Supervision Key

The successful application of knowledge to practice is one of the most-needed and desired outcomes for behavioral health professionals, and others, involved in providing services offered to individuals. While individuals themselves will determine to what extent learning is operationalized, effective supervision is necessary for this to be maximized.

Creating a Culture of Engagement in Behavioral Health Services

Framework and Use of this Supervision Key

This **Supervision Key** is designed as a companion guide to the **Creating a Culture of Engagement in Behavioral Health Services** course. Its use is to facilitate supervision of behavioral health professionals. The **Supervision Key** is not intended to be a comprehensive approach to supervision but is designed to explore and support course content with the professional as it relates to practice and service delivery.

You, the supervisor, can use this **Supervision Key** to explore

- general understanding of the course;
- interest in individual sections of the course; and
- concerns about individual sections of the course.

You may also use the **Supervision Key** to

- clarify any boundaries and/or limitations in using the course information;
- clarify course information, as it relates to behavioral health professionals' attitudes, roles, and competence related to service provision that enhances engagement strategies; and
- make preliminary determinations of the degree to which learners and their organizations have incorporated the types of engagement-focused services and supports.

Please consider the timing and frequency of course-related supervision. Sessions should occur

- soon after the staff member completes the course; and
- at subsequent intervals to assess how course material has been used in practice.

Intent of the Course

The National Alliance on Mental Illness (NAMI) defines engagement as *"the strengths-based process through which individuals with mental health conditions form a healing connection with people that support their recovery and wellness within the context of family, culture and community."* This approach takes the responsibility of engagement and shares it amongst the individual, their family, providers, and other community members. This additional support improves the individual's ability to change.

This course presents information on how to more fully engage individuals in behavioral health services to improve treatment participation and outcomes. Practical examples are provided to promote an individual's enhanced involvement from a person-centered approach and the course offers strategies that contribute to an overall *culture of engagement.*

NAMI identified **12 principles** for advancing a culture of engagement in its 2016 publication **Engagement: A New Standard for Mental Health Care.** This course used these principles as a foundation and expanded on the principles to show their application to persons with mental health and/or substance use conditions.

Principle #1: *Make successful engagement a priority at every level of the mental health care system. Train for it. Pay for it. Support it. Measure it.*

Principle #2: *Communicate hope. For those who feel hopeless, hold hope for them until they experience it themselves.*

Principle #3: *Share information and decision-making. Support individuals as active participants in their care.*

Principle #4: *Treat people with respect and dignity. Look beyond the person's condition to see the whole person.*

Principle #5: *Use a strengths-based approach to assessment and services. Recognize the strengths and inner resources of individuals and families.*

Principle #6: *Shape services and supports around life goals and interests. A person's sense of wellness and connection may be more vital than reducing symptoms.*

Principle #7: *Take risks and be adaptable to meet individuals where they are.*

Principle #8: *Provide opportunities for individuals to include family and other close supporters as essential partners in their recovery.*

Principle #9: *Recognize the role of community, culture, faith, sexual orientation and gender identity, age, language and economic status in recovery.*

Principle #10: *Provide robust, meaningful peer and family involvement in system design, clinical care and provider education and training.*

Principle #11: *Add peer support services for individuals and families as an essential element of mental (behavioral) health care.*

Principle #12: *Promote collaboration among a wide range of systems and providers, including primary care, emergency services, law enforcement, housing providers, and others.*

Factors for Improving Service Engagement

Treatment providers and staff members at all entry points in behavioral health services systems need to be skilled in promoting service engagement. Many individuals with behavioral health conditions continue to experience symptoms throughout their lives. Like someone with a chronic medical condition, it is not uncommon for individuals to require some type of ongoing treatment or support to effectively manage their symptoms. As a supervisor, it is important to educate and implement engagement strategies in your practice. This includes making supervisees aware of engagement strategies, teaching effective ways of using them, and implementing strategies as routine approaches to treatment in your practice.

Now that your staff members have taken the course **Creating a Culture of Engagement in Behavioral Health Services,** there are three basic steps to guide the transfer of learning into practice

1. **Review the teaching points**
2. **Examine your Structure and Services to support a Culture of Engagement**
3. **Apply the concepts**

1. Review the Teaching Points

Your first supervisory action is to "check the learning" to gauge the level of comprehension among course takers and determine if clarification or additional education is necessary.

