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Utilizing Interprofessional Collaboration in an Opioid Addiction Treatment Center:

Capstone Project

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SWK 895: Integrative Capstone

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ABSTRACT

This paper examines the practicum placement I've held for the duration of this semester. This paper discusses Behavioral Health Group's Level 1 outpatient substance abuse clinic. Behavioral Health Group is located in Richmond, Kentucky's rural Madison County. BHG Richmond offers Methadone, Suboxone, and Vivitrol Medication-Assisted Treatment. This paper explores the function of the social worker as a counselor and member of an interdisciplinary team. This paper examines the ethical models and skills that social workers can use to promote an effective treatment experience for patients who present to BHG Richmond, as well as the close monitoring from the beginning to the end of their treatment experience and the follow-up procedures to provide aftercare support for this complex and vulnerable population.

Introduction

This paper concentrates on my practicum placement at the Behavioral Health Group in Richmond, Kentucky. BHG Richmond is a Level 1 outpatient substance use clinic that provides Medicated Assisted Treatment that focuses primarily on Methadone, but also provides suboxone and vivitrol as needed. Throughout my tenure as a clinical outpatient substance use counselor at BHG Richmond, I have encountered a variety of ethical dilemmas and have learned to be culturally sensitive and competent. At BHG Richmond, we focus on collaborating as an interdisciplinary team to provide our patients with complex needs with the most effective care possible. Our diverse staff at BHG Richmond strives to create a secure environment for the rural Madison County treatment experience. As an interdisciplinary team, we are comprised of a vast array of professions that provide insight into how to efficiently provide treatment for each individual patient. A social worker can utilize a variety of models and skills to ensure that the interprofessional team is functioning collaboratively. The clinical staff recommends a minimum of one year of treatment; however, patients will sometimes discontinue treatment and fail to appear, and others will taper down under the supervision of a medical professional. To ensure that the patient receives the most effective and successful treatment feasible, the interdisciplinary team assesses patients from the beginning to the end of their treatment.

Practice Setting and Scope of Practice

Behavioral Health Groups, usually known as BHG, is the name of the practicum site where I have been placed. Richmond, Kentucky is the location of this BHG. BHG provides level one care with medication-assisted treatment as an outpatient substance use treatment program. Methadone, which specializes in treating opioid use problems, is BHG Richmond's primary medication-assisted treatment. Moreover, BHG Richmond carries buprenorphine and vivitrol if

needed. BHG Richmond has an extensive scope of practice. This treatment facility demonstrates micro, macro, and mezzo levels of social work. Individualized care for each patient constitutes the primary responsibility. There is a significant amount of clinical work with an emphasis on treatment plans and individual counseling sessions. Thus, I consider BHG Richmond to be essentially a micro setting for the practice scope. I also observe macro and mezzo due to the fact that BHG is a statewide company for the treatment of substance use disorders, which have developed dramatically over the past decade across the country. BHG combats a societal problem that affects not just the local community, but also the state and the nation.

Job Responsibilities

I am a substance use counselor at Behavioral Health Group (BHG). BHG is an outpatient opioid addiction treatment facility that focuses on a vulnerable population with a variety of needs, but primarily on the substance use disorder that each individual possesses. BHG delivers patient-centered treatment and focuses on the total health care requirements of the individual. BHG provides referrals, counseling, structure, and help to each patient's particular needs and treatment plan objectives. As a counselor, I am responsible for providing evidence-based counseling, employing a tailored and multidisciplinary approach to care, and orienting patients to the services, operations, and procedures of the treatment program. We also hold weekly interprofessional meetings and individual supervision sessions with our on-site clinical supervisor. BHG Richmond emphasizes the "whole person" treatment approach, as well as the use of medicine and professional counseling to address opioid and substance use problems.

Medicated Assisted Treatment

BHG in Richmond, Kentucky is a Level 1 Outpatient substance use clinic that provides MAT for the treatment of substance use disorders in Madison County and surrounding areas.

