Session #C3a
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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**

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Questions?

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Session Evaluation

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

Thank you!