You may begin a dialogue using the list of teaching points and prompts (questions) below.

ASK - What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?

Course Framework:

Many of the issues associated with behavioral health conditions make it difficult for individuals to engage in treatment. This often leads to lack of participation and successful treatment outcomes. This has implications not only for the individual receiving services but also for the family, providers, and community. Therefore, providers need to identify several different methods of engagement and should recognize that engagement is as much the responsibility of the provider as it is the individual receiving services.

The concept of *recovery-oriented care,* which prioritizes autonomy, empowerment and respect for the person receiving services, is a helpful framework in which to view tools and techniques to enhance engagement throughout the system of care.

Important Module 1 Topics	Questions to Reinforce Learning
Rationale for Engagement as a Standard of Care	
a. Only 10% of individuals with a substance use disorder (SUD) receive the treatment recommended for them. b. Nearly half of the individuals with a mental health condition also did not receive treatment. c. The dropout rate for individuals who do begin treatment is estimated to be 70% by the end of the second visit.	*What percentage of those with SUDs do not receive the treatment they needed?* *What are some factors for this?* *How can improved engagement practices affect these rates?* *At what levels must a system of care make engagement a priority?*
Overarching Issue: Values and Service Orientation of Service Providers	
a. Focus of behavioral health services needs to extend beyond symptom management or abstinence to support individuals holistically. b. From a person-centered, recovery perspective, the primary goal of behavioral health services is to support individuals in their journey towards overall health, well-being and social integration c. Dignity, hope, resilience, relationships, creating meaning of one's life, and self-efficacy in each person's unique and evolving journey are the guiding principles of the recovery perspective. d. In helping service providers understand recovery-oriented practices it's not just about WHAT is being done, but also HOW it is being done.	*What type of shift needs to take place in the service system to better incorporate a recovery-orientation?* *Name the guiding principles of the recovery perspective.* *What should the focus of behavioral health services be beyond system management or abstinence?* *Recovery-oriented practices include WHAT is being done as well as ____ it is done.*
Overarching Issue: Cultural Considerations	
a. A culturally responsive service orientation is important at all levels of operation— individual, programmatic, and organizational— across behavioral health treatment settings. b. Culture should also be considered in all activities and every treatment phase: outreach, initial contact, screening, assessment, placement, treatment, continuing care and recovery services, research, and education. c. Cultural competence provides a greater sense of safety from the individual's perspective, supporting the belief that culture is essential to healing.	*How can cultural considerations improve organizational practices? Explore them.* *How do culturally responsive service approaches provide a sense of safety for the individual?* *What can service providers do to become more aware of their own culture and values, and acknowledge their own assumptions and biases about other cultures?*
Pretreatment Level Engagement	
a. Outreach is central to helping individuals make positive connections to treatment, services, and supports; the key is taking the time to develop relationships with individuals, start where they are, and be persistent. b. Outreach considerations include: • maximize engagement by focusing on individuals who need, but have not received treatment or recovery support or have significant barriers to treatment • develop respectful, honest, and collaborative relationships with each and every person • build relationships with peer support networks and organizations in the community to offer linkages.	*What is meant by "pretreatment engagement?* *Where can this be done in your area?* *What type of relationships should be established (name the qualities)?* *Why are persons with lived experience/Peer Specialist considered to be important in enhancing engagement possibilities?* *Who are some target populations in your area?*

Important Module 1 Topics continued	Questions to Reinforce Learning
Engagement at Initiation of Services	
a. The first moments of interaction for a person seeking care can set the tone and course for treatment. b. Welcoming strategies are part of a deliberate approach of clinical practice that supports and empowers staff to develop welcoming skills. These skills enable staff to treat all persons and their family members equally and with respect related to their ethnic, cultural, and linguistic diversity, sexual orientation and gender identity, religious and spiritual background, age and socioeconomic issues. c. Language Matters! It can be stigmatizing and stigmatization is a significant obstacle for individuals seeking care or treatment. d. Professionals should use "person first" language that distinguishes the individual from their diagnosis..	*What are some things that contribute to an individual feeling devalued and/or dismissed?* *Explain what is meant by welcoming strategies being a "deliberate approach" of clinical practice.* *Give three examples of stigmatizing language.* *What is "person first" language? Give three examples.* *What is a "language audit" of organizational materials mean?*
Service Initiation	
a. Persons can be unfamiliar with the assessment/treatment planning process and may view it as intrusive. b. By taking the time to acclimate clients and their families to assessment and intake procedures, staff members are able to tackle obstacles that could hinder treatment engagement. c. Using a strengths-based approach in assessment and planning facilitates engagement by valuing the client's unique set of strengths and abilities. d. Motivational Interviewing (MI) when used in its fidelity, has consistently demonstrated effectiveness in improving engagement and retention in treatment, and increasing overall quality of life.	*Name some common practices that may lead to clients feeling estranged or disconnected from treatment services.* *How can staff minimize this disconnection?* *What is a strengths-based approach?* *How is this demonstrated?* *Identify some MI techniques that may address some of these concerns.*

