Excerpts from

Caring for Children with Neurodevelopmental Disabilities and their Families
An Innovative Approach to Interdisciplinary Practice.

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Interdisciplinary Process and Neurodevelopmental Disabilities

"Interdisciplinary models of teaming recognize **that children and adults with complex health and educational needs require a comprehensive, holistic assessment and intervention model that cannot be managed by a single discipline** (Guralnick, 2000; Prelock, Beatson, Contompasis & Bishop, 1999; Prelock, Beatson, Bitner, Broder & Ducker, 2003)."

(Vargas & Prelock pg. 6)

Why Interdisciplinary Practice?

"When a collaborative team adopts a family-centered approach (see chapter 2), **the shared focus of interdisciplinary assessment reflects the concerns and priorities of the family.** By working collaboratively, the team can address these priorities more effectively than individual members working in isolation. Through the collaborative team process, **individual members build their capacity to support the child and family, share resources, and establish networks across the disciplines and programs.** Collaborative teamwork does not stop there, however. It also involves a commitment to revisiting and refining processes over time. Team members recognize the importance of reflecting on their work together, individually, and as a group, so there is **ongoing attention to building the important skills of trust, communication, shared resources, and personal and team accountability** (Johnson & Johnson, 1991). Collaborative team processes **optimize the time and effort of all team members so that important information is obtained and shared, and relationships among team members are strengthened. "**

(Vargas & Prelock pgs. 151-152)

Interdisciplinary Practice and Family Centered Care

"Over the past ten years, there has been a **paradigm shift from the professional as expert to the professional as a partner with families**—valuing the expertise both bring to service delivery (Johnson & Lindschau, 1996; Prelock et al., 1999 Shelton, Jeppson, & Johnson, 1987; Vincent 1985). Evidence suggests that not only **service delivery but also assessment approaches which are family centered and interdisciplinary offer promising practices for meeting the needs of children with**

neurodevelopmental disabilities (Brewer, McPherson, Magrab, & Hutchins, 1989; Dunst, Trivette, & Deal, 1988; Roberts-DeGennaro, 1996; Shelton & Stepanek, 1994)."

(Vargas & Prelock pg. 17)

Interdisciplinary Practice and Cultural Competence

"The training model **promotes the development of skills** to help clinicians not only to translate but also to mediate their **increased cultural sensitivity** into **culturally competent behavior** as they interact with children and families. Specifically**, clinicians enhance their understanding of the social environment** and family community as it intersects with culture affecting the health of children and families. The world view is also considered specifically as it relates to **a family's concept of health and illness**, attribution of the illness or etiology of the disability, the curative or healing process, and the perception of that family unit."

(Vargas & Prelock pg. 9)

Interdisciplinary Practice and Leadership in Maternal and Child Health

"The health professions have generally operated in isolation from one another. This is often referred to as the silo effort, or operating without consideration of how other disciplines may benefit from or be affected by what each individual discipline is there to do for a child. However, the VT-ILEHP team has been able to maintain a focus on a joint purpose, ultimately serving children with neurodevelopmental disabilities and their families. The commitment of every member of the faculty has been a strong foundation on which to implement interdisciplinary clinical practice. This in no way means that the progress has been free of conflict. The norm of **respectful disagreement and listening to each other's concerns has served the program well**, always with the eye on better serving children and families with disabilities.

The program brought together a group of professionals whose goal to serve children and families with disabilities superceded potential tensions. Some of these **tensions are endemic the national level as is the hierarchical nature, for instance, of the medical field,** which is often seen at the top of other health or allied health professions. Other stresses originate from the hierarchical value of some professions over others, despite comparable academic training, for example, occupational therapy as compared to psychology. Still others may come from personality, ideology, or philosophical differences. Despite these differences, **the mission of the program has been the primary focus of the team, in a manner that is so constructive that it has attracted and retained highly qualified faculty members.**

(Vargas & Prelock pg. 348)

