Fostering a Dynamic Cross-Disciplinary Culture at the Preservice Level

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Fostering a Dynamic Cross-Disciplinary Culture at the Preservice Level

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Professionals from varied disciplines must engage in cross-disciplinary collaboration. However, such skills are not typically introduced and/or practiced prior to entering their respective professional fields. Using the Teaming, Roles, Ethics, and Communication (TREC) model, a team of interprofessional cross-disciplinary instructors discuss current practices when developing immediately useful activities to embed in pre-service curriculum using special education as the practical foundation.

Introduction

Current trends require that professionals from varied disciplines are expected to establish positive and effective relationships with others beyond their scope of practice. For example, educational outcomes in special education, especially in early childhood, require intensive collaborative approaches that extend beyond the classroom walls. Special education teachers and service providers must recognize the needs of the child/student and their family, understand field specific competencies, and learn how to effectively work within a dynamic, cross-disciplinary culture (American Occupational Therapy Association [AOTA], 2015; American Speech- Language-Hearing Association [ASHA], 2016; Behavior Analyst Certification Board, [BACB], 2022; Council for Exceptional Children [CEC] 2021; Felton & Lambert, 2020; Tsilimingras et al., 2018). National standards across various fields have established competency-based practices that ensure students within pre-service programs have developed collaborative skills prior to entering their respective fields. Yet, explicit instruction in cross-disciplinary collaborative programming is limited to students within their selected field of study, if covered at all. This limits opportunities to teach/learn the skills necessary for developing rich relationships with others beyond their scope of practice, as well as developing an understanding of the services offered by other disciplines.

The purpose of this paper is to provide guidance for pre-service preparation programs toward the goal of building relationship rich educational practices and teaching strategies using a cross-disciplinary collaborative culture that integrates professional competencies both within and beyond educational theory and approaches. This paper will introduce the TREC model and explain how to implement key skills into the pre-service curricula using early childhood special education as a model.

Professional Standards and Skill Development

National accreditation across various disciplines such as occupational therapy, early childhood education, special education, speech therapy and applied behavior analysis emphasize and uplift intentional collaborative efforts (i.e, AOTA, 2015; ASHA, 2016; BACB, 2022; CEC, 2021). While all fields of study may be needed to serve a student within early childhood special education, instructional activities tend to be limited to a specialized scope of practice resulting in siloed learning. It is important to focus on developing and integrating a cross- discipline culture to accomplish larger collaborative goal(s). This same philosophy holds true when working in other service delivery systems. While fields of study vary, there is a significant overlap in collaborative skills that can be taught and practiced within pre-service programs. Our proposed model includes four key aspects that allow pre-service professionals across all disciplines to develop a strong collaborative and practice-oriented culture of learning across students, faculty and employers. Using the Interprofessional Educational Collaborative (IPEC, 2106) as a guide, four areas of emphasis are discussed: teaming, roles, ethics, and communication (TREC). Each area of emphasis fosters collaborative skill development through the use of explicit strategies that are generalizable across various fields of study and professional practices.

Teaming

Teaming and teamwork can have many variations in definitions depending on the discipline-specific lens. A team-based approach to instruction in higher education is just emerging (Gast et al., 2017), and should guide our work moving forward. Bisbey and others (2019) define teamwork in more depth and discuss the multifaceted phenomenon where individuals form groups to function effectively as a single unit by sharing a set of interrelated knowledge, skills, and attitudes. One operational definition for teaming is a combined action of two or more people that utilize principles of team dynamics to perform (or achieve) outcome(s). For example, both occupational therapists and early childhood

special educators emphasize teaming within the childs' natural environment that includes evaluation, co-treating or working with the family.

It is important to develop and implement a measurable action plan with a common pre-established purpose to ensure positive outcomes. While it is easy to initiate teaming from the start, it is more common to jump in without a plan. However, the time spent in setting up and clarifying for teamwork is critical based on best practices (IPEC, 2016; World Health Organization, 2010). Each member brings different knowledge, skills, and often expectations to a team. Developing teams outside fields of practice requires a clear recognition of time commitment and perspective-taking. Professional roles may be different, ethical considerations may vary and common language across fields may pose significant barriers. It is important to take the time to cultivate professional relationships early on and re-visit skills often. IPEC (2016) provides some examples of effective teaming are transferable across variety of practices and settings include:

- Demonstrate shared engagement of inclusive practices that emphasize focused problem-solving
- Engage self and others to effectively manage disagreements
- Use reflective practices to prioritize individual and team performance
- Utilize of evidence-based practice (i.e. team/group dynamics)
- that informs effective teamwork and team-based practices.
- Demonstrate versatility by taking on different team roles in
- different team roles in a variety of settings.