Medication-Assisted Treatment (MAT) has been demonstrated to facilitate recovery, prevent relapse, enhance outcomes, and decrease criminal behavior at BHG. The term MAT stands for medication-assisted treatment. MAT involves a combination of treatments for substance use disorders. MAT integrates pharmacological treatment (medications) with individualized behavioral treatment for each patient. This whole-patient-focused approach has aided in the recovery of many individuals. In its various forms, MAT has the potential to effectively reduce cravings, inhibit some of the rewarding properties of certain substances, and ultimately reduce drinking and continued substance use. The objective of MAT is complete recovery; however, MAT has also been shown to increase patient survival rates, treatment retention rates, decrease criminal activity related to opioid and other drug use, and increase patients' abilities to obtain or maintain employment. Through monitoring, support, screening, referrals, and counseling, MAT addresses multiple aspects of your life, such as vocational issues, medical and mental health concerns, family issues, and legal concerns (American Addiction Centers, 2023).

Patient-Centered Treatment

BHG provides patient-centered care and focuses on the individual's whole health care requirements. According to the Centers for Medicare & Medicaid Services, person-centered care is integrated health care services provided in a context and style that is adaptable to the person's desired outcomes, principles, and preferences, within a framework that empowers patients and providers to create effective care plans jointly. Care that is guided and influenced by a patient's objectives, preferences, and values is a component of person-centered care. Integrated and coordinated treatment across health systems, providers, and settings of care; the management of persistent, complex conditions; and relationships based on trust and a commitment to long-term health are additional components of person-centered care (CMS innovation center, n.d.).

BHG serves a diverse, vulnerable, and complex population. To provide the most effective care to these patients, it is necessary to work as an interdisciplinary team across multiple levels of management, providers, and care coordination to ensure that all components are working in the best interest of the patients. Our program director, clinical director, and regional director compose our management team at BHG. The clinical director is the primary management level we report to in order to discuss and staff patient cases. This clinical director then communicates the personnel needs to the program and regional directors, who are at a higher level of command. Then, this team communicates with the on-site physician and nurse practitioner. The counselor implements the one-on-one clinical implementation once the medical side of the team authorizes the staffing and specific patient situation and the clinical provides the necessary feedback. Working as a hands-on interdisciplinary team at BHG enables us to fulfill our mission of combating the opiate epidemic in Madison County by providing the most effective patient care as a team.

Interprofessional Social Work Practice

The definition of the MSW program at ECU is described on their website as a program to prepare students to be interprofessional social work practitioners who can mobilize the power of interprofessional teams for the advancement of social welfare and justice. Students also participate in an interdisciplinary university certificate program that further informs their practice (Interprofessional Collaboration, 2023). This capstone project will illustrate my practice and application of all nine social work competencies. This culminating experience will cover each competency and demonstrate interprofessional social work practice. Using Interprofessional Cooperation in an Opioid Addiction Treatment Facility is crucial for providing patients with the most effective care possible. As a social worker, it is imperative that you consistently apply all

nine of these qualities to be an effective and ethical social work clinician. As previously noted, the methodology of the ECU MSW program definition of interprofessional social work practice and interprofessional behaviors applies to this particular practice context by highlighting the significance of delivering care to the "whole individual." At BHG Richmond, we believe that medication-assisted treatment is an excellent resource for combating substance use disorders. But we at BHG Richmond also feel that clinical treatment and counseling are as vital, and that SUD should be handled concurrently for optimal results. We emphasize weekly interdisciplinary team meetings to provide the best possible treatment for our patients.

At BHG Richmond, therapists are being trained to use an evidence-based counseling strategy. While attending BHG Richmond, we undergo a comprehensive training program that focuses on clinical skills that help us establish strong practice abilities as outpatient substance use counselors, as well as self-care techniques and the necessity of making ethical decisions. Self-care measures are crucial for clinicians in this sector, as the COVID-19 pandemic has increased the number of patients presenting with SUDS. Working with this vulnerable demographic can easily result in burnout. Thus, BHG Richmond enables us to utilize one-on-one supervision as a strategy for self-care, as well as the significance of mental health days when needed. Learning to distinguish between home and work life is one of the additional self-care tactics used to enhance the interprofessional social work approach with this demographic. To effectively address the needs of this population as a counselor in this context, it is essential that we are mentally and physically well. Self-care techniques make this feasible.

