

Building a Compassionate Workforce in an Integrated HIV Treatment Program: Models of Care, Patient Outcomes, Trainee Experiences with Empathy and Altruism, and Recommendations

Candace Irabli, PsyD, MEd
Nicholas Wood, PsyD
Lori DeLorenzo, RN, MSN
Tariem Burroughs, MEd, MSODL

AIDS Care Group &
Organizational Ideas

Introduction

AIDS Care Group is a community AIDS service organization and training site for doctoral and post-doctoral trainees in clinical psychology in southeastern Pennsylvania. Trainees are tasked with providing comprehensive, integrated mental health treatment to individuals living with HIV at the intersection of multiple public health challenges and disability statuses, and learn, over the course of their training, about models of care and approaches to integrated treatment that tend to the unique and often profound biopsychosocial needs of their patients.

At AIDS Care group, clinical supervisors have short- and long-term interdisciplinary training goals, with a long-term investment in the transformation of trainees. By the end of their training experiences, supervisors hope that trainees leave with concrete clinical skill and a trauma-informed, empathic orientation to clinical work and a passion for working with the underserved in high need and high demand areas.

Training in integrated behavioral health, in some ways, looks different from the standard training received by doctoral clinical psychology interns and post-doctoral residents. At this agency, patients often spend a great deal of time engaging in their care--they attend individual psychotherapy sessions, group psychotherapy meetings, they eat lunch on-site, hang out with friends, get their medical and dental care, and use the agency as a respite from the stressors of their lives. Trainees are encouraged to get to know their patients not just as once-per-week psychotherapy patients, but as full humans with whom they eat lunch, who they witness interacting with friends, and with whom they often interact outside of their offices. The agency is hopeful that this approach to creating a “therapeutic milieu” on campus benefits both patients and trainees in ways that are both obvious and more covert.

Researchers set out to assess the training program’s contributions to the development of empathy, altruism, and interest in working with high-need, high-demand, underserved populations living with HIV, mental health issues, and addiction. We hypothesized that trainees developed growth during their training in terms of empathy-building, and a devotion to working with the underserved.

Methods

Qualitative design using semi-structured interviews with 7 current and former mental health trainees (predoctoral clinical psychology interns and postdoctoral clinical psychology residents) at an integrated HIV care agency in the East Coast, United States, providing medical care, mental healthcare, oral health care, Hepatitis care, pharmacy, substance use care, prevention and education, social services, food bank, and other services.

Interviews conducted by outside researcher over Zoom due to COVID-19 pandemic. Participants consented to the interview and the interviewer discussed with them confidentiality and potential risks and benefits of participating. Each interview was recorded, transcribed, coded, and thematically analyzed.

Results

Interviews were approximately 30 minutes long and were conducted with current doctoral interns, a practicum student, and former residents. All but one recent trainee was included, as this trainee was unable to be contacted to participate.

Three major themes emerged from the interviews:

Training in this integrated therapeutic environment enhances empathy with patients and satisfaction with training experience
Trainees became more committed to working with people who are underserved by the prevailing medical and psychological systems
Trainees grew to see the importance of expressing empathy to connect with their patients, and they valued to role of clinical supervision in helping to build this skill.

Theme 1: Enhanced empathy and satisfaction

-Importance of relationships with patients. “I think I have developed a way more nuanced perspective in trauma work since I started at ACG...and particularly how that treatment turns out to be more relational than I initially thoughts or that I learned in school.”

- “ACG has really allowed me to grow the empathy that I have for patients.”

- “I really think you need to hear your patients; I think you need to see them; I think that’s the best way we have to grow.”

-Learned to be flexible in clinical work in a way that was not modeled in school.

Results Cont’d

Theme 2: Commitment to working with the underserved

-“I thought I was making a difference in society.”

-“I kind of saw how much of an impact a community health center could have on a neighborhood and when I graduated I kind of wanted to have that same kind of impact.”

-Across respondents: More knowledge about patients’ lives leads to more of a commitment to seeing them achieve their goals.

Theme 3: Expressing empathy and getting supervision

-Exposure to patients outside of the office led to more empathy and gradually increased comfort expressing empathy.

-Becoming more “warmly accepting” of patients demonstrates respect and the expectation that patients can get better.

-Valuing patient humanity: “no matter if she was high when she came in, no matter how destructive she may have been in group that day, it was about showing her empathy and that she’s worthy of care and she’s worthy of support and validation.”

-Because the model differs greatly from what trainees learn in school, close supervision is vital. “I feel like the professional relationships are also like relationships of care where supervisors are looking out for students and helping them--helping them like flip the script sometimes.”

Contact Information

Candace Irabli, PsyD, MEd
cirabli@aidscaregroup.org



Lessons Learned

Trainees have a subjective experience of growth in altruism, empathy, and an investment in working with the underserved.

We should be assessing for change in these domains of development throughout a trainee’s learning experience, perhaps quarterly.

We should ensure that all supervisors are clear about explicit and implicit training goals and maintain a focus on building altruism and empathy in trainees in clinical supervision.

- Supervisors should meet to ensure that there are parallels between training experiences and training goals for all trainees.
- Name covert learning when it occurs.

It might be important to evaluate trainees on these developmental factors if and when they choose to leave the agency and go on to do different work.

Other agencies might look to provide trainees opportunities to interact with patients outside of formal “treatment” to allow for the development of a greater sense of a patient’s humanity and fuller opportunities for trainee personal growth.

Challenges & Limitations

No pre-training measures, assessing level of altruism/empathy/interest in working with the underserved at the outset of ACG training experience, thus cannot account for other situational or maturational factors.

Small sample size and a variety of clinical supervisors (participants were not all supervised by the same supervisor).

Constructs were only measured in self-report.

How to provide this kind of training experience in the context of COVID-19 and telework? Is it possible? Will we and other programs be able to live up to training goals without the covert learning that comes from engagement in the milieu?