Surprising hiring advice from a Collaborative Care expert

I participated in a very candid discussion with one of our Collaborative Care experts, Virna Little, LCSW-R, SAP, PSYD and the Chief Operations Officer of a set of clinics in upstate New York a couple of years ago. The COO was about to hire for the position of an all-in-one care manager, which means the care manager would be providing both psychotherapy to patients as well as performing all the other care management tasks. This particular Collaborative Care program targeted seniors with depression so naturally the COO was looking for someone with a background in mental health and experience working with a geriatric population. During this discussion, our Collaborative Care expert had some surprising pieces of advice for the COO in terms of who is and is not a good fit for the role of care manager and what you might ask or do during an interview to determine this. Here are some of her comments:

1. This is very different position than you have probably ever hired for in the past.
2. Often, the less mental health experience the better. Sometimes, people who have worked a lot in out-patient mental health clinics are not a good fit because the pace and paradigm of traditional mental health can be so engrained that it is difficult to switch gears to primary care behavioral health. People with emergency department experience or primary care experience tend to be good fits.
3. You really want a salesperson for this job. Hand the person you are interviewing a bottle of water or a pen and say, “Here. Sell me this bottle of water/pen”.
4. Do a role play with the person you are interviewing where you are a PCP or nurse interrupting their therapy session to introduce them to another patient (warm connection) and see how they handle the interruption.
5. Have the interviewee set a behavioral activation goal with you. See if they are able to parcel down the goal into a something small and manageable. Watch to see how directive they are with you. Being too directive might not be a good fit.
6. Ask them what tools they use in their practice. If they don’t even know what a PHQ-9 is, think about taking them off the list of candidates.

I found her advice to be particularly useful because it helps gauge a person’s ability to be flexible, persuasive, and motivating with patients. Primary care is a much faster paced environment than traditional out-patient mental health clinics. Part of doing population-based care can mean getting interrupted to do warm connections during a therapy session. Both the care managers and their patients need to be ok with that. Collaborative Care is also proactive. Being an enthusiastic salesperson for the patient’s depression care and continually working with them to become activated are so important to overall engagement in care. Collaborative Care also means treating to target. If you aren’t using tools to measure symptoms and don’t have a clearly defined goal for treatment, it’s hard to know whether the patient is completely better or if you need to keep working with them and/or adjust their treatment in some way.

For a detailed care manager job description, click this link: 
http://aims.uw.edu/sites/default/files/CareManagerJobDescription.pdf

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