Evaluating Evidence for Individual and Collective Action

Evidence of Interprofessional Collaboration in a MAT Setting

Multiple professionals at BHG Richmond collaborate to promote the recovery of clients. There are physicians, nurse practitioners, registered nurses, and counselors in this group. According to a large body of literature, effective addictions intervention requires interprofessional collaboration. Interprofessional collaboration is an efficient interpersonal process that enables the achievement of targets that cannot be achieved when individual occupations act independently (Bronstein, 2003, p. 299). This makes it essential to treat substance use disorders effectively. "Healing requires multiple services in order to meet the needs of every client" (Collaboration for Addiction and Mental Health, 2014). The significance of interprofessional collaboration extends to mental health care, which is an additional factor to consider for clients with dual diagnoses. Interprofessional psychological health units increase effectiveness and accessibility to interventions while lowering inaccuracies expenses, and treatment duration (World Health Organization [WHO], 2010). Dual diagnosis patients who receive care from an interprofessional team are 70% less likely to be readmitted to the emergency room and 65% less likely to be hospitalized (Gaglioti et al., 2017).

When working in the field of substance use, it is essential to understand that effective treatment requires the collaboration of numerous components and personnel. These sources have confirmed the importance of interdisciplinary teamwork, as outlined above. Nonetheless, the source *Interdisciplinary collaboration in the treatment of alcohol use disorders in a General Hospital Department: A mixed-method study - substance abuse treatment, prevention, and policy* go on to discuss how interdisciplinary collaborations may offer a crucial solution to increase the treatment rates of patients with substance use disorders and should be adopted in hospitals to a

greater extent. There is a need for research into the efficacy of multidisciplinary teams in the treatment of hospitalized individuals with substance use disorders (Kools et al., 2021). While this study concentrates on a higher level of care than BHG Richmond provides, it still emphasizes the significance and necessity of teamwork in addressing substance use disorders in the United States.

Potential Implications of Interprofessional Collaboration for MAT Outcomes

Reflecting on the high prevalence of results from the previous study of interdisciplinary collaboration demonstrating effective treatment for substance use disorders in a hospital setting demonstrates that there is a significant quality when working as a collaborative team at "Level 1" care centers such as BHG Richmond. MAT refers to interventions for the treatment of substance use disorders that combine medication and behavioral therapy. Cognitive Behavioral Therapy (CBT), motivational interviewing, and trauma-informed care or treatment are some of the most common evidence-based practices utilized in addictions treatment, according to my experience at BHG. With these practices and the use of MAT, the recovery efforts of BHG patients are generally successful. MAT significantly reduces the risk of overdose mortality, decreases the use of illicit opioids, decreases the transmission of blood-borne infections, and increases patient retention (Volkow et al.). BHG provides patient-centered care to patients to aid in their recovery.

When working as an interdisciplinary team, the Level 1 outpatient substance use clinical operating as medication assisted treatment is essential. In a study titled OPIOIDS: Cultivating Interprofessional Collaboration to Solve Public Health Problems, the relationship between interdisciplinary collaboration in a medication-assisted treatment setting is discussed. This study examined how an interprofessional case-based activity fostered collaboration among students

from two distinct professional programs as they engaged in problem-solving around a contemporary public health issue that intersects closely with their future practices. Not only did the activity enable for the study of clinical topics including relevant substance use disorders, but the complexity of the opioid crisis also necessitates multi-modal tackles that engage multidisciplinary teams in collaborative operations; involving learners in this process in their professional development is crucial to ensuring that they are well-equipped and experienced team members who understand the role of medication assisted treatment (Hager et al., 2018). Due to the research presented in these studies, it is crucial that we, as a company and as clinicians, reflect on and maintain our policies at BHG Richmond. The results of the study demonstrate the need for interprofessional collaboration in all substance use treatments, particularly those that offer medication-assisted therapy.

