Supervising Systemic Health Care Specialists

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Supervisors working in health care contexts must not only attend to the developmental and clinical needs of their supervisees but also maintain sensitivity to the particularities of medical culture (e.g., medical language and use of space and time) and be proficient in their ability to collaborate with health care providers. For supervisors who are new to this context, the task of becoming acquainted and comfortable with medical culture and ongoing health care collaboration can be confusing. However, supervisors’ proficiency in navigating the health care context and fostering collaborative relationships will be instrumental in guiding supervisees to do the same. (See Chapter 7 in the accompanying book for additional information about gaining supervisory proficiency.)

The following resources have been selected to assist supervisors in developing a working knowledge of medical culture and medical/behavioral health collaboration in order to supervise within this context. We include important sources for literature, resources offered by various health care organizations, and a list of key competencies needed by those working in health care contexts.
Readings on the Evolving Health Care Context

Literature useful in understanding the health care context

This link, http://www.ecu.edu/che/cdfr/docs/MedFT%20Resource%20List.pdf, opens to a reading list of background information and seminal writings on medical/behavioral health collaboration, clinical interventions, and supervision for systemic Medical Family Therapy. The resources in this list may be particularly useful to those who have had little exposure to the evolution of behavioral health integration in health care contexts. It is also continually updated.

Key readings on providing systemic supervision in health care settings

The following list includes a few key readings available in book chapters and refereed journals on the provision of systemic supervision in health care settings:


Training Resources for Working in Health Care Contexts

The five organizations listed in the following text have been leaders in the development of training resources for behavioral health integration in health care contexts. The websites below offer access to training resources, discussion forums, and blogs all of which are updated regularly. Supervisors and supervisees alike will find these organizations as useful resources for information, sources for professional development offerings, and collegial support.

1. Academy for Integrating Behavioral Health and Primary Care (www.integrationacademy.ahrq.gov/)
2. Collaborative Family Healthcare Association (www.CFHA.net)
3. Integrated Behavioral Health Project (www.ibhp.org)
5. SAMSHA-HRSA Center for Integrated Health Solutions (www.integration.samhsa.gov).
Key competencies for working in the health care context

The Medical Family Therapy Core Competencies originally developed by Tyndall, Hodgson, Lamson, White, and Knight (2012) for use in Medical Family Therapy training and evaluation, offer supervisors a framework for assessing both their supervisees’ and their own professional development. These competencies stress the importance of systemic considerations not only within the health care system (e.g., supervisees collaborating with health care providers (#11) and considering the operational, clinical, and financial components of the health care system (#14)), but also within the patient and family system (e.g., empowering the patient (#6) and applying the concepts of agency and communion/collaboration (#13)), as well as between these systems (e.g., facilitating communication between patients, families, and health care providers (#10)).

Guiding supervisees in the development of these competencies may require that supervisors expand their own knowledge and/or practice base of behavioral health integration, interventions for promoting health-related behavior change (#7), and culturally sensitive interventions pertaining to health, illness, loss, and trauma for diverse populations (#8). Further, supervisors may find it beneficial to enlist the support of other health care providers in assisting their supervisees’ development, both to ensure supervisees have the opportunity to practice collaboration with health care providers from different fields, and the opportunity to learn from these providers’ knowledge and experience. For example, primary care providers may have particularly invaluable insights regarding the individual and relational affects of psychopharmacological interventions (#17), as well as disease processes and developmentally appropriate treatments (#18).

### Medical family therapy core competencies

1. Develop sufficient understanding of the relevant biomedical issues, language, culture, and providers in primary, secondary, and tertiary health care systems.
2. Apply MFT evidence-based models to medical family therapy cases.
3. Demonstrate skills in helping families manage the demands of acute and chronic illness.
4. Demonstrate skills in providing integrated care.
5. MedFTs should have a personal theoretical approach to working with individuals, couples, families, and larger systems.
6. Demonstrate the ability to empower patients to advocate for themselves in the health care system.
7. Demonstrate ability to motivate health-related behavior change.
8. Demonstrate awareness of and sensitivity to cultural and contextual variables pertaining to health, illness, loss, and trauma.
9. Recognize the various disciplines involved with medical care and their role in the health-care environment.
10. Facilitate communication between patients, families, and health care providers and invite coordination of services.
11. Evidence skills in designing and building transdisciplinary collaborative care teams.
12. Demonstrate the ability to refer, document, and communicate with health care professionals.
13. Understand the ethical issues of delivering mental health care within a health care system.
14. Understand and apply the concepts of agency and communion.
15. Understand the clinical, operational, and financial elements of health care systems.
16. Understand the key historical figures, theoretical underpinnings, and empirical literature central to MedFT.
17. Understand the bidirectional relationship between health and wellness on mental health functioning.
18. Understand psychopharmacology and its systemic effects.
19. Understand disease processes and developmentally appropriate treatments.
20. Articulate clearly the difference between MedFT and other mental health professionals.
21. Apply systems theory and the biopsychosocial-spiritual approach to research, education, clinical, supervision, and/or consultation services.
22. Evaluate and design intervention and program research associated with biopsychosocial-spiritual health issues and collaborative care models.
23. Demonstrate the ability to conduct a BPSS assessment.
24. Understand the impact of one’s family illness stories, self-of-provider issues, and biases in relation to care delivery.
25. Recognize the importance of self-care and understand how to avoid burnout and compassion fatigue.
26. Integrate BPSS elements into treatment plans and other clinical documents.


Summary

Although supervisors may initially feel daunted by the task of learning a new context, the opportunity to work collaborative with patients, families, and health care providers can be a unique and powerful experience for all involved. Supervisors who take on this challenge with the mind of an ethnographer, ready to study and engage with the culture, context, norms, and rules of the health care system, will position themselves to gain meaningful insight and skills not only for use with this system but with family and relational systems in general. Further, supervisors who take on this challenge with openness and
curiosity will likely promote an isomorphic process of meaningful learning and discovery for their supervisees, as well. We hope these resources will help supervisors accomplish this important task.

Reference