencies across knowledge, skills, behavior, and judgment was identified.

KEY FINDINGS



FACTORS, CLUSTERS, AND COMPETENCIES

"Affinity Mapping" method

Investigators and AI

Yielded "Hierarchies of meaning": Factors, Clusters, and Competencies

FACTORS, CLUSTERS, AND COMPETENCIES

FACTORS, **CLUSTERS**, AND COMPETENCIES

A: Spiritual Maturity

B: Moral and Ethical Integrity

C: Personal Wholeness and Self-Stewardship

FACTORS, **CLUSTERS**, AND COMPETENCIES

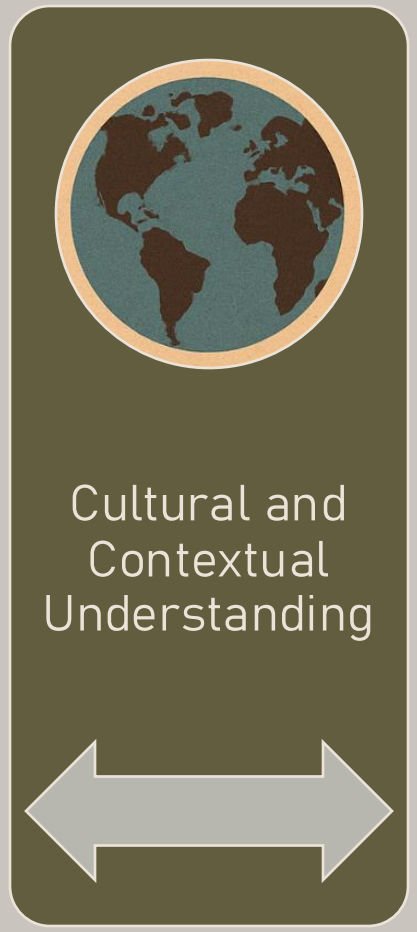
‘Safe Harbor’ and Interpersonal Effectiveness

A: Secure Base and Therapeutic Presence

B: Communication and Relational Repair

C: Cross- and Intercultural Relational Competence

FACTORS, **CLUSTERS**, AND COMPETENCIES



A: Systems and Organizational Awareness

B: Cultural and Contextual Awareness

C: Ethics and Risk Management

FACTORS, **CLUSTERS**, AND COMPETENCIES

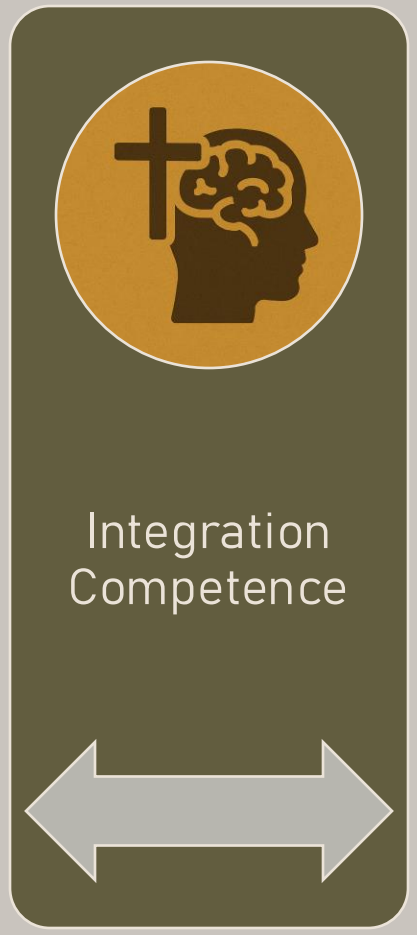
A: Assessment and Intervention Skills

B: Trauma Awareness and Informed Care

C: Crisis Intervention and Debriefing Skills

D: Professional Practice and Administration

FACTORS, **CLUSTERS**, AND COMPETENCIES



A: Theoretical Integration

B: Applied Integration

C: Personal Integration

FACTORS, CLUSTERS, AND **COMPETENCIES**

CORE MHM COMPETENCIES

https://drive.google.com/file/d/1Lu0JIHZU8hL7j1_Tg2fmfz69_4aLnltf/view?usp=sharing

FACTORS, CLUSTERS, AND COMPETENCIES: IMPLICATIONS FOR PRACTICE AND MINISTRY

Reflection:

- Review the Factors, Clusters, and Competencies
- Reflect on the implications and potential applications in your context

IMPLICATIONS

FACTORS, CLUSTERS, AND COMPETENCIES: IMPLICATIONS FOR PRACTICE AND MINISTRY

Work Together:

- Cluster in small groups of 3-5
- Share implications with your small group
- Upload your written implications and potential applications onto Slido

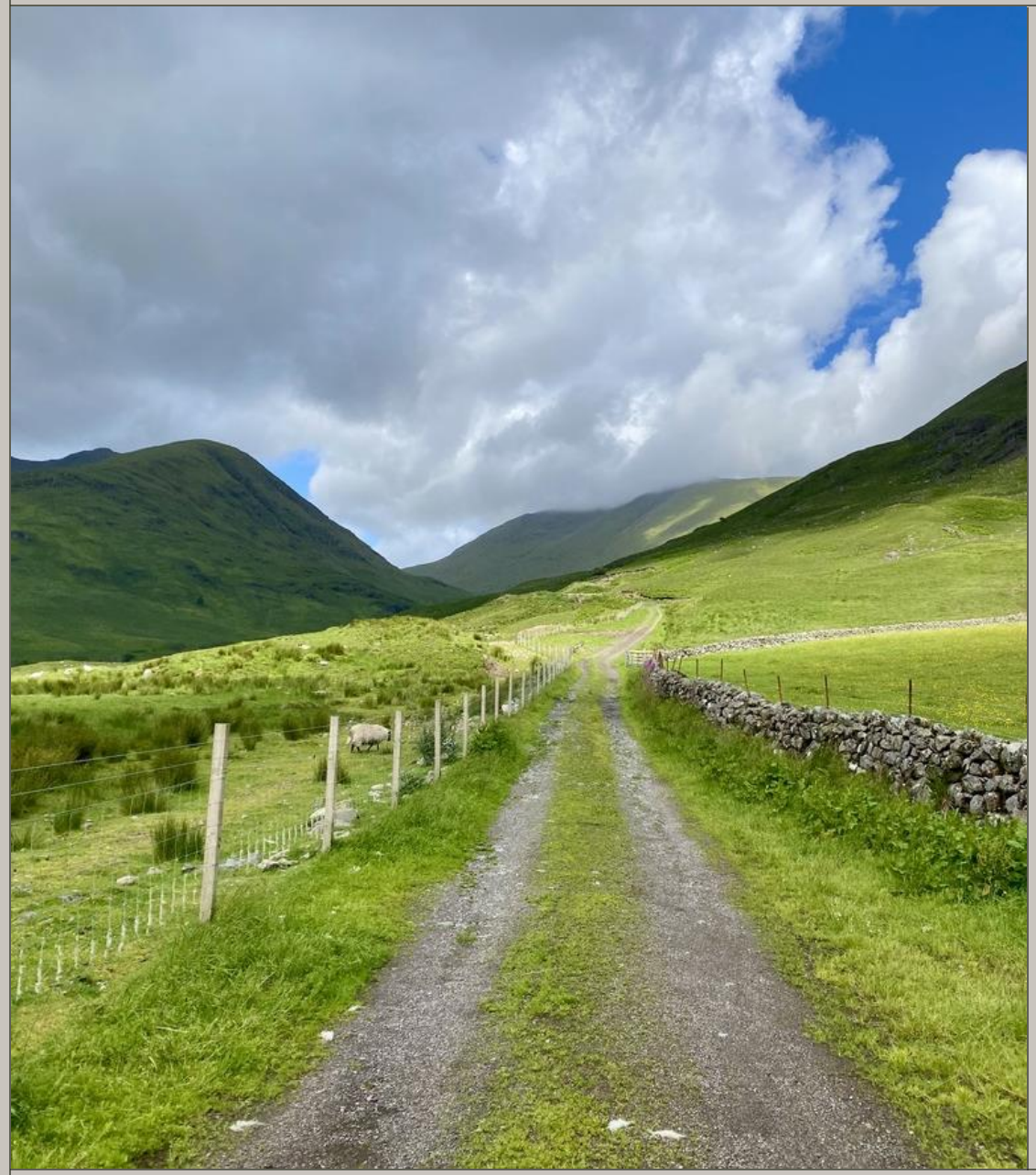
What are practical implications of these competencies for you, both *personally* and *professionally*, within your current context?

CONCLUSION

CONCLUSION

This study represents a first step in defining constructs (i.e., competencies) that we propose can guide future research by:

- providing the foundation for hypothesis testing
- informing training efforts
- bringing clarity and focus to what MHM practitioners need to develop beyond basic clinical skills
- enabling practitioners to identify wise practices with a view toward standards of care/best practice



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