Exercising Social Work Values and Ethics

Doctors and nurses adhere to their own code of ethics, as do social workers. It is essential for social workers to comprehend the differences between disciplines' codes of ethics (Clark, 2006; Marcussen et al., 2020). Interprofessional teams utilize the skills of each professional to promote the health and well-being of clients and their families. On my interprofessional team, there are three social workers who share the same values and ethics despite having distinct educational backgrounds. This facilitates team collaboration at our Richmond clinic. According to the National Association of Social Workers (NASW) Code of Ethics (2018), social workers who are members of an interdisciplinary team must participate in and contribute to decisions that affect the well-being of clients by utilizing the profession's perspectives, values, and experiences. The professional and ethical responsibilities of the interdisciplinary team as a whole and of each member must be specified (NASW, 2018).

Ethical Scenarios

In my interdisciplinary work at BHG, ethical dilemmas occasionally arise and test our team's capacity for collaborative decision-making. For instance, a colleague may have a different opinion than mine regarding the care of the patient. For instance, in the first scenario, the doctor may occasionally admit someone to our program for a condition that I believed required a higher level of care than we provide. In the second scenario, however, I have also experienced the opposite. I have witnessed situations in which a patient required our level of care, but the on-site physician referred the prospective or current patient to a higher level of care.

A meeting with the physician, nurse practitioner, program director, clinical director, and primary counselor was the solution that the interdisciplinary team came up with for the first scenario. The patient presented with aggressive behaviors, and the immediate dip urine analysis screen was positive for methamphetamine, amphetamine, benzodiazepines, cocaine, and opiates. Due to the patient's aggressive conduct and signs of a possible untreated mental illness, as well as the patient's high-risk urine analysis result, this patient would be better suited for inpatient care. Especially because the sample tested positive for Benzodiazepines, which are extremely dangerous when combined with Methadone. We worked as a team, and most of us decided to admit the patient. As the process progressed, however, my clinical supervisor and I worked closely with medical to ensure that we provided close monitoring and referrals. Due to the positive benzodiazepine test, we also ensured that this patient participated in two counseling sessions per week, rather than one, and began treatment with a lower dose of methadone than usual. We incorporate mental health and benzodiazepine screening results into an individual's individualized treatment plan.

The second scenario involved a current patient who was discharged from Level 1 outpatient substance use treatment and referred to a higher level of care due to continuous methamphetamine positives and instability with MAT Methadone due to lack of attendance and a high concentration of methamphetamines in the patient's weekly urine analysis screenings. However, the patient declined to participate and terminated treatment altogether. I would have handled this situation completely differently than the multidisciplinary team did. As a social worker and counselor for substance use, I am convinced that the patient required a higher level of care. Nonetheless, I believe that we must also consider harm reduction and numerous clinical factors that impact the patient's health, as opposed to focusing solely on medical factors. The interprofessional team did reach the decision to discharge the patient. However, as a social worker, I did advocate for the patient and future patients by encouraging the interdisciplinary team to consider the various contributing factors influencing the patient's life before making a treatment decision. In my professional opinion, the patient would have benefited from remaining in our level of care with a referral to Voices of Hope for transportation assistance and an increase in counseling to aid in the reduction of methamphetamine use. However, because the patient was not given a choice and their opinion on the treatment was not heard, the patient bowed out and is no longer receiving treatment. This should serve as an example to encourage all substance use facilities, particularly in our current society, to work closely with harm-reduction for each individual patient and what is safest and in their best interest, while also considering the patient's autonomy and voice.

