

Challenges and Strategies for Teaching Collaborative Interdisciplinary Practice in Children's Mental Health Care

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Most service providers would agree that there is a significant need for collaborative interdisciplinary practice in current healthcare and mental health care settings. Despite calls for innovative means of thinking and practicing, child and family services for the most part continue to be provided in traditional ways. At least some of this incongruence in service delivery is associated with traditional graduate education practices with child and family

...serving disciplines. How to prepare new child and family serving professionals to work effectively in a collaborative interdisciplinary fashion has not been adequately addressed in the literature. Routinely, new professionals enter the service arena knowing that interdisciplinary collaboration is important, if not essential, but without the tools to effectively participate. There are few courses specifically designed to teach collaborative practice philosophy and skills and even fewer taught by an interdisciplinary faculty team including a family advocate who model collaboration. In this paper such a course developed and taught by members of the Social Sciences Training Consortium at East Carolina University is described. Challenges associated with modeling and teaching interdisciplinary collaboration are presented along with strategies for managing these challenges. Results from assessments of student learning are reviewed.

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Most service providers would agree that the need for collaborative interdisciplinary practice is common in the current climate of healthcare and mental health care (Brandon & Knapp, 1999; Edwards & Smith, 1998; Forbes & Fitzsimons, 1993). The realities of the 1990s, including reduced funding and

resources, the public's impatience with bureaucratic rigidity, and the empowerment of families who want timely and appropriate services, created a favorable climate for collaborative interdisciplinary practice (Powell et al., 1999). The need for collaboration across disciplines is crucial when working with complex, high-need families and children who are engaged with multiple service providers (Handron, Dosser, McCammon, & Powell, 1998; VanDenBerg & Grealish, 1996).

Family advocates and professionals have promoted collaborative, family-centered practice models (Adams & Nelson, 1995; Cole, 1995; Powell et al., 1999; Stroul, 1996). In addition, there has been a call for increased collaboration particularly between mental health professionals and healthcare practitioners who must learn to work together more effectively on behalf of those they serve; a number of resources have been prepared to facilitate this collaboration (e.g., Seaburn, Lorenz, Gunn, Gawinski, & Mauksch, 1996). Furthermore, collaboration between agencies and between disciplines as well as between providers and consumers of services is fundamental to the system of care concept and philosophy of service delivery (Stroul & Friedman, 1996).

Despite these calls for new ways of thinking and practicing, child and family services for the most part continue to be provided in traditional ways using individual treatment and categorical services (Handron, et al., 1998; Powell et al., 1999; Stroul, 1996). At least some of this incongruence between what is called for and what is in service delivery is associated with traditional graduate education practices within child and family serving disciplines (Brandon & Knapp, 1999).

What has been less clear and is inadequately addressed in the literature is how to prepare new professionals in the child and family serving disciplines to work effectively in a collaborative interdisciplinary fashion (Brandon & Knapp,

1999). Routinely, new professionals enter the service arena knowing that interdisciplinary collaboration is important, if not essential, but not really knowing how to do it, or even more importantly, not understanding how difficult it is to do (Forbes & Fitzsimons, 1993; Ivey, Brown, Teske, & Silverman, 1988). Most graduate programs do a good job stressing the need for collaboration and perhaps even preaching its virtues, but much of the curriculum and most of the faculty input is directed toward preparing the students to enter their discipline (Roberts, Rule, & Innocenti, 1998). As Forbes and Fitzsimons (1993) put it, "Professional education prepares individuals for autonomous practice" (p.2).

In graduate education, disciplinary identity is stressed and much effort is focused on initiating the student into the disciplinary culture and preparing her/him to accept the professional identity and role demands of that discipline. Training programs are responsible for preparing graduates to meet the standards of external constituencies (e.g., professional organizations, accreditation, certification, or licensure boards; Roberts et al., 1998). These new professionals enter the service arena having been socialized into a strong professional identity as one part of their education (Ivey, et al., 1988; Zungolo, 1994). They have completed practicum or internship experiences that stressed their disciplinary identity and received clinical and administrative supervision primarily or exclusively from a member of their discipline (as is most often required by professional accreditation standards). Even though students may have obtained some practical experience working on an interdisciplinary team in their practicum/internship placement site, very little attention would have been given to how to work collaboratively (Brandon & Knapp, 1999; Wartman et al., 1998). Graduate students do not have many opportunities

either in classrooms or in practicum/internship settings to learn the requisite attitudes, values, and behaviors for interdisciplinary practice (Brandon & Knapp, 1999; Forbes & Fitzsimons, 1993; Ivey, et al., 1988).

Although a strong disciplinary identity is desirable and may even be a prerequisite for interdisciplinary practice, there is a need to better prepare students to blur professional role boundaries in collaborative efforts across disciplinary lines (Forbes & Fitzsimons, 1993; Ivey, et al., 1988). The conclusion by Bellack et al., (1997) regarding healthcare, "Discipline-specific knowledge, while necessary is not sufficient for practice in today's world" (pp. 309-310) applies to mental health.

Toward this end, an innovative graduate course designed to teach collaborative practice philosophy and skills is described in this paper. This course was developed and team-taught by members of the Social Sciences Training Consortium (SSTC) at East Carolina University (ECU). In addition to presenting information on the theory and practice of collaboration, SSTC members have an opportunity to model collaborative attitudes, values, and behaviors as they teach course content. Challenges associated with modeling and teaching interdisciplinary collaboration are presented along with strategies for overcoming these challenges. In addition, the challenges experienced in teaching this course are compared to those found with similar courses described in the literature. Finally, efforts at evaluating the effectiveness of this course are reviewed, along with future plans for the course.