Roles

There are multiple approaches to early intervention teaming across disciplines. Each teaming model clearly addresses the roles and responsibilities of the team members. Roles and responsibilities are defined as behaviors or functions expected by persons assigned or self-selected to achieve certain tasks in specific situations within one's own scope of practice. When considering teaming approaches, it is important to evaluate the role one would play. Three primary models of teaming have emerged in early intervention literature (McGonigel et al., 1994): multidisciplinary teaming, interdisciplinary teaming and transdisciplinary teaming. Each of these models of teaming reflects different assumptions about working with families, and the shift from multidisciplinary teaming to transdisciplinary teaming parallels the shift in what is now known as best practice.

The transdisciplinary model, which is considered recommended practice for teaming in early intervention, is characterized by role release in which providers teach others to use their discipline specific strategies (Hanft & Place, 1996), and one primary provider takes the responsibility of the most frequent contact with the family. Members of transdisciplinary teams conduct joint assessments, share information and strategies across disciplines and develop outcomes that are not discipline focused. Members of this type of team work collaboratively to benefit the child and family with a shared focus. This practice allows the family to develop a relationship with one professional rather than many (Atkins-Burnett & Allen-Meares, 2000) and can lead to less frequent visits by multiple providers, which can damage a family's feelings of support and self efficacy, and negatively impact child outcomes (Dunst, 1999). Families need support in a way that empowers them to enhance their child's development within their natural environments and everyday routines and activities (Jung, 2003).

In addition, in early childhood special education the use of the consultative model is preferred over direct services (Bailey, 2003; Dunst et al., 2006; McWilliam & Scott, 2001). The consultative model refers to the exchange of information between providers, or a role release. This exchange of information and intervention strategies allows the expert in a discipline to design the strategy, share and demonstrate the strategies to the primary provider, who then shares it with the family. For example, positioning is extremely important for a child with cerebral palsy; however, the same child may also have cognitive delays and this is currently the family's priority. The early interventionist (EI; cognitive specialist) who is working with the family notices a posture issue while the child is in the high chair, so they will *consult* with the physical therapist (PT) or occupational therapist (OT) to learn strategies for supporting the child while in the high chair. The PT or OT may model, demonstrate, and allow the EI to practice; then the EI will re-teach the same skill to the family, leaving the family to implement whenever the child is in the highchair. The PT or OT is demonstrating role release within the transdisciplinary model. The family becomes the implementor, thus maximizing the many learning opportunities available throughout their day. Through the use of a consultative approach, the child will have many more hours of opportunity for learning compared to the one to four hours of direct service (Jung, 2003).

Ethics

Ethical practices allow us to understand how each field compares to another and frames scope and limitations. Each discipline has a specific set of codes

that guide and regulate their work. Loosely defined, these are the moral and/or legal policies and practices that govern a person's behavior within a specific discipline. It is important to develop a trusting relationship through teaming and established roles and responsibilities to ensure ethical practices are followed. All team members should be communicating concerns and priorities early, often and intentionally. All team members should be expected to embrace cultural diversity and respect individual differences–in both practice and principle (AOTA, 2020; CEC, 2021; BACB, 2020). Further, pre-service delivery models should establish competencies within and beyond their own profession. Within the field of special education, for example, these are common ethical practices that transcend beyond specific fields.

While ethics codes differ among and across disciplines, there are commonalities that all pre-service and in-service professionals should know and be able to maintain. For example, in early childhood special education, ensuring consent obligations, establishing privacy expectations, respecting the boundaries of scope of practice, and upholding accountability are all commonly shared ethical standards. Pre-service programs should emphasize how the codes of ethics apply to their disciplines and include content in how other members' ethical codes map on to their work. It is helpful to explore ethical situations so that pre-service professionals are familiar with their codes and their applications in real life situations. For example, one practical consideration is the concept and practice of obtaining informed consent. Consent differs depending on the situation, and is often an area of confusion for educators and related service providers. Informed consent applies in both clinical and education settings. However, regulations regarding consent are different. In early childhood special education, Individuals with Disabilities Education Act (IDEA) guidelines supersede other practice recommendations; these guidelines are unique to the P-12 educational setting and follow their own set of standards and timelines. Board Certified Behavior Analysts (BCBA's) often encounter situations that are counter to their discipline's ethics standards in terms of consent for things such as FBAs (Functional Behavior Assessment) which differ in form and frequency. All pre-service professionals should receive extensive training in these common areas where ethics and law intersect. Explicit teaching practices such as integrating real-life case studies and engaging in collaborative problem solving can help pre service professionals navigate similar ethical dilemmas.