Diverse Codes of Ethics

As seen in Scenario 1 and Scenario 2, the contrasts in professional ethics between professions collaborating with the BHG team in the Richmond field placement impacted the

intervention with these particular patients. As previously mentioned, various codes of ethics govern each profession. Physicians and medical aid are committed to putting safety first. In contrast, clinical focuses on the patient's welfare as well as other factors affecting the patients' lives. In the first scenario, clinical and medical professionals had different perspectives regarding this scenario. However, both professionals collaborated to serve the patient's best interests in the most secure and monitored manner possible. The second scenario exemplifies the distinctions between the codes of ethics for social workers and counselors and physicians and nurse practitioners. Regarding the care of our patients, I believe the clinical supervisor and I adhered to our code of ethics by advocating for self-determination, body autonomy, and harm reduction. The medical staff prioritized the safety-first code of ethics. Even though the patient was discharged and referred out, the medical staff gained a greater understanding of clinical approaches and the significance of focusing on multiple factors before determining a patient's future level of care. It also demonstrated to the medical staff the significance of slowing down, being cautious, and working as a team until a unanimous decision regarding the patient's care is reached.

Being Culturally Responsive

Conflicts, particularly those involving ethical dilemmas and issues of social justice, place additional responsibility on interprofessional social workers to facilitate a disposition consistent with social work values and ethics. In my work at BHG, I've discovered that medical professionals are less concerned with social justice issues such as environmental stressors, racial discrimination, and absence of routine health care than social workers. I have witnessed BHG Richmond's medical staff advocate for social justice issues, but only in relation to the substance misuse epidemic. For instance, the new animal tranquilizer Xylazine and the significance of

strengthening social policies to combat the nationwide war on substances are discussed. However, they do not take the above-mentioned contributing factors such as equality, racial discrimination, inequality, and widespread poverty into account as much as they should. Social work's emphasis on social justice is crucial for advancing patients' human rights. "(a) Social workers should demonstrate an understanding of culture and its role in human behavior and society, emphasizing the positive aspects of all cultures" (NASW, 2018). We are committed to assisting patients of all races, ethnicities, genders, and socioeconomic backgrounds at BHG. BHG will collaborate to perform a biopsychosocial evaluation in order to comprehend the medical history of the patient. This evaluation investigates biological, psychological, and social factors that may contribute to a patient's problem or difficulties. At BHG, we hold monthly meetings with our multidisciplinary team to discuss methods to assist our population. Frequently, we must assist patients with socioeconomic status issues due to patients' felony convictions stemming from substance use disorder allegations. They are occasionally restricted to SNAP benefits and Section 8 accommodations. With my social worker skills, which include empathy for others, critical thinking, attentive listening, and perseverance, I am able to collaborate with my interprofessional team to devise the most effective treatment plan for the patient.

Preparing, Engaging, and Assessing

BHG's interdisciplinary team consists of numerous working components. The five characteristics that make up the Iachini et al. (2018) Model for Interdisciplinary Collaboration are interdependence, newly formed professional activities, flexibility, joint ownership of goals, and reflection on the process. Interdependence is utilized regularly in the care of patients at BHG. Interprofessional collaboration is increasingly included as a core practice competency in social worker and allied professions' accreditation requirements (Ball, Anderson-Butcher,

Mellon, and Green, 2010). Similarly, interprofessional teams cannot function without a comprehensive understanding of client requirements. Consequently, inclusion of the client and a variety of other professions is essential for interprofessional and client-centered treatment (Soklaridis et al., 2017). Social work practice skills that can be used to promote interprofessional team collaboration that supports a shared identity and vision for the collaborative work while also valuing the discrete knowledge base of individual treatment include shared decision-making, interprofessional values and ethics, role clarification, communication, interprofessional conflict resolution, and reflection (McLaney et al., 2022). A didactic program, a community-based experience, and an interprofessional simulation experience are three common models that also foster interprofessional team collaboration and support a shared identity and vision (Bridges et al., 2011). These skills and modules will enable interprofessional teams to work collaboratively while maintaining their own distinct knowledge bases in their respective fields.

