

Developing Staff – Engaging Patients

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Developing Staff – Engaging Patients

DESCRIPTION –

The professional development and supervision of clinical staff is most effective when practiced in the context of active attempts to increase patient engagement and offer the best opportunity for recovery. This presentation utilizes the synergistic application of an events-based model of supervision combined with Motivational Interviewing theory and skills to generate robust professional development for clinicians and reduce the premature abandonment of treatment by those experiencing a substance use disorder.

OBJECTIVES –

1. Participants will learn the primary components of using an events-based model of supervision with specific markers identified and related to supporting high levels of patient engagement in treatment.
2. Participants will explore ways to improve and increase professional development for clinical staff through creating a context for group supervision that effectively develops staff and increases patient engagement during treatment.
3. Participants will apply the theory and skills associated with Motivational Interviewing to increase the fidelity to best practice while also creating improved outcomes for patients experiencing difficulty with engagement in the course of care.

OUTLINE –

- ✓Background
- ✓Literature
- ✓Process
- ✓Results
- ✓Discussion

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Key Performance Indicators – Census

Actual	JAN-22	FEB-22	MAR-22	APR-22	MAY-22
ADC	30.54	43.25	37	45.46	45.87
ADM	55	63	72	69	71
AMA	27.66%	17.65%	23.38%	12.50%	10%
ALOS	17.91	19.74	16.28	20	19.61
LOC	75.67%	88.09%	71.15%	83.33%	75.51%

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Wellbridge Leadership Core Values

MISSION

Committed and aligned with the vision to help every person affected by addiction and the people who care for them achieve long-lasting recovery
 Invested in the delivery and integration of clinical care, research, and community impact
Builds strong relationships and offers person-centered (patient, family, referent, colleague) solutions
Works to overcome barriers and advances opportunities for patients and families to access and receive care

TEAM

Supports the needs of others by demonstrating respect, empathy, and kindness to promote an environment of trust
 Inspires one another to work together and guides the team through changes necessary to meet our goals
Develops and empowers others
 Collaborates with leaders of other teams to solve problems and optimize performance

COURAGE

Acts with conviction to make the right decisions for the right reasons
 Exercises sound judgment
 Communicates with honesty and openness
 Adapts and innovates to achieve our mission and advance our goals

EXECUTION

Pursues the highest standards of quality and service
 Takes ownership of work, structures job tasks, uses data, and achieves deadlines
 Holds team accountable for goals and outcomes
 Functions with a results-orientation



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Literature



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Literature Summary

- Many SUD treatment settings neglect to provide supervision dedicated to EBP
- Competency-based supervision is more effective than supervision-as-usual
- Minimal attention has been given to the effectiveness of clinical supervision on improving patient outcomes
- Most models of supervision focus on supervisee and supervisor (94%) rather than the patient (48%) or monitoring patient outcomes (13%)
- Interventions to reduce the rate of AMA discharges have not been systematically studied
- Monthly supervisory feedback and coaching sessions over six months post-Motivational Interviewing workshop training has been shown to be sufficient to sustain training effects
- Meta-analyses have shown that MI improves client treatment retention and substance use outcomes

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Process

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Group Supervision / Development Plan

- Bi-monthly 1-hour professional development / group supervision meetings with clinical team and leadership
- 6 group sessions over three months – March through May 2022 – plus individual sessions with clinical leaders
- **Session 1:**
 - ✓ Introduction to the professional development group
 - ✓ Intro to an events-based supervision model
 - ✓ Introduction to Motivational Interviewing marker #1 *the righting reflex* for awareness and tracking prior to session #2
 - ✓ Subsequent sessions: Evaluate atypical discharge cases utilizing the events-based model and MI skills/markers
- **Resources:**
 - ✓ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York: Guilford.
 - ✓ Ladany, N., Friedlander, M. L., & Nelson, M. L. (2015). *Supervision Essentials for the Critical Events in Psychotherapy Supervision Model*. Washington DC: American Psychological Association.
- **Additional Sessions:**
 - ✓ Exploring values and goals
 - ✓ Discrepancy
 - ✓ Focusing
 - ✓ Exploring ambivalence
 - ✓ Evoking change talk

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An Interpersonal Approach Using an Events-Based Model of Supervision

“The premise is that the resolution of challenging interpersonal dilemmas represents an important change mechanism in supervision...we emphasize the centrality of the supervisory relationship and the importance of collaboration and trust to the successful resolution of the critical events we present” (Ladany, Friedlander, & Nelson, 2015).