Communication

Communication is the fourth key skill within the TREC model. Communication is an exchange between two or more individuals that involves sending and receiving a linguistic code. The forms of communication (e.g., verbal communication, sign language, written language) vary depending on the needs and preferences of team members. To work effectively as a team, each member must commit to using respectful, culturally relevant, and non-technical language. Equally important, each team member must commit to listening or receiving the communication of others in order to understand their perspectives, ideas, beliefs, and values. When communicating with professionals or team members from another discipline, one must be intentional and thoughtful in how they communicate. Team members should discuss their preferences for communication forms and how technology might be used to communicate. IPEC (2016) recommends using the following four strategies are recommended for effective team communication:

1. Use respectful language that is appropriate for a given situation
2. Communicate information that is understandable by using non-technical language
3. Listen actively; Encourage team members to share their ideas and opinion
4. Recognize the uniqueness of one's communication partners

Respectful language includes the selection of words appropriate for the communicative context, including one's communication partners, conversational topic, and environment. An example in the field of special education would be the use of identity-first language versus person-first language depending on the preferences of an individual. However, respectful language is more than just word choice; it includes the tone of one's voice, volume, facial expressions, and nonverbal communication. Respectful communication can help teams work through difficult situations, crucial conversations, or conflicts.

Communicating in a manner that is understandable to all team members is another strategy to ensure effective transfer of information; this is equally important in early childhood special education practices. Cross-disciplinary teams should commit to using non-technical language that is free of professional jargon. If discipline-specific terminology is necessary, be sure to explain the terms used, provide examples, and verify the understanding of others. Acronyms are another source of confusion when communicating in professional settings. While every special educator should know the IEP acronym, collaborators and families will

need to hear the speaker say, "Individualized Education Program or IEP" first before the acronym is used in isolation.

When focused on improving communication, the tendency is to think about one's own expressive abilities rather than the importance of receptive skills. But effective communication requires one to receive a communication partner's message, interpret it, and respond appropriately. Receptive skills involve thoughtfully listening, watching, or reading another person's communication; decoding the shared message; and replying to maintain the topic or shift the topic seamlessly. All team members should provide opportunities for others to communicate by being silent at times and affirming the communication of others through shared eye gaze, head nods, and facial expressions. Active listening encourages other team members to express their ideas and opinions.

The final communication strategy is recognizing the uniqueness of one's communication partners and then adjusting accordingly. On a cross-disciplinary team, a person's uniqueness may relate to cultural background, personal and professional experiences, topic knowledge, and professional responsibilities. Adjusting to the uniqueness of another person may be described as "seeing through a different lens," "stepping into someone else's shoes," or "reading one's audience." The capacity to adjust to another person is based on Theory of Mind (ToM), which is defined as the ability to understand and take into account another individual's mental state (Premack & Woodruff, 1978). ToM is understanding that others have thoughts, beliefs, values, emotions, and preferences that may differ from one's own. Being mindful of others will help teams communicate effectively, problem solve, and improve working relationships.

Conclusion

Kolbe and colleagues (2015) propose that programs in higher education pursue cross-disciplinary partnerships that encourage, support, improve, and evaluate meaningful collaboration. These skills help to foster effective relationships and establish a strong collaborative culture from the classroom and into practice. While the field of early childhood special education is one area where these skills apply, the TREC model is easily transferable across various disciplines. National guidelines and workforce expectations continue to stress the importance of collaborative practices (Casner-Lotto & Barrington, 2006). By using the TREC collaborative model that addresses teaming, roles, ethics and communication within the postsecondary curriculum, instructors can establish a foundation to engage in cross-disciplinary practices. Further, continued practice of targeted

competencies within and across various disciplines and clinical settings provides opportunities for preservice professionals to generalize skills from the classrooms and into the workforce.

