Training and Supervision of Behavioral Health Interns and Staff: Best Practices in Integrated Care

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Faculty Disclosure

I/We **have not** had any relevant financial relationships during the past 12 months.
Objectives

• Describe typical challenges experienced by trainees and supervisors
• Explore best practices of clinical supervision in an integrated care setting
• Outline methods of supervision to help facilitate the management of the physician, patient, and supervisee relationship
• Discuss how to identify and improve medical cultural competencies and relationship-building skills that are critical for supervisees in integrated care
Audience Poll

• Supervisor/Supervisee?
• Behavioral health or Medical?
• Primary or specialty care?
• New supervisor or supervising for 5+ years?
• Typical struggles?
Supervision Best Practice

The quality of the relationship

White and Russell (1995) found that a supervisor-supervisee relationship that is deemed successful by supervisees includes:

- Warmth
- Support
- Humor
- Genuineness

These factors are crucial in building a trusting relationship that will allow supervisees to reveal their mistakes, uncertainties, and personal issues.
Reflect on your past/present Supervision experiences

Did they/do they include?:

- Warmth
- Support
- Humor
- Genuineness
Integrated Care Case Example
Domains of Supervision - Basic

Clinical – assessment & intervention

Professional – supervision, ethical care by discipline, record keeping

Self-of-therapist – personal reactions
Domains of Supervision – Integrated Care

Clinical – cross-disciplinary assessments & interventions

Professional – multidisciplinary concerns, communication/collaboration w/ other disciplines, ethical care, EHR

Self-of-therapist – personal reactions
Best Practices: Clinical Domain

• Learn about medical diagnosis, proper assessments, and interventions

• Continue to be curious about biopsychosocial and spiritual dimensions of each clinical case

• Recognize clinical care may be for the physicians/staff and not just the patients

• Discuss if clinical care is limited due to “organizational” issues (e.g., continuity of care)
Best Practices: Professional Domain

• Assess for relationships among staff and “culture” of healthcare setting

• Encourage personally connecting to each staff person

• Train providers in brief consultation

• Train to do brief SOAP-note, EHR entries
Best Practices: Self-of-Therapist

- Be curious about how contextual influences are affecting clinical care & professional interdisciplinary relationships
- Ask questions about how “case” or professional relationship is similar/different from clinician’s own upbringing
- Model “thinking out loud” in conversations
Overall Best Practice: Match supervision to the “Integrated Care Culture” *

1 - Minimal

2 – Basic Collaboration at a Distance

3 – Basic Collaboration on Site

4 – Close Collaboration in a Partly Integrated System

5 – Close Collaboration in a Fully Integrated System

*Select the type and level of supervision for the specific medical environment and setting

Questions?
References


Session Evaluation

Please complete and return the evaluation form to the classroom monitor before leaving this session.

Thank you!