The treatment program context influences interprofessional teamwork in numerous ways at BHG Richmond. The patient will interact with each member of the interdisciplinary team on the first day of treatment. The patient will initially meet with the counselor, who will then perform a biopsychosocial assessment. Following this, the patient will meet with the physician to discuss biomedical concerns. The patient will then meet with the attendant in order to receive the prescribed medication. Each member of the interdisciplinary team will work together to determine which type of treatment will provide the best care for the patient. The objective of the interprofessional team is to provide patient-centered care, despite the different areas of expertise of each team member. At BHG, guidelines are developed for our interdisciplinary team to explicitly present information and ask questions, clarify everyone's role, and investigate successful collaborative strategies. The team members respect the needs and contributions of

others in order to attain the team's goals. There are currently weekly meetings and individual supervision with the clinical director to discuss the patient's progress. Moreover, the physicians conduct regular chart reviews, conduct annual evaluations, and provide feedback to the team.

Setting Goals, Planning, and Contracting

When a patient presents for intake at BHG Richmond, the first objective that must be included in the patient's treatment plan is that he or she will work to phase down illicit opiate use. The methods and interventions for this issue are dissected and customized for each individual patient. After an intake meeting with the clinical counselor, nurse practitioner, and physician on-site, the presenting problem for the treatment plan is determined. Once it has been determined that the intake has an opioid use disorder, the route, specific opiate, and quantity used by the intake are recorded in the methods and intervention section. The responsibilities or objectives of interprofessional team members influence the formulation of social work intervention goals for BHG Richmond patients. Each interprofessional team member has distinct responsibilities and areas of expertise. When the patient is cooperative, we ask them the most effective questions. We are receptive to and appreciative of the perspectives of others, and we collaborate to devise the most effective treatment plan for the patient. As an illustration, many of our patients with substance use disorder (SUD) encounter social stigma, isolation, discrimination, and homelessness; as a team, we devise treatment plans to combat these problems. A patient's treatment plan will require collaboration with external organizations, such as Voices of Hope (VOH) and Targeted Case Management, to connect patients with community resources. By collaborating as an interdisciplinary team and working with external agencies such as VOH, we are able to employ social work knowledge such as systems theory and skills such as shared decision-making to ensure the effective implementation of social determinants of health.

Respect for patient autonomy and informed consent permits patients to make decisions regarding their medical care without influence. According to the NASW Code of Ethics, social workers must respect and promote clients' right to self-determination and assist clients in identifying and clarifying their goals. Social workers may limit clients' right to self-determination if, in their professional judgment, the clients' actions or potential actions pose a grave, predictable, and imminent risk to themselves or others (NASW, 2018). Multiple strategies can be implemented by interprofessional team members to incorporate client participation in the decision-making process into our collaborative work. Patients must advocate daily for themselves as treatment phases and discharge plans progress. During our interprofessional team meetings, we discuss patient issues and determine the best possible patient outcomes. A patient, for example, required prescription take-home bottles of their prescribed Methadone dosage. Due to their physical condition, this patient is unable to visit the clinic every day. This requires coordination with the multidisciplinary team in order to establish a treatment plan objective for the patient in question. This includes identifying the issue and assigning responsibility to each team member for attaining the goal through the application of values and ethics. The counselor, physician, and nurse practitioner will examine the patient's drug screens and discuss the patient's recovery stability. The counselor will advocate for the patient's biomedical concerns on their behalf. Since over a year ago, this patient has tested negative for all illicit substances. After making this determination, the doctor will compose the prescription for the patient's medication to be taken at home. The counselor will contact the patient to inform them of their eligibility for take-home treatment. The counselor will also notify the nursing staff of the modifications to the patient's dosing history. The counselor will then complete a new treatment plan with the patient,

which will include the new take-home privileges. Monthly, the counselor will evaluate the treatment plan with the patient to determine if any changes are necessary for that patient's care.

Applying Practice Theories and Skills

All health care decisions and quality measurements in patient-centered care are driven by an individual's specific health needs and intended health outcomes. Patients are companions with their health care providers, who treat them not only from a clinical standpoint, but also from an emotional, mental, spiritual, social, and financial vantage point. This concept is also known as the biopsychosocial framework. According to the source Iachini et al. (2018), the Model for Interdisciplinary Collaboration is comprised of interdependence, newly formed professional activities, flexibility, joint ownership of objectives, and process reflection. Interdependence and shared goal ownership are both facilitators and impediments to collaboration on the BHG Richmond interprofessional team. Due to the diverse professions that comprise the team, interdisciplinary teamwork occasionally encounters obstacles. In situations such as this, however, each member of the interdisciplinary team must provide continuous feedback until a consensus is reached.