References

American Occupational Therapy Association. (2015). Importance of interprofessional education in occupational therapy curricula. *American Journal of Occupational Therapy*, *69*(3), 1-14. https://doi.org/10.5014/ajot.2015.696S02

American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, Vol. 74(Supplement_3), 7413410005p1– 7413410005p13. https://doi.org/10.5014/ajot.2020.74S300

American Speech-Language-Hearing Association. (2016). *Interprofessional education and interprofessional practice in communication sciences and disorders: An introduction in education and health care settings.* https://www.asha.org/siteassets/uploadedFiles/IPE-IPP-Reader-eBook.pdf

Atkins-Burnett, S., & Allen-Meares, P. (2000). Infants and toddlers with disabilities: Relationship-based approaches. *Social Work, 45*(4), 371-379.

Bailey, D. B. (2003). Assessing family resources, priorities, and concerns. In M. McLean, M. Wolery, & D. Bailey (Eds.) *Assessing infants and preschoolers with special needs* (3rd ed.) (p. 172-203). Merrill.

Behavior Analyst Certification Board (2020). *Ethics Code for Behavior Analysis*. https://www.bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-220316-2.pdf

Bisbey, T. M., Reyes, D. L., Traylor, A. M., & Salas, E. (2019). Teams of psychologists helping teams: The evolution of the science of team training. *American Psychologist, 74*(3), 278–289. https://doi.org/10.1037/amp0000419

Casner-Lotto, J., & Barrington, L. (2006). *Are they really ready to work? Employers' perspectives on the basic knowledge and applied skills of new entrants to the 21st Century U.S. Workforce*. https://www.conference-board.org/pdf_free/BED-06-Workforce.pdf

Council for Exceptional Children. (2021). *Initial special education preparation standards.* https://exceptionalchildren.org/standards/initial-special-education-preparation-standards

Dunst, C. J., Bruder, M. B., Trivette, C.M., & Hamby, D. W. (2006). Everyday activity settings, natural learning environments, and early intervention practices. *Journal of Policy and Practice in Intellectual Disabilities, 3*(1), 3-10.

Felton, P., & Lambert, L. M. (2020). *Relationship rich education: How human connections drive success in college*. Johns Hopkins Press.

Gast, I., Schildkamp, K., & van der Veen, J. T. (2017). Team-based professional development in higher education: a systematic review. *Review of Educational Research, 87*(4), 736-767. https://doi.org/10.3102/0034654317704306

Hanft, B., & Place, P. (1996). *The consulting therapist: A guide for OTs and PTs in schools*. Therapy Skill Builders.

Interprofessional Education Collaborative (2016). *Core competencies for interprofessional collaborative practice: 2016 update.* https://hsc.unm.edu/ipe/resources/ipec-2016-core-competencies.pdf

Jung, L. A. (2003). More is better: Maximizing natural learning opportunities. *Young Exceptional Children, 6,*(3), 21-26.

Kolbe, L. J., Allensworth, D. D., Potts-Datema, W., & White, D. R. (2015). What have we learned from collaborative partnerships to concomitantly improve both education and health?. *The Journal of School Health, 85*(11), 766–774. https://doi.org/10.1111/josh.12312

McGonigel, M.J., Woodruff, G., & Roszmann-Millican, M. (1994). The transdisciplinary team: A model for family-centered early intervention. In L. J. Johnson, R. J. Gallagher, M. J. LaMontagne, J. B. Jordan, J. J. Gallagher, P .L. Hutinger, & M. B. Karnes (Eds.), *Meeting early intervention challenges: Issues from birth to three* (2nd ed.) (p. 95-131). Paul H. Brookes Publishing Co.

McWilliam, R. A., & Scott, S. (2001). A support approach to early intervention: A three-part framework. *Infants and Young Children, 13*(4), 55-66.

Premack, D., & Woodruff, G. (1978). Does the chimpanzee have a theory of mind? *Behavioral and Brain Sciences, 1*(4), 515–526. https://doi.org/10.1017/S0140525X00076512

Tsimingras, D., Scipio, W, G., Clancy, K., Hudson, L., Liu, X., Mendez, J., & Benkert, J. (2018). Interprofessional education during autism sessions. *Journal of Communication Disorders, 76*, 71-78. https://doi.org/10.1016/j.jcomdis.2018.09.002

World Health Organization (2010). Framework for action on interprofessional education & collaborative practice. http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=3F3A6FF3CCF547C20A20BB752BCFD6C7?sequence=1