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Interdisciplinary Teamwork in Community Children's Mental Health: An Innovative Field Model

Kellie Reed-Ashcraft, PhD; Douglas A. Waring, PhD; Cynthia Blanchard Kittle, DSW; John Turner, PhD

Introduction

Social workers have long been involved in a number of multi- and interdisciplinary settings. Further, with funding constraints and complex client issues, agencies increasingly are dependent upon multi- and interdisciplinary teamwork. In the health field, professionals from disciplines such as education, health, and social work often are found working together on multi- and interdisciplinary teams (Corrigan & Bishop, 1997), while teams consisting of teachers, doctors, nurses, and social workers as well as students from these disciplines can be found in areas such as adolescent mental health (Mason & Wood, 2000). Service coordination teams comprised of professionals from various agencies, including the child guidance center, department of social services (DSS), police department, health department, juvenile court, and the schools have been used for an interdisciplinary project involving children at risk for delinquency and drug use (Tapper, Kleinman, & Nakashian, 1997). Finally, DSS caseworkers and supervisors, mental health staff, assistant prosecutors, and police officers have participated in child protection teams (Bell, 2001).

To support the involvement and professional development of staff in these multi- and interdisciplinary initiatives, education has focused increasingly on "in-service" collaboration for current staff (Clark, Leinhaas & Filinson, 2002), and on "pre-service" collaboration for students or "future" staff (Berg-Weger & Schneider, 1998; Herrick, Arbuckle, & Claes, 2002). Multi- and interdisciplinary education efforts have been undertaken in fields such as health (Slack, Cummings, Borrego, Fuller, & Cook, 2002); early intervention (Roberts-DeGennaro, 1996); developmental disabilities (Berry, 1992); child welfare (Whittaker & Maluccio, 2002) and gerontology (Clark, 2002; Leipzig, et al, 2002). These collaborative efforts focus on content pertaining to a particular field (i.e., child welfare), but few have provided clear definitions or distinctions between multi- and interdisciplinary work (Resnick & Tighe, 1997).

In their review of literature regarding interdisciplinary teams in health care and human service settings, Schofield and Amodeo (1999) explained that of 2,200 abstracts reviewed, many were of limited value since the terms interdisciplinary and multidisciplinary rarely were defined and were used interchangeably. In addition, the researchers found that these terms had been used without additional context or explanation (Schofield & Amodeo, 1999).

In their book, *Teamwork in Human Services*, Garner and Orelove (1994) provide definitions that distinguish multidisciplinary from interdisciplinary groups. They state:

> *Multidisciplinary teamwork is based on the inclusion of professionals from multiple disciplines or agencies that share a common task or are working with the same individuals... [They] meet on a regular basis, share information and, in some cases, coordinate their activities. However, in a multidisciplinary team, each discipline remains relatively autonomous and can make many decisions independently regarding how best to serve the client, patient, or student (pp. 21–22).*

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In contrast, interdisciplinary teamwork:

> *occurs when two or more professionals from different disciplines work together in planning and delivering services to the same patient, client, or student...[It] uses a team decision-making process, rather than the decisions of one individual, to establish a plan for the individuals being served. The team members are then expected to cooperate, collaborate, and coordinate their activities to implement the team's plan to achieve its goals. Interdisciplinary teams accept the fact that the knowledge, skills, roles, and responsibilities of its members often overlap, which requires routine discussion and clarification of these issues to prevent role conflicts and to use effectively all of the professional resources within the team (Garner and Orelove, 1994, p 23).*

Further, Short (1997) suggested that interdisciplinary educational and training endeavors include content that examines the processes and issues related to interdisciplinary work. Handron, Diamond, & Zlotnik (2001) presented and discussed their interdisciplinary course that focused on working with children with serious emotional disturbances (SED) and their families. They explained that discussions within the interdisciplinary course, which included students and faculty from psychology, child and family relations, social work, and nursing, focused on participants' anxieties and insecurities regarding their chosen profession, as well as issues related to inter-professional tensions.

Building on the recent work with seriously emotionally disturbed (SED) children and their families, the recent interdisciplinary pilot field project reported in this article had three goals. The first goal was to determine if students gained knowledge and skills to work more effectively on interdisciplinary teams and to enhance their overall professional development. The second goal was to provide content to students regarding the definitions of the terms interdisciplinary and multidisciplinary to distinguish the differences between these two team concepts. The third goal was to determine if students gained experience working with these groups, particularly interdisciplinary groups that were operating as a part of the current pilot field project. In addition to these goals, the authors describe the overall pilot project and field training effort. The entire content of the field training effort is explained, and results regarding these goals are reviewed. Finally, a discussion of the findings is presented.