MARKER



TASK ENVIRONMENT



RESOLUTION

MARKERS: “Behaviors, communication, or events that signify a need for help or intervention.”

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Common Interventions in the Task Environment:

1. Focus on the supervisory alliance
2. Focus on the therapeutic rapport and process
3. Explore feelings
4. Focus on countertransference
5. Attend to parallel processes
6. Focus on self-efficacy
7. Normalize experience
8. Focus on skill
9. Assess knowledge
10. Focus on multicultural awareness
11. Focus on evaluation
12. Facilitate self-awareness

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4 Processes in Motivational Interviewing

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Motivational Interviewing Marker #1

The Righting Reflex: The natural desire of helpers to set things right, prevent harm, and promote client welfare.



Resistance: Pathological, or a function of the relationship between clinician and client or patient?

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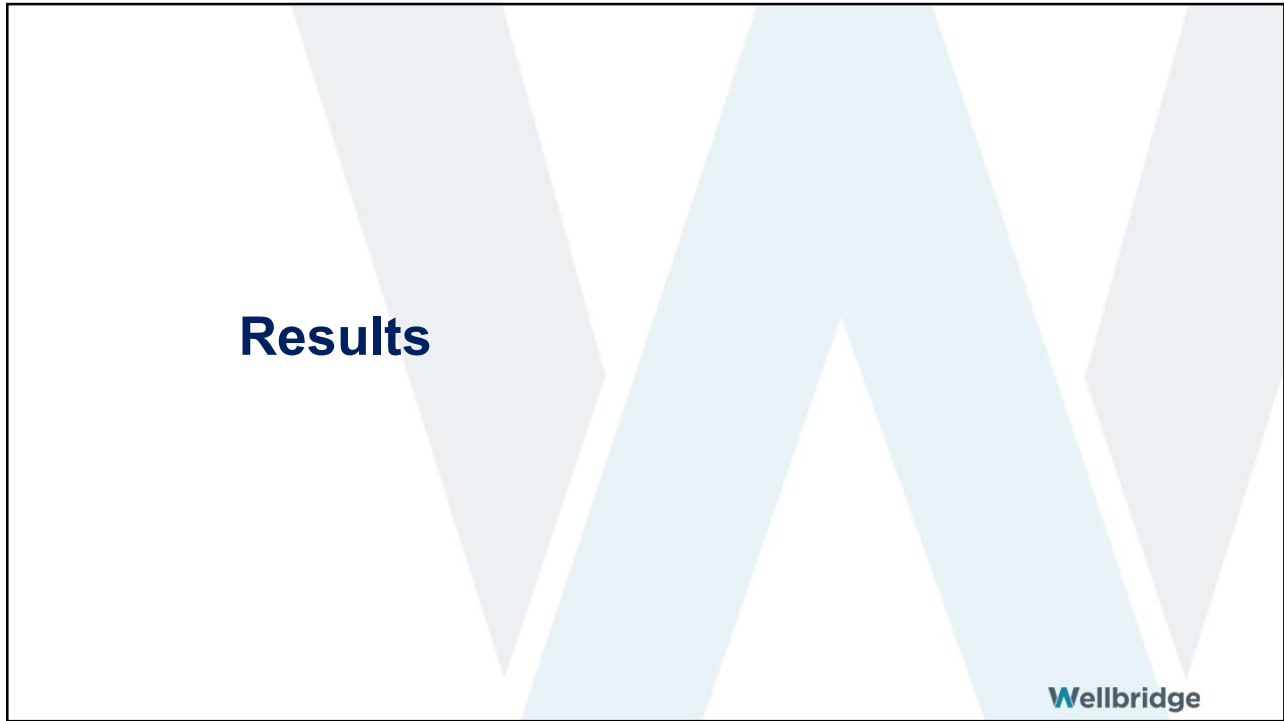
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Discussion / Next Steps