BHG Richmond has numerous policies that govern group, family, and interprofessional team interactions. HIPAA and patient protection always take precedence. When conducting an interprofessional team meeting, it is advisable to share your observations regarding the patient's care and lifestyle. However, continuing education and assessment of the policies surrounding the privacy of a patient's health record are also essential. What is communicated clinically about a patient during an interdisciplinary meeting should not be discussed with medical personnel who are not involved in the patient's staffing. It is essential that only the most effective information regarding the patient is presented. BHG also requires that you do not access a patient's health

record unless you are interacting directly with the patient. If a member who is not working directly with the patient looks through the patient's files, such as urine analysis screenings, it is a violation of the patient's privacy. In addition, it is essential to implement HIPAA in both group and family settings and to ensure that each patient's file contains the appropriate release of information.

Implementing models such as a didactic program, a community-based experience, and an interprofessional simulation experience (Bridges et al., 2011) are the concrete methods in which I can engage with my interprofessional team to ensure that they operate in a collaborative manner. Other concrete ways I can engage with my interprofessional teams to ensure effective collaboration include providing a platform for social interaction, rewarding and recognizing team members, incorporating team building activities, encouraging open communication, and sharing knowledge, insights, and resources (A Framework, 2023). We encounter a large number of vulnerable and high-risk patients on a daily basis when working with individuals with substance use disorders. Every day, we see a wide diversity of complex needs and trauma histories among our new patients and those who are already in treatment. Consequently, it is crucial that our multidisciplinary team at BHG Richmond collaborates closely to provide care that is as culturally competent as feasible. At BHG Richmond, we have advocated for a diverse workforce above all else. The staff's diversity exemplifies the significance of embracing diversity not only in our local community, but also within our treatment facility, thereby promoting the concept of a safe treatment experience. As new counselors, nurses, nurse practitioners, and even physicians join the BHG Richmond team, they are required to complete a culturally competent module on Paycor and score 80% or higher on the accompanying assessment. This module discusses the strategies and significance of cultural competence in the workplace. Working as a team that has

undergone this training and hails from a variety of cultures and educational backgrounds enables us to debrief and address the complex needs and severe trauma history of our patients. During these interprofessional meetings, we also determine the significance of referring new patients and existing patients to higher levels of care or additional mental health assistance as required.

Evaluating, Ending, and Documentation

Termination is the last stage in the interprofessional team's patient care process. A patient will either leave against medical advice, abandon the program gradually, or transfer to another facility. In conjunction with the transfer and decline, we provide education on aftercare, overdose, and Narcan. Within the next 90 days, we will continue to follow up with those who depart against medical advice. Then, we remove them from Light House, the Commonwealth of Kentucky's treatment monitoring system. We provide the patient's medication, discharge date, and reason for exiting the system. Individuals who are outside of this system are able to access another Kentucky treatment facility if necessary. In conclusion, based on my experience at BHG, interpersonal communications and interprofessional collaboration are influenced by numerous factors. Due to their persistent illegal conduct, the current patient is being discharged and referred to a higher level of care, as was discussed in the paper. The clinical staff provided continuous follow-up to ensure a seamless transition from our level of care to the higher level of care. However, as a result of the repercussions, the patient did not progress to a higher level of care and ultimately discontinued treatment. The clinical counselor records each follow-up call and the staff-patient conversation. The clinical staff contacts all patients who discharge on their own or successfully transition out of the program every 90-days to check in on their post-treatment progress and provide information about aftercare services and free counseling through BHG Richmond for one year after discharge.

