

Getting Schooled

Welcome to Getting Schooled. In this issue, Dr. Charlene Barva and Dr. Mitchell Colp discuss the value of a transdisciplinary service delivery model for creating synergy among professionals working with children in early intervention. In addition, the authors highlight some potential ethical and professional issues for consideration by school psychologists.

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Transdisciplinary Service in Early Intervention: Ethical and Professional Barriers for School Psychologists

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Ashley is a 5-year-old girl who received a diagnosis of Autism Spectrum Disorder early in her life. She attends a specialized program with a focus on functional skills. Ashley has trouble dressing herself and cannot be left alone independently. She is able to decode and spell at a third-grade level but understands little of what she has read. Changes to her schedule and heightened functional expectations tend to make her irritable. When upset, Ashley will hurt herself (e.g., biting her wrist) and others (e.g., pinching and hair pulling). Ashley requires a great deal of support and her parents are overwhelmed by the number of appointments they have had with medical specialists. A transdisciplinary intervention program with one primary therapist has helped simplify services. The family can access the support they need through one key relationship.

Transdisciplinary models of practice were designed to provide integrated and family-centered services to meet the needs of children with complex developmental disabilities (Carpenter, 2005). Transdisciplinary means the parents and persons from two or more disciplines teach, learn, and work together across traditional disciplinary or professional boundaries. Transdisciplinary service has been recognized as a best-practice for early intervention services, namely for children between 0-3 years, and many early intervention programs adopt some version of this approach (Berman, Miller, Rosen, & Bicchieri, 2000; Bruder, 2000; Guralnick, 2001). In sharp contrast to other modes of service delivery, a transdisciplinary approach reduces fragmentation in services, decreases the likelihood of conflicting and confusing reports, and enhances communication with families (Carpenter, 2005; Davies, 2007). Despite these incentives, many school psychologists are fearful to engage in transdisciplinary service as they foresee ethical and professional barriers to its application. This brief article attempts to address transdisciplinary service within the educational field and related concerns so that school psychologists can make informed decisions regarding their current or future involvement.

What is Transdisciplinary Service?

Transdisciplinary service was designed to enable early intervention service providers to cross discipline boundaries and intensely collaborate so that comprehensive interventions could be delivered to children with disabilities and their families (Bruder, 2010; Moore et al., 2012; Rossetti, 2001; Woodruff & McGonigel, 1988). The transdisciplinary team is characterized by the commitment of its members to teach, learn, and work together to implement coordinated services (Fewell, 1983; Peterson, 1987). Team composition depends on the specific needs of children but often consists of speech language pathologists, occupational therapists, physiotherapists, nurses, social workers, psychologists, child development specialists, and family members (Stepans, Thompson, & Buchanan, 2002). A key outcome of transdisciplinary service is the development of a mutual vision so that all individuals know what the goals are for a specific child (Davies, 2007; McGonigel, Woodruff, & Roszmann-Millican, 1994). Transdisciplinary service often uses a single early intervention service provider to implement the treatment plan for a family with consistent and significant input from other team members (Moore et al., 2012). This approach is juxtaposed to interdisciplinary and multidisciplinary models wherein all early intervention providers maintain independence in their evaluation but vary in how collaboratively they engage in developing the treatment plan (Stepans, Thompson, & Buchanan 2002).

How does Transdisciplinary Practice Impact School Psychologists?

King et al., (2009) described transdisciplinary service as having three essential and unique operational features: 1) arena assessment, 2) intensive collaboration, and 3) role release. The following sections describe each element and outline ethical and/or professional issues that could manifest for school psychologists interested in utilizing this approach.

Arena Assessment

In the context of transdisciplinary service, arena assessment refers to the simultaneous assessment of children by multiple disciplines using both standardized and informal methods (Foley, 1990). In an arena assessment, one individual takes on the role of a facilitator while one or two others interact with the child while the remainder of the team observes. Everyone at the assessment has a role, including the parent, who provides information about the child and participates in the assessment process (Foley, 1990). There is a brief discussion following the completion of the assessment, with a more definitive formulation made once the data has been more extensively examined.

From the perspective of the school psychologist, arena assessments provide unique insight and assist greatly in the collection of information pertaining to behavioural and social development. Recognizing that many of the assessment tools used within early intervention examine developmental milestones, there is little threat to the validity of obtained results. Hesitation does exist, however, when taking into consideration the utilization of standardized assessment tools that examine psychological constructs (e.g., intelligence, executive functioning). By extending transdisciplinary service upward and into the elementary years, school psychologists can be asked to have other professionals sit in on assessments and in turn violate standardized procedures and jeopardize construct validity.