2. Examine your Structure and Delivery of Services and Supports for Creating a Culture of Engagement

Once you are confident that the staff member has a general working knowledge and understanding of the teaching points, it is time to explore a little deeper. This is an opportunity to clarify values and practices that are rooted in and support effective engagement. It is also a good time to ask reflective questions that are intended to support individual practitioners' efforts to translate engagement principles into their daily practice.

Areas of Discussion:

- Discuss the types of barriers to engagement that have historically affected persons with behavioral health conditions and how these barriers potentially affected their recovery.
- Ask which of these barriers resonate most with the learner. Why are these important?
- Ask the learner to share cultural views and how specific strategies can be more culturally responsive.
- What thoughts came to mind among staff when learning about the principles and practices of being welcoming? Did staff do any self-evaluation or get ideas about how program services can be more welcoming?
- Ask learners to think about how they use language and how the use of language can reinforce negative biases or promote empowerment and strengths.
- Are deliberate and focused strategies being used in the organization to reduce barriers for persons seeking services? What are the successes or challenges to engagement? What strategies from this module are you currently using? Which could you incorporate into your skill set?

This module explores strategies to increase engagement (and retention) once an individual is in treatment. There are many reasons why people do not stay engaged in care; however, their experience of the treatment process is one significant factor. Disengagement from treatment can be due to having poor alliances with care providers, including experiences of not being listened to and not being offered the opportunity to make decisions and collaborate in their own treatment. Module 2 addresses a multitude of counselor characteristics and skills that have been identified as having a positive impact on engagement and retention.

1. **Review the teaching points**
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1. Review the Teaching Points

Your first supervisory action is to "check the learning" to gauge the level of comprehension among course takers and determine if clarification or additional education is necessary.

You may begin a dialogue using the list of teaching points and prompts (questions) below.

ASK - What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?

Important Module 2 Topics	Questions to Reinforce Learning
Key Components of Treatment-Level Engagement	
a. The Therapeutic Alliance or therapy relationship makes substantial and consistent contributions to treatment outcomes independent of the type of treatment. b. Person-Centered Care Planning (PCCP) improves engagement and retention because an individual has more choices in the services they use and is an active partner in the treatment/ recovery support team. c. Person-Centered Care Plans should: promote recovery rather than minimizing illness and symptoms; include the person's goals, aspirations, strengths, and interests. d. Shared Decision-Making supports maximum self-determination in the person-centered planning process; it is also used to discuss a variety of treatment alternatives that can be applied. e. Treatment plans that integrate elements related to whole health needs are helpful in enhancing engagement. f. Peer-Delivered Services improve the relationship between the person receiving services and their providers thereby increasing engagement, retention, and satisfaction with service. g. Trauma-Informed Care (TIC): Unrecognized, unaddressed trauma symptoms can lead to poor engagement in treatment. It is best practice to enter every treatment relationship as if the individual has experienced trauma.	*What comprises a strong therapeutic alliance?* *What is Person-Centered Planning?* *Describe how Person-Centered Care and Shared Decision-making go hand-in-hand?* *What three health focuses are addressed through a whole-person approach?* *What is the main theme that connects the Peer Specialist with the individual?* *When should Peer-Delivered services be used?* *What are the intended benefits of Trauma-Informed Care?*

2. Examine your Structure and Delivery of Services and Supports for Treatment-Level Engagement

The content in this module presents an opportunity for the learner to explore specific strategies and practices in building and fostering a therapeutic alliance. This is a good time for both the learner and supervisor to gauge the learner's current familiarity and comfort level with these strategies.