Structure of the Project and the Field Training Effort

The North Carolina System of Care (NC SOC) Initiative was a pilot project funded through the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DMH/DD/SAS). The project linked local area mental health agencies with other agencies, target families, and local universities to provide services to families with children with severe emotional and behavioral disturbances. Goals of service provision included development of a common service plan, assessment from a strengths perspective, and delivery of coordinated community services. The NC SOC Initiative involved seven demonstration sites located throughout the state, including the Watauga county project, which is described in this article.

Providing direct services to target families and providing education and training to service providers were the primary foci of the Watauga pilot project. The education and training component was delivered by the local university (Appalachian State University) as either "in-service" training for current service providers or as "pre-service" education and training for future service providers. Further, "pre-service" was the term used to refer to the development of an interdisciplinary course, and the development of an

interdisciplinary field (internship) experience for students who would become future service providers involved in a system of care. For this article, the interdisciplinary field effort is the focus.

Faculty from the disciplines of psychology; school psychology, social work, sociology, criminal justice; curriculum and instruction, and learning, reading, and exceptionalities developed the interdisciplinary field effort for the Watauga project.

Overview of the Field Training Effort

The interdisciplinary field effort was multifaceted. Each academic semester, the field effort included several key elements:

1. The interdisciplinary committee, comprised of faculty from the various disciplines developed an interdisciplinary field manual. The field manual described the structure, goals, and expectations of the field project. The manual was updated each semester and distributed to participating students and field supervisors located in local child and family agencies.
2. Students who were ready to complete their internships within their respective disciplines, and who were interested in working with seriously emotionally disturbed (SED) children and their families were selected by each discipline for participation in the field effort.
3. Staff from local agencies and organizations who worked with SED children and their families was asked if they would be interested in supervising students involved in the interdisciplinary field effort. The staff was then matched with students with similar interests. The staff included an educator, a school psychologist, a school social worker, a mental health therapist, and a director from a youth-serving agency.
4. A four-hour interdisciplinary field workshop was conducted at the beginning of each semester for participating students, field supervisors, and faculty to orient them to the field effort. Prior to the start of the workshop, a pre-test was administered to determine the extent of participants' knowledge of the concepts related to the course.
5. Four, two-hour monthly meetings were held over the course of the semester for students, field supervisors, and faculty. The meetings involved one hour of discussion of pre-determined concepts and one hour of discussion on the experiences of the students and supervisors within their respective groups or teams. It was anticipated that students would be participating in three groups or teams simultaneously. The first group was a field effort group comprised of students, supervisors, and faculty. The second community collaborative group was comprised of staff from Watauga County agencies, parents, and the students, who were developing the system of care. The third group was comprised of child and family "teams" for each target child and his or her family. These child and family teams included family, key staff involved with the family from different agencies, significant friends, relatives or neighbors of the family, and the students.

The concept discussion segment of the meetings was based on the interdisciplinary course syllabus also developed for this project. Garner and Orelove's (1994) text, which defines the concepts of multi- and interdisciplinary groups, was used to help students, faculty, and field supervisors understand the differences between the two types of groups as well as the strengths and limitations associated with these groups. Thus, a primary goal of the field effort was to expose students to the differences between multi- and interdisciplinary groups in the practice setting (i.e., children's local mental health initiative), and to have the students evaluate the groups based on these differences.

Each semester, students, field supervisors, and faculty discussed Garner and Orelove's (1994) multi- and interdisciplinary concepts during the second monthly session. They discussed the progress and structure of the various teams during each monthly session. In addition, during the final

monthly session, students and field supervisors took a post-test and participated in a focus group.

Project Evaluation Results

The pilot field project evaluation included a pre- and post knowledge test designed for the project (Table 1), and the use of focus group findings. The pre/post test findings and the focus group results provided information about the first goal: increasing knowledge and skills in working with interdisciplinary teams, and the second goal: delineating the concepts multidisciplinary and interdisciplinary. The focus groups also provided information about students' experiences with multi- and interdisciplinary groups. A total of 18 students, five faculty, two parents, and five supervisors participated in the field effort. Only those participants who completed both a pre- and a post-test were analyzed for a total of 10 completed surveys. The focus groups results were based on the responses of 10 students and four supervisors who participated in the focus group sessions both semesters. Results from the two student focus groups were merged and analyzed.