The BHG team collaborates to enhance treatment intervention for each patient. In the event that our client required home-based follow-up, we were able to assess the patient's current treatment status. Due to the patient falling out of treatment and not advancing to a higher level of care, the interdisciplinary team realized the significance of considering multiple contributing factors prior to discharging a patient. As a counselor, I was able to follow up with the patient, and the patient is now scheduled for re-admission to our treatment program. Having said that, there are instances when doctors on the team make decisions without consulting the counselors. As an illustration, the patient was discharged and referred to a higher level of care in the scenario discussed throughout this paper. This was a challenging instance for the team to recover from due to the negative outcome of the patient abandoning treatment. However, now that the clinical staff has been able to schedule a re-admission for this patient, the team is recovering due to the presence of aftercare services and follow-up.

Due to referring to a higher level of care rather than attempting to provide more intensive treatment strategies within the level 1 quality of intervention, the team missed an opportunity to enhance the quality of intervention for this specific patient. This was a missed opportunity to enhance interprofessional collaboration. The medical side assumed control of this case without considering the clinical input, which negatively impacted the patient in this situation. If we had worked together and taken the time to reach a consensus, this patient would have received higher-quality care. As discussed throughout this paper, each profession brings its own unique path and experiences to the interdisciplinary team and field. My personal level of privilege and marginalization shapes my personal perspectives, which facilitated interprofessional collaboration by revealing how my own external stressors affect aspects of my personal life in Madison County. My personal level of privilege also enables me to understand how my race and

gender influence my privilege in society, as well as the negative implication that other genders and ethnic groups experience inequality. Due to marginalization, I have realized the significance of women's limited ability to speak out. This has enabled me to encourage all of my patients to use their voice for self-autonomy and self-determination in order to promote their voice and well-being as a whole.

When working in this field, it is essential to implement self-care strategies and practice skills in order to improve the interprofessional practice approaches we implement. To be the best counselor I can be for my patients and their treatment plan objectives, as a social worker I must, among other things, establish goals and priorities, take walks with my dogs, and get enough sleep at night to promote my well-being. I also make use of the significance of clinical supervision with my clinical director. Each week, for one hour, I am able to debrief on complex cases and learn new practice skills that will help me develop as a social work clinician and provide effective care to my current and future patients. This is a SMART objective that was established with my clinical supervisor. My clinical supervisor and I meet weekly to review the SMART objectives I've set for myself as a counselor and practicum student. My clinical supervisor and I discuss the time I spend on self-care and coping skills such as those enumerated above, in addition to the weekly hour of clinical supervision. My supervisor has advised me to keep in mind that as a clinician, one cannot pour from an empty cup. If you cannot be present for yourself, then you cannot be present for your patient. By implementing the self-care strategies, participating in clinical supervision, and establishing healthy work-life boundaries, I can implement the skills and strategies necessary to improve my self-care practices and ensure a healthy social worker role for myself and my patients.

Conclusion

As this paper has proceeded, we have delved deeper into my practicum placement with the Behavioral Health Group in Richmond, Kentucky. BHG Richmond consists of a Level 1 outpatient substance use clinic that offers Medicated Assisted Treatment that focuses primarily on Methadone, but also offers suboxone and vivitrol as needed. Throughout my tenure as a clinical outpatient substance use counselor at BHG Richmond, I have encountered numerous ethical dilemmas and acquired cultural sensitivity and competence. Our diverse staff at BHG Richmond endeavors to provide a safe treatment environment for rural Madison County. As an interdisciplinary team, we are constituted of a vast array of professions that provide insight into how to treat each individual patient effectively and efficiently. A social worker can utilize a variety of models and skills to ensure interprofessional team collaboration. As a patient progresses through their treatment, the entire staff closely monitors their condition. The clinical staff recommends a minimum of one year of treatment; however, some patients discontinue treatment and fail to appear, while others taper down under medical supervision. The interdisciplinary team evaluates patients from the beginning to the end of treatment to ensure that the patient receives the most successful and effective care feasible. In order to promote the health of our patients, this document demonstrates the importance of working in interdisciplinary teams and taking into consideration each specific profession.

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