Areas of Discussion:

- Discuss issues of trust that the learner has experienced in working with persons served. Have them identify specific strategies they have used to promote trust. Have them identify actions and/or practices they used that did not promote trust. The focus here is exclusively on the supervisee's actions, not the person being served.
- What strategies for building a therapeutic alliance is most familiar to the learner? What are they comfortable with?
- Ask learners how they are addressing traumatic stress symptoms, trauma-specific disorders, and other symptoms/ disorders related to trauma among the persons they serve. What other training or resources do they need to be more confident and proficient in addressing these issues?
- Ask the learner to share their thoughts and attitudes regarding the use of Peer-Delivered services. What has been their experience with this? What are the benefits?
- How has technological advances changed the learner's life? How do they see these being used in behavioral health service delivery?
- Ask how the learner's practice has been or can be more responsive to an individual's need for engagement.

Apply the Concepts

The critical juncture in training and supervision takes place when staff members have an opportunity to *apply the knowledge and build skills in the field.* Below are some considerations and suggestions for supervisors to discuss with staff members to *promote the creation of a culture of engagement within their agency, as well as further development of their own skills.*

- Use effective welcoming, rapport-building and relationship-building skills. Relationships play a significant role in both the engagement into services and recovery from substance use and mental health conditions.
- Be respectful and open to understanding the culture and perspective of the person seeking services. This means suspending quick judgments and having a willingness to join with the person in finding effective solutions within their desired treatment path and resources that can be leveraged.
- Discuss staff training and coaching needs related to service strategies that affect engagement.
- Offer specific and ongoing training that builds common understanding, shared language and knowledge about engagement, and promotes a consistent application of person-centered recovery principles, practices and supports.
- Create a professional development plan with learners that identifies specific engagement skills and strategies to employ in targeted situations. This may be done case-specific. Build in opportunities for review in a timely fashion.
- Have the learner identify one engagement strategy (such as PPCP, SDM, etc.) that they would like to strengthen in their own service delivery.
- Assign the learner to "shadow" someone (if available) providing peer-delivered services. Review their reactions and ask them to compare/contrast any differences noted from traditional treatment delivery.
- Have the learner identify which (advanced) technology tool they would be willing to explore and promote as part of the agency's delivery of services.
- Review existing treatment/service plan templates to assess the level of engagement they promote.

Summary

This course was built upon a foundation of the principles identified in the NAMI publication – **Engagement: A New Standard for Mental Health Care.** This course is one step toward advancing NAMI's recommendation for training on engagement for health care and behavioral health care professionals.

Change is not always easy and linear. The culture shift embodied in the twelve principles to increase engagement across the continuum of care may appear simple and intuitive, but it has significant implications. Adopting a culture of engagement requires a reorientation of how we provide behavioral health services. Moreover, it requires a fundamental change in how we view persons with mental health and substance use conditions. This culture shift is essential to promoting a connection to care and the hope of recovery.

Resources

Agency for Healthcare Research and Quality
https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html

Bazelon – In the Driver's Seat: A Guide to Self-Directed Mental Health Care
https://storiesfromtheroad.typepad.com/files/in-the-drivers-seat.pdf

DSM-5 Cultural Formulation Interview (CFI)
http://www.multiculturalmentalhealth.ca/clinical-tools/cultural-formulation/

Recovery to Practice: Bridging People, Knowledge, Tools, and Experience
http://media.samhsa.gov/recoverytopractice/

Hazelden Betty Ford
http://www.hazelden.org/web/public/document/bcrup_1006.pdf

Healthcare Information and Management Systems Society
https://www.himss.org/library/patient-engagement-toolkit

Reframing Psychology for the Emerging Healthcare Environment: Recovery Curriculum for People with Serious Mental Illnesses and Behavioral Health Disorders
http://www.apa.org/pi/mfp/psychology/recovery-to-practice/training.aspx

The SHARE Approach
https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html

Yale Program for Recovery and Community Health – Person-Centered Planning Tools
https://medicine.yale.edu/psychiatry/prch/tools/pcp.aspx

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MYFLFAMILIES.COM

This course and many other online, free courses are available at
http://fcbonline-ed.mrooms3.net/

These courses are supported by the Florida Department of Children and Families Office of Substance Abuse and Mental Health.