Knowledge Gains

The pre/post test included 10 identical questions (Table 1). The pre-test was given prior to the commencement of the workshop activity (conducted at the start of the academic semester), and the post-test was administered during the last group meeting of the semester. Specifically, participants were

Table 1. Questionnaire

FACES Training Workshop, Appalachian State University

Name: _____

Major: _____

Year in School: _____

On a scale of 1–5, I would rate my personal knowledge of the following:

		No Knowledge				Great Deal of Knowledge
1.	The concept of a System of Care	1	2	3	4	5
2.	Children with Severe Emotional Disturbances (SED)	1	2	3	4	5
3.	The concept of family involvement in the planning and delivery of services	1	2	3	4	5
4.	The concept of an interdisciplinary team approach	1	2	3	4	5
5.	The concept of At-Risk children	1	2	3	4	5
6.	Services generally available for SED children and families at the community level in the US	1	2	3	4	5
7.	Services generally available for SED children and families in Watauga County	1	2	3	4	5
8.	The concept of a SOC community collaborative	1	2	3	4	5
9.	The concept of wrap-around services	1	2	3	4	5
10.	The concept of strength-based assessment for children with SED	1	2	3	4	5

Table 2. Results of Pre-test and Post-test Questions

Faces Pre-Test and Post-Test Questions

Personal Knowledge of:	Pre-test Mean	Post-test Mean	Mean Diff.	t-test values
1. The concept of a System of Care	2.3	4.6	2.3	7.67*
2. Children with Severe Emotional Disturbances	2.9	4.2	1.3	3.88*
3. Concept of family involvement in the planning and delivery of services	3.0	4.6	1.6	4.71*
4. Concept of an interdisciplinary team approach	2.9	4.6	1.7	5.67*
5. Concept of At-Risk Children	3.4	4.7	1.3	4.33*
6. Services generally available for SED children and families at the community level in the US	2.2	3.7	1.5	3.50*
7. Services generally available for SED children and families in Watauga County	2.1	3.9	1.8	7.22*
8. Concept of a SOC community collaborative	2.4	4.6	2.2	7.57*
9. Concept of wrap-around services	2.4	4.8	2.4	6.00*
10. Concept of strength-based assessment for children with SED	2.5	4.6	2.1	6.68*

* Significant at $p<.01$

asked to rate their personal knowledge of certain concepts both before and after participation in the field effort. Participants responded to each question using a 5-point scale with (1) indicating little to no knowledge of the concept and (5) indicating substantial knowledge of the concept. Questions 4 and 8 (Table 1) pertained specifically to multi- and interdisciplinary teams. In question 4, participants were asked to rate their knowledge of an interdisciplinary team approach. In question 8, participants were asked to rate their knowledge of a system of care community team. Table 2 shows that on the interdisciplinary team question, an overall mean difference of 1.7 was found (pretest $\underline{M} = 2.9$; post-test $\underline{M} = 4.6$), $\underline{t}=5.67$, $p<.01$. On the system of care question, an overall mean difference of 2.2 was found (pre-test $\underline{M} = 2.4$; post-test $\underline{M} = 4.6$), $\underline{t}=7.57$, $p<.01$. Thus, the results indicate that participants felt they had substantially increased their knowledge/understanding of both the interdisciplinary team approach and, more specifically, a system of care community team. The mean scores and t-values for each pre/post test question are provided in Table 2. All t-values were significant at $p<.01$.

Distinguishing Between Types of Groups and Experiences with These Groups

Focus groups were also conducted during the final session as a part of an evaluation of the field effort and lasted approximately one hour. During the first semester, a total of six students and four supervisors participated in the two focus groups. During the second semester, four students participated in one focus group. A total of 10 open-ended questions were asked of the participants, and responses to the questions were recorded and later summarized.

Focus group questions pertained to students' and field supervisors' experiences with the project's multi- and interdisciplinary groups. Students responded that they enjoyed working with other disciplines in the different group settings, and that

they liked the exposure to and increased knowledge about systems of care. They also reported that the video pertaining to "wrap-around" services was particularly helpful in understanding systems of care as interdisciplinary group work, according to Garner and Orelove's definitions (1994). Further, they stated that the community collaborative meetings represented the most interesting and enlightening interdisciplinary group. Field supervisors also enjoyed the ability to work closely with people from different agencies, and appreciated the "breadths of experience" from a multidisciplinary perspective. Both students and supervisors commented on the need for more flexibility for student participation in the community collaborative group (i.e., more internship time for all students to participate in the field effort), and a clearer understanding of project goals, including goals surrounding the concepts multi- and interdisciplinary. Further, students reported that they would have liked the opportunity to participate on child and family teams, the third interdisciplinary group. Finally, both students and field supervisors stated that the field effort was extremely important and that it should be continued with revisions.

