

# **Working with Behavioral Health Care Managers: *how can I communicate effectively with BHCMs?***

Tanya Keeble MD

# Speaker Disclosures

- I do have experience  
and
- I am not an expert in this

# Learning Objectives

- Appreciate the different training backgrounds that BHCM's come from
- Appreciate fully that no matter the size, in IBH, you are on a team
- Name the stages of team growth: forming, storming, norming, performing
- Name at least 3 elements that enhance team functioning

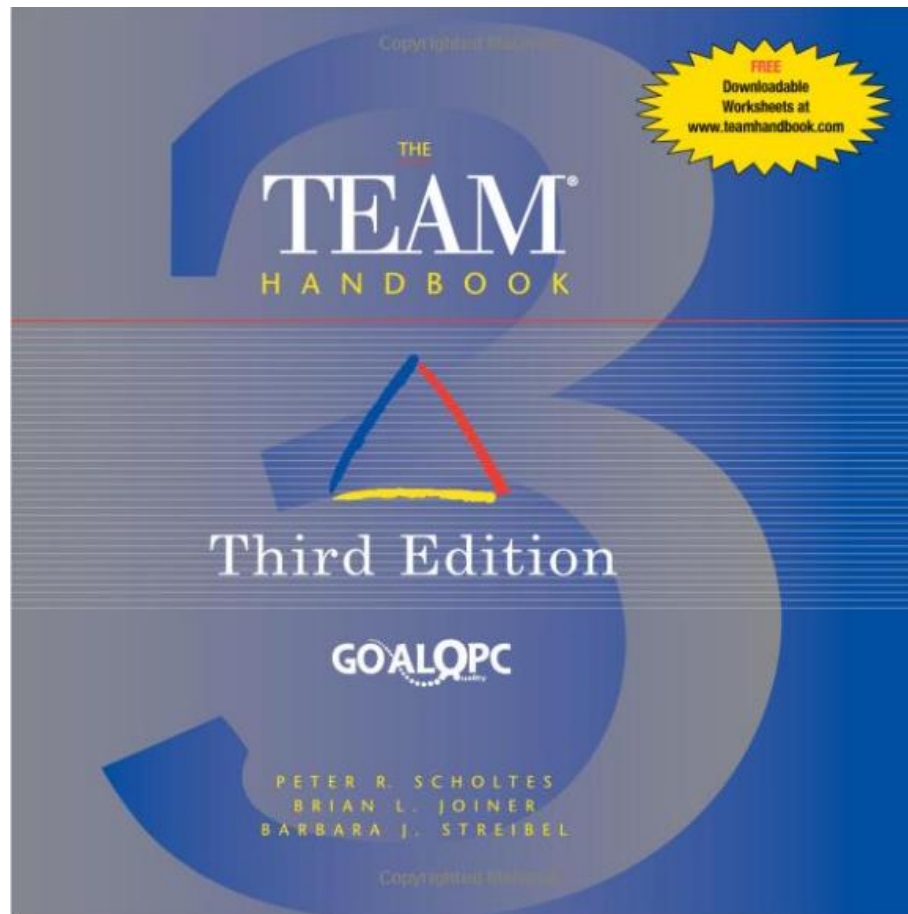
# Content

- Common BHCM worries/challenges in joining the IBH team
- Developing the relationship
- Creating clear structures – reporting, communication
- Managing conflict
- Sustaining the relationship

# BHCM Identity

- Identification with the mission and goals of the organization and program – starts at recruitment and is ongoing and iterative
- Personal worries around inclusion, belonging, influence, control, trust

# Learn about how to team



# What team are you on?

- Individual BHMC/psychiatric consultant team?
- Leading a group of BHCM/psychiatric consultants?
- Leading an entire program?

# Forming – go slow.....

- Moving from individual to team member status
- Pride, anticipation, suspicion, excitement, anxiety

Tips: get to know each other – develop the relationship

Provide structure: org structure, operational versus learning reporting

Clarification of roles, job functions, schedule, benefits, expectations



# Storming

- Frustration, different opinions and positions, withdrawal, individual versus group alignment, defensiveness, splitting, perceptions of hierarchy that differ between members

Tips: resolve issues of power, revisit agreements and decision-making structures, support developmental autonomy, establish ground rules, encourage participation, call out silence, practice direct communication and collaboration

# Integrating new team members

## INTRODUCTIONS FOR NEW TEAM MEMBERS

It's critical for team functioning for each member to be familiar with each other's training, experience and areas that they are currently growing. To this end, when new team members come on, each member will discuss:

1. Formal education—what degree and licensure do you have
2. Informal education—this includes post graduate training in specific therapies and treatment
3. Experience—inpatient, outpatient, specific patient population
4. Areas of expertise that team members should know about e.g. specific psychotherapy training, research background, PhD etc.
5. Personal background that you'd like to share
6. Areas that you don't feel confident, that you're hoping to get support from the team.