Intensive Collaboration

Through engaging in intensive collaboration with team members from different disciplines and perspectives, a wealth of information, knowledge, and skills can be mobilized to support students with disabilities and their families. In the transdisciplinary model of service, frequent collaboration is critical to integrating and implementing activities that address multiple intervention goals in a simultaneous manner (Bruder, 2010). This means that team meetings not only assist the primary care providers but also enable each team member to collaborate on the treatment plan and implementation. It is important to note that, at times, other team members may need to see children directly for short-term intervention or to address complex needs (e.g., feeding) (King et al., 2009).

It is undisputable that the collaborative approach within a transdisciplinary mode of service offers school psychologists the opportunity to provide more effective interventions that target children with disabilities in a more holistic and coherent manner. While many would argue that such an approach results in a reduction of direct service hours, a stronger counter-argument would be that the hours that are used by the child and their family are of a higher fidelity due to the increased planning time (King et al., 2009).

Role Release

A defining and most challenging element of transdisciplinary service is the concept of role release. The team become transdisciplinary in practice when team members give up or 'release' their discipline specific interventions, under the supervision and support of fellow team members. The process involves sharing knowledge, valuing team member perspectives and skills, and trusting team members to carry out a role that is not natively their own (Foley, 1990). Role release involves several aspects and can include: role extension, enrichment, expansion, and support. Role extension can be defined as each early intervention service provider becoming more involved in their own discipline through education and involvement of other team members (Woodruff & McGonigel, 1988). Role extension is exemplified by increasing knowledge of what we do and why we do it. For example, a school psychologist on a transdisciplinary team can describe assessment methods and why those methods are selected in the first place. As service providers become more confident with their own discipline, they begin to learn more about other disciplines through role enrichment. With role enrichment, the school psychologist can describe their assessment process so that a speech language pathologist, for example, on the team learns more about their role (King et al., 2009; Stepans et al., 2002; Woodruff & McGonigel, 1988). Role extension and enrichment are all about building foundational knowledge for role expansion and exchange. In role expansion, team members begin to share ideas, develop shared vocabulary, and exchange information (King et al., 2009). Role expansion can be fostered by sharing observations and reports with other team members to develop integrated recommendations and intervention ideas. Role exchange is the implementation of the integrated recommendations and intervention plans by team members (Woodruff & McGonigel, 1988). Role support is the final component of the role release process that involves the continued support and regular consultation with the intervention team to support the primary provider. Role support may include consultation with the family, co-treatments, and sharing information (King et al., 2009).

Of all the elements in transdisciplinary service, the concept of role release may result in the greatest trepidation experienced by novice and seasoned school psychologists. There are ongoing

thoughts regarding the loss or diffusion of professional identify, liability for negligent behaviour, and confusion surrounding the specific roles that can and cannot be released to team members (Ryan-Vincek, Tuesday-Heathfield, & Lamorey, 1995). When it comes to professional identify and role diffusion, we believe it is important to remember that school psychology is a vast discipline that has much to share and learn from others. The concept of transdisciplinary practice does not intend to dissolve professional titles, but rather to provide structure so that as psychologists we may become stronger in our professional role and enhance other professionals with whom we work. When we consider liability, we are ultimately responsible for our own action and so too are our colleagues. Beyond standardized assessments, crisis responses, and high-fidelity therapeutic intervention, there are many professional activities that psychologists *do* but *do not* own. Psychologists can share and release many activities to colleagues under mentorship and supervision.

Final Thoughts on Transdisciplinary Service

School psychologists have a history of advocating for legitimacy and territory within educational contexts and, while the idea of transdisciplinary practice sounds interesting, it likely strikes an uneasy chord with many. School psychologists are currently seen by educational authorities as being vital to identifying underlying student challenges and needs through their role as assessors (Fagan & Wise, 2007). While flattering, this zeitgeist has allocated school psychologists to the role of assessment and allows limited time and resources to engage in tasks that demonstrate our other skillsets and expertise. Engaging in transdisciplinary practice offers a unique opportunity for school psychologists to evolve their professional role, expand their skillsets, and enhance outcomes for children with disabilities and their families in early intervention settings.

**A copy of the full reference list is available upon request.*