The discussions during the monthly sessions resulted in mixed findings regarding the goal of participation on interdisciplinary teams. Based on the definitions provided by Garner and Orelove (1994), the field effort group determined that their group was multidisciplinary in nature, although it was attempting to become more of an interdisciplinary group. For example, the group was originally directed for a couple of semesters by a single discipline, social work, before group "leadership" rotated to other disciplines. Second, participating students and faculty were ultimately guided by the rules of their respective disciplines, rather than by the rules of the group. For instance, students in one discipline spent 10 hours per week in their field experience (internship). Thus, their faculty member did not and could not expect them to attend the system of care community collaborative group meetings if these meetings conflicted with the students' course schedules. Third, ultimate decisions about each student's performance were made solely by his or her respective faculty member based on the expectations of the discipline.

The field effort group also decided that the system of care community collaborative group, which was developing the system of care, was the most interdisciplinary group. This group focused on key system of care concepts, such as the development of a common service plan for each child and family, a strength-based perspective during assessment, and coordinated community services. In addition, leadership within the group rotated among the different team members. Decisions at meetings were developed through group consensus. Most importantly, resources from the different agencies were contributed to the project. For example, university faculty involved with the group provided their expertise and time to develop an evaluation protocol for the project, while the local school system and local mental health agency contributed staff to serve as the initial service coordinators for the child and family teams. The students, supervisors, and faculty observed that group progress was slow—target children and their families were only beginning to be interviewed for participation—but the deliberative nature of the group was thought to contribute to its interdisciplinary "character."

Finally, students were not able to participate or observe child and family teams comprised of the target children, their families, key agency staff, and others. Again, due to the slow pace of development of the community system of care, child and family teams had not been created. Thus, the field group was not able to discuss whether these teams represented multi- or interdisciplinary groups.

Summary

The primary goals of this interdisciplinary field effort were: 1) to provide students with increased knowledge and skills to work within interdisciplinary groups (i.e., team decision-making; how to

represent each disciplinary perspective within a group; and how to negotiate differences in perspectives), and to enhance their overall professional development; 2) to delineate the concepts of multi- and interdisciplinary groups with participating students and field supervisors; and 3) to evaluate the effectiveness of these groups based on participation in the groups. To achieve these goals, content from Orelove and Garner's text (1994) was reviewed and discussed by the students, field supervisors, and faculty in the field effort group. In addition, arrangements were made for students to participate in three multi- or interdisciplinary groups: the field effort group, the community collaborative group, and child and family teams. Further, a non-experimental evaluation was conducted to learn if all three goals were achieved. The evaluation included a pre/post test of 10 questions administered to participating students and field supervisors prior to the field project, and focus groups that were conducted during the last session among participants. In addition, the concepts of multi- and interdisciplinary were discussed during the second session of the field effort group, and the applicability of these terms to the various groups also was discussed.

In summary, students and supervisors reported overall satisfaction with their increases in knowledge and skills regarding the concepts of multi- and interdisciplinary teams, and all of the participants appreciated the opportunity to work with other disciplines and organizations. Students in particular expressed interest in wanting to participate in child and family teams, which were not yet formed as a part of this community endeavor.

Secondly, the interdisciplinary field effort group appeared to achieve its goal of delineating the concepts of multi- and interdisciplinary groups for participants, and participants had the opportunity to participate in two of the three multi- and interdisciplinary groups designated for this effort, the third goal. The participants were able to evaluate these groups according to these definitions both during the semester and as a part of the evaluation of the field effort. However, faculty observed that more "in-depth" analysis or evaluation of these groups, including team decision-making processes, barriers to communication among group members, and hierarchical issues among team members, were never fully explored. This could have been due to the lack of time students actually were able to participate in the groups (including limited participation on the community collaborative group and no participation on child and family teams). Students may also need to identify with their own profession within a group prior to introducing more complex group or team issues.

Conclusion

Based on the findings, faculty recognized that it would be important for students to have the opportunity to participate in or observe child and family teams in future efforts. These teams are considered to be the primary focus of systems of care that work with families of children who have serious emotional disturbances. Therefore, it is paramount that students have an opportunity to participate in and/or observe these teams when possible. In addition, faculty also recognized the need to allow for greater flexibility for students from all of the disciplines to participate more fully in the community collaborative as well as participate with child and family teams. In order to do so, certain disciplines would need to make changes to their field/internship components to facilitate this participation.

Second, it is important to clarify the goals surrounding multi- and interdisciplinary team concepts among participants. This clarity should include required discussions during the field effort group, not only about team decision-making processes, but also regarding barriers in decision-making, such as communication and hierarchical issues among diverse disciplines. Similarly, from an evaluative standpoint, faculty recognized that it would be important to revise questions from the pre/post tests and from the focus groups to get more specific feedback to improve evaluation of the multi- and

interdisciplinary concepts. Further, due to the non-experimental design of the evaluation, it is not possible to draw conclusions regarding causality. Thus, the use of a more rigorous evaluation design is indicated for more conclusive evidence.