# Norming

- See each other as members of the same team with clear ground rules, roles, communication pathways and cooperation.
- Sharing, laughing, expressing criticism directly and constructively,

Tips: maximize individual and team members knowledge, skills and experience, develop leadership, develop new roles, refer back to established structures, modify collaboratively, use shared senses of purpose to work effectively

# Performing

- Close attachments, satisfaction and pride in individual and collective work, deepening of understanding of processes

Tips: updates processes and procedures

Represent and advocate for individual and group

Monitor progress and celebrate achievements

# Cycling through these elements

- Adding/losing members
- Change in leadership
- Changes to work processes
- Navigating a crisis (e.g. COVID 19)

# Tips for successful relationship communication

# Clarity of team goals

- Work on mission, goals, values together
- Consider retreats – frequency

# Establish Ground Rules

- Informed consent into the model at recruitment
- Schedule expectations (%direct:non direct pt care) and caseload expectations
- Types of conditions treated in the model
- Types of therapies offered
- Length of appointments
- Duration of care in IBH model
- Presence on site versus work from home
- Work start/end times



# Clarity in team roles

Creating job descriptions

Systematic case review guidelines

Who does what in the team?

# Different BHCM training backgrounds

- MSW
- LICSW
- RN
- LMHC
- LMFT

# MSW

Year 1	Social Work Research
Course	Introduction to Social Welfare and Policy
Work	Social Work Assessment & Practice with Individuals & Families. This assessment is meaning completing a bio/psycho/social assessment that is not diagnosis focused. Part of that assessment is also the strengths assessment.
	Social Work in a Diverse Society
	Social Work Intervention & Evaluation with Individuals & Families. Yes this is therapy training. Solution Focused/Motivational Interviewing/Family Systems
	Human Development in Contemporary Environments
	Organizational and Community Practice
	Social Work with Groups
	Foundational Practicum Seminar
Year 2	Research Methods II
Course	Proseminar in Social Welfare Policies and Programs
Work	Clinical Assessment and Evidence Based Treatment
	Leadership and Management in Human Service Organizations
	Advanced Practicum Seminar

# LICSW

- **Social Work Licensure:** Graduates in the state of Washington who are interested in gaining Licensure must be three years post graduate, have 4000+ work hours, 1000+ face to face hours, have 130 hours of approved supervision, and pass national examination. This can be any post graduate position completing social work tasks which can be pretty broad. There is not a specific clinical requirement.

# Nurse

## Associates degree, RN

- Physiology
- Nursing Fundamentals
- Microbiology
- Gerontology
- Psychology
- Pharmacology
- Women and Infant Health
- Obstetrics
- Leadership
- Ethics in Nursing
- Community and Environmental Nursing
- Care Transitions
- Population Health
- Clinical Theory
- Clinical Study

## Bachelors degree, RN

- Leadership Management
- Emergency Care
- Public health
- Anatomy
- Physiology
- Chemistry
- Microbiology
- Basic Pharmacology
- Adult, Pediatric, and Geriatric Nursing
- Nursing Theory
- Nursing Research
- Psychology
- Statistics
- Nursing Assessment
- Nutrition and Diet

# Clear, direct, communication

Speak clearly and directly

Talk to the person with whom you have conflict

Listen to understand

Share space – avoid interrupting, and create opportunity for all to contribute

Share information in multiple modalities – huddle, verbal, email, newsletter

# Focus on the relationship

Spend time together

Create space to laugh/share personal stories/experiences

Repair after a rupture

Request feedback and respond to it

Give feedback and track response

# Engagement in Improvement

Developing team goals, taking a QI process approach

Collaborative engagement in patient and PCP survey and response implementation

Responding to snafus with workflow development/enhancements – take a systems-based approach



# Cases?

# Takeaways

- *Start the relationship from the very beginning stages of recruitment*
- *Be prepared to learn – appreciate the strengths of your care manager’s training background*
- *Anticipate all phases of teaming: forming, norming, storming and reforming*

# Additional Free Resources for Washington State Healthcare Providers

\*No cost

## EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | [bhinstitute@uw.edu](mailto:bhinstitute@uw.edu)

## PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

# Questions and Discussion

- Ask questions in the chat or unmute yourself

# Registration

- If you have not yet registered, please email [uwictp@uw.edu](mailto:uwictp@uw.edu) and we will send you a link