Interdisciplinary Practice and Team Approaches

"The benefits of teaming are well documented (Bagnato & Neisworth, 1985; Villa, Thousand, Stainback, & Stainback, 1992) and several team approaches have been described in the literature. A multidisciplinary team approach is most often used in

clinical settings, engaging individual disciplines in the assessment and intervention of children with disabilities. Although the individual disciplines meet as a team at some point, most of their work is done in isolation. In contrast, **an interdisciplinary team involves team members in, among other activities, sharing information to address common goals.** There are a couple of variations of this model. A transdisciplinary team approach is one that has been adapted for assessment and involves team members in not only exchanging information but sharing and releasing their discipline-specific roles (McGonigel et al., 1994) across disciplines to more directly and consistently address the needs of a child and family. The second variation is an interdependent team approach. It is adapted for intervention in natural settings providing special services that are necessary. Like the transdisciplinary approach, it also involves role release and role support among professionals. Relationships among team members vary depending on the team approach selected and where along the continuum the team approach appears to be functioning. There may be a time for each model of practice, depending on the team's goals and the context in which they are working. For **the VT-ILEHP Program, an interdisciplinary team approach that utilizes aspects of both the transdisciplinary and interdependent approach to service delivery best addresses the children and families we serve."**

(Vargas & Prelock pgs. 18-19)

The Interdisciplinary Team and Training

"The disciplines represented include faculty and trainees from Nutrition, Pediatrics, Physical Therapy (PT), Occupational Therapy (OT), Speech and Language Pathology (SLP), Audiology, Social Work, Psychology, Education, and Nursing. Trainees benefit from opportunities to learn from the clinical knowledge and expertise associated with each of the disciplines. Their knowledge and understanding of health and development of young infants is greatly expanded. In addition**, skills are enhanced in the following areas: (a) interviewing and communicating effectively with families and community providers, (b) observing skills and function across the domains of development, (c) administering and interpreting the results of developmental screening measures, (d) interdisciplinary report writing, and (e) engaging infants in developmentally appropriate play.** Trainees also learn how to disclose information to parents, whether reassuring or difficult, in an open, honest, respectful, and empathetic manner, consistent with the principles of family-centered care described."

(Vargas & Prelock pg. 126)

Outcomes for Children and their Families

"The promotion and enhancement of the health and well-being of children with developmental disabilities and special health care needs is the primary goal and intended outcome of an interdisciplinary community based assessment. In contrast, **the interdisciplinary community based assessment approach ensures that information is shared among all team members and that the outcomes of the assessment are relevant to the family and local service providers**. In this model, **the family, primary**

health care provider, and community professionals drive the assessment by the interdisciplinary team. They determine the priority questions to be addressed and collaborate in developing recommendations and action plans so that information from specialist is translated into relevant outcomes for the child and family. A family centered approach ensures that the outcomes of the interdisciplinary community based assessment are respectful, strength based, individualized, and feasible for the child, family, and community. They determine the priority questions to be addressed and **collaborate in developing recommendations and action plans so that information from specialists is translated into relevant outcomes for children and family."**

(Vargas & Prelock pgs. 176-177)

Outcomes for Teams

An important outcome of the interdisciplinary community based assessment is **an increased awareness of the roles and contributions of all team members.** The exchange of knowledge and experience among all team members provides an **opportunity for professional growth and development**, and results in a more holistic, ecologically relevant approach to assessment.

Assessments that incorporate this information are more likely to result in **shared ownership of recommendations and promote consensus regarding action plans,** which will move the assessment process forward. This is in contrast to more traditional clinic based assessment where many recommendations are often generated, but few are implemented because they may not fit the context of the child, family, and community.

(Vargas & Prelock pg. 178)

Outcomes for Leadership Trainees

"As a component of a MCH LEND training program, the assessment model prepares trainees and fellows **to implement best practices** in providing services to children with developmental disabilities and special long-term health care needs and their families. This is an important long term outcome that focuses **on building the capacity of the service system**. Trainees and fellows from a number of disciplines are mentored by an interdisciplinary faculty in the **practice of collaborative teaming** and in the tenets of culturally sensitive and family-centered care. They both increase skill in their own discipline and acquire new perspectives and knowledge from others. An outcome of this training component is to **create leaders with a vision of how assessments can be responsive to children, families, and communities** and result in meaningful interventions that improve the health of children. Trainees **acquire greater knowledge of developmental disabilities,** an increased awareness of the child's disability across settings, a respect for the family's knowledge, skills and challenges, understanding of constraints and opportunities that exist in communities, and an appreciation of the **value of sharing knowledge and support for each other through relationships that bridge professional disciplines,** agencies, and programs."

(Vargas & Prelock pgs. 178-179)