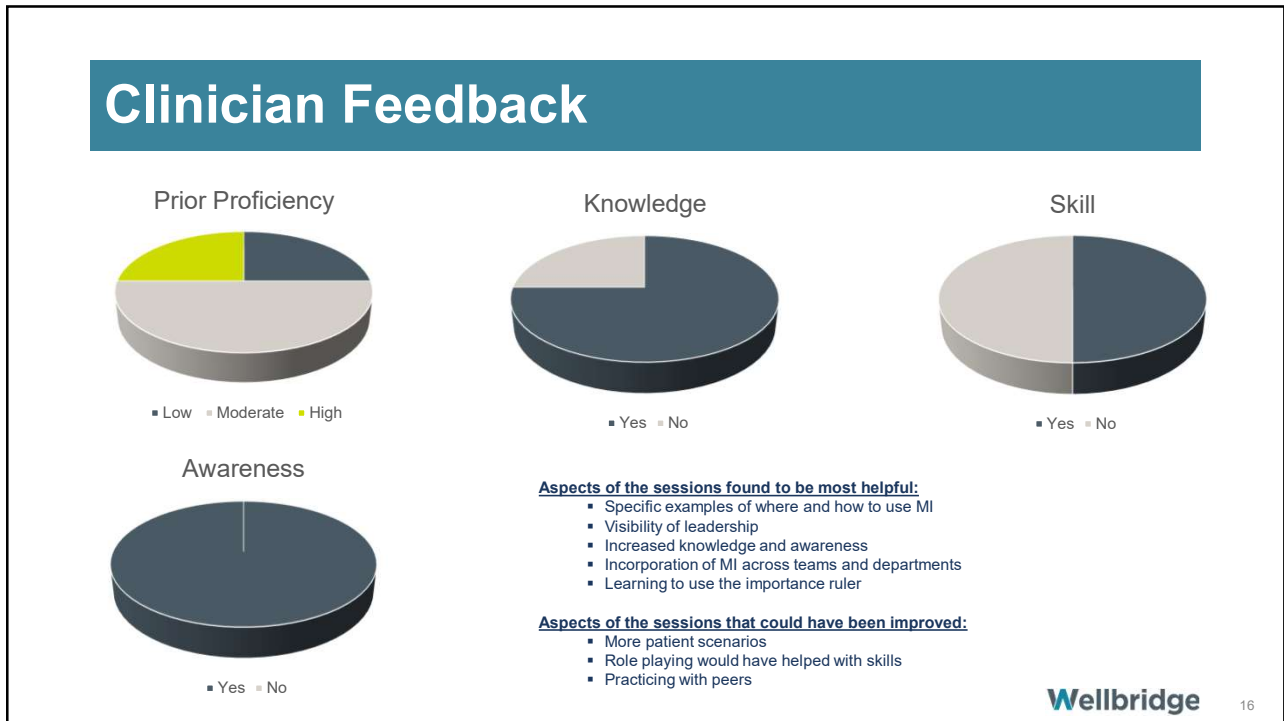
- ✓ Review material; ask questions and build knowledge of the key concepts
- ✓ Develop increased awareness / notice examples of the righting reflex in general
- ✓ Evaluate and apply concepts specifically to potential AMA cases; be prepared to discuss cases in session #2

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Discussion

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References

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- Simpson-Southward, C., Waller, G., & Hardy, G. E.. (2017). How do we know what makes for "best practice" in clinical supervision for psychological therapists? A content analysis of supervisory models and approaches. *Clinical Psychology Psychotherapy*, 24: 1128-1245.

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