In sum, educational institutions will continue to strive to meet the increasing demands of local communities and their human service agencies for workers with multi- and interdisciplinary skills and experiences. To do so, students must understand multi-and interdisciplinary teams; they need to have opportunities to participate on multi- and interdisciplinary groups in different settings, and they must have opportunities to discuss the concepts of multi- versus interdisciplinary teamwork, including assessment of the strengths and weaknesses of particular groups. Further, an evaluation mechanism must be implemented to carefully evaluate if the instruction and the students' experiences are effective and valuable. By carefully attending to these areas, educational institutions will not only better prepare their students to work effectively on multi- or interdisciplinary teams, but they will provide them with the tools to evaluate and improve their groups in varying human services environments, and they will facilitate the development of a skilled human service workforce.

References

Bell, L. (2001). Patterns of interaction in multidisciplinary child protection teams in New Jersey. *Child Abuse and Neglect, 25 (1)*, pp 65–80.

Berg-Weger, M., & Schneider, F. D. (1998). Interdisciplinary collaboration in social work education. *Journal of Social Work Education, 34 (1)*, pp 97–108.

Berry, J. O. (1992). Preparing college students to work with children and families with special needs. *Family Relations, 41*, pp 44–48.

Clark, P. G. (2002). Evaluating an interdisciplinary team training institute in geriatrics: Implications for teaching teamwork theory and practice. *Educational Gerontology, 28*, pp 511–528.

Clark, P. G., Leinhaas, M. M., & Filinson, R. (2002). Developing and evaluating an interdisciplinary clinical team training program: Lessons taught and lessons learned. *Educational Gerontology, 28*, pp 491–510.

Corrigan, D. & Bishop, K. K. (1997). Creating family-centered integrated service systems and interprofessional educational programs to implement them. *Social Work in Education, 19 (3)*, pp 149–163.

Garner, H. G. & Orelove, F. P. (1994). *Teamwork in human services. Models and applications across the lifespan.* Boston, MA: Butterworth-Heineman.

Handron, D., Diamond, J., & Zlotnik, J. L. (2001). Challenges of providing interdisciplinary mental health education. *Journal of Family Social Work, 5 (3)*, pp 49–62.

Herrick, C., Arbuckle, M., & Claes, J. (2002). Teaching interprofessional practice: A course on a system of care for children with severe emotional disturbance and their families. *Journal of Family Nursing, 8 (3)*, pp 264–281.

Leipzig, R. M., Hyer, K., Ek, K., Wallenstein, S., Vezina, M. L., Fairchild, et al. (2002). Attitudes toward working on interdisciplinary healthcare teams: A comparison by discipline. *Journal of the American Geriatrics Society, 50 (6)*, pp 1141–1148.

Mason, M., & Wood, T. (2000). Clinical mental health training within a multidisciplinary school-based health clinic. *Journal of Health and Social Policy, 11 (3)*, pp 45–65.

Resnick, C. & Tighe, E. G. (1997). The role of multidisciplinary community clinics in managed care systems. *Social Work, 42*, pp 91–98.

Roberts-DeGennaro, M. (1996). An interdisciplinary training model in the field of early intervention. *Social Work in Education, 18 (1)*, pp 20–29.

Schofield, R. F. & Amodeo, M. (1999). Interdisciplinary teams in health care and human services settings: Are they effective? *Health and Social Work, 24 (3)*, pp 210–219.

Short, R. J. (1997). Education and training for integrated practice: Assumptions, components, and issues. In R. J. Illback, C. T. Cobb & H. M. Joseph, Jr. (Eds.), *Integrated services for children and families. Opportunities for psychological practice* (pp 347–357). Washington, DC: American Psychological Association.

Slack, M. K., Cummings, D. M., Borrego, M. E., Fuller, K., & Cook, S. (2002). Strategies used by interdisciplinary rural health training programs to assure community responsiveness and recruit practitioners. *Journal of Interprofessional Care, 16 (2)*, pp 129–138.

Tapper, D., Kleinman, P., & Nakashian, M. (1997). An interagency collaboration strategy for linking schools with social and criminal justice services. *Social Work in Education, 19 (3)*, pp 176–188.

Whittaker, J. K., & Maluccio, A. N. (2002). Rethinking "child placement": A reflective essay. Social *Service Review, 76 (1)*, pp 1–5.