Social Sciences Training Consortium

The SSTC at ECU functions as an interdisciplinary university partnership. It was established in 1993 as the public academic liaison component of a federal demonstration project called the Pitt

Edgecombe Nash – Public Academic Liaison (PEN-PAL). PEN-PAL was created and funded to design, implement, and evaluate a system of care for families coping with children with serious emotional disorders in three rural counties of Eastern North Carolina. A primary goal of PEN-PAL was to improve services to children and families by increasing the collaboration among all the major stakeholders in children's mental health including child and family serving agencies (providers of services), other community groups including the faith community, consumers of services, and the university. Staff of the Child and Family Services Section of the State Department of Mental Health have provided leadership, support, and coordination.

The SSTC is comprised of faculty members from five child and family serving disciplines and academic graduate clinical training programs. The disciplines/programs represented in the SSTC are Marriage and Family Therapy, Nursing, Psychiatry, Psychology, and Social Work. The SSTC was formed to put in place a structure to support and enhance the exchange of ideas and resources between university faculty members and service providers, consumers of services, and other community members. The primary *role* of the SSTC was and continues to be the development, implementation, and evaluation of pre-service curricula and practicum/internship experiences that incorporate system of care philosophy and techniques into the graduate curriculum of academic programs within the disciplines that serve children and families. The primary *goal* of the SSTC was and continues to be to train and support providers and consumers and to prepare graduates of professional programs to work in innovative treatment programs based on system of care principles. These are very important and timely functions; the lack of child mental health professionals trained to function in the system of care model has

TABLE 1
Breakdown of Students Enrolled in the Interdisciplinary Course

Discipline of Enrolled Students	Number of Students Per Semester						Total
	Fall 97	Spring 98	Fall 98	Spring 99	Fall 99	Fall 00	
Child Development and Family Relations	1	2	5	2	4	2	16
Marriage and Family Therapy	3	3	1	3	1	-	11
Nursing	4	2	3	1	-	4	14
Social Work	12	2	12	3	6	12	47
Psychology	1	1	5	3	1	2	10
Clinical Psychology	2	-	1	1	2	2	8
Counselor Education	-	-	2	-	1	-	3
Recreational Therapy	-	-	1	-	-	2	3
Non-degree Seeking	-	-	-	1	1	-	2
Total	23	10	30	14	16	24	117

been characterized as “the missing link” in child mental health reform (Hanley & Wright, 1995).

When the SSTC was initially formed to operationalize these goals, the interdisciplinary faculty believed, wholeheartedly, in their ability to function collaboratively. However, as the project continued, various obstacles and challenges prompted them to question their “natural” expertise in collaboration. SSTC members were forced to confront their biases regarding preferred teaching styles and conceptual frameworks for clinical practice, among others. Periodically, highly charged emotional responses emerged over minor procedural details associated with their attempts at collaboration. They acknowledged that no one in the group had formally studied about the complex processes associated with collaboration. The following question evolved: If seasoned

professionals had difficulties in knowing how to collaborate, what happens to new graduates who are essentially plunged into unfamiliar interdisciplinary practice settings?

An innovative graduate course on interdisciplinary practice became an important means of adequately preparing these students to develop a system of care that insures children’s mental health. This course includes family advocates as co-teachers who participated in all phases of the course including development, implementation, and evaluation. The role of family members as co-faculty in this course was highlighted in the monograph, *New Roles for Families in Systems of Care* (Osher, T., deFur, E., Nava, C., Spencer, S., & Toth-Dennis, D., 1999).

The family advocates are from **With Every Child and Adult Reaching Excellence (WE CARE)**, a local chapter of the Federation

of Families for Children's Mental Health, and offer the consumer's perspective on service delivery. This perspective is so often missing from considerations of service delivery needs and strategies. The family advocates have been a powerful and positive influence on both students and faculty members. Although this collaboration between family advocates and family members to teach a course is rare, it is hard to imagine a better way to stress and model the importance of full and complete partnership between service providers and consumers.

Interdisciplinary Practice Course

"Interdisciplinary Practice: Services for Children with Serious Emotional Disorders and Their Families" is a 3 semester hour credit graduate course that is team-taught, cross listed, and can be taken in any of the following academic units: Child Development and Family Relations, Nursing, Psychology, or Social Work. It was approved in April of 1997 through the usual academic curricular and administrative channels and was first offered in the Fall Semester of 1997. It is considered an elective course for graduate students from any of the child and family serving clinical training programs. The only prerequisite for taking the course is that a student must have graduate status in one of the departments or schools offering the course or in one of the allied health professions.

Table 1 contains details of the enrollment for each of the six semesters it has been offered and includes a breakdown of the major of each student registered. As can be seen in Table 1, the enrollment for this course has ranged from a high of 30 students to a low of 10, for a total of 117 students from eight majors. The course was offered for 5 consecutive semesters. Given the commitment of faculty resources to teach the class, a goal of 20 students per class was set, and it was decided to offer

the course only once each year. Current plans are for the course to be offered each academic year in the Fall Semester. Fall was selected based on the course schedules of the participating disciplines and the teaching schedules of the participating faculty members. Efforts are underway to expand the number of disciplines of students enrolled and to include more faculty members in the teaching of the course.

The most distinctive aspect of this course is that it is team taught by faculty members from four of the disciplines represented on the SSTC, guest faculty members, and family advocates, who must collaborate to plan and teach the course and to evaluate and grade the students. Although not all faculty members are present for each class, at least two are always present in the classroom, in addition to one or more family advocates. Thus, the course offers the students not only information on and experience with collaboration but opportunities to observe the instructors modeling collaboration in all facets of the course. This opportunity to model collaboration has been a unique experience for both faculty and students and has provided an ideal teaching and learning opportunity.

Obviously, this approach to teaching the course is costly in terms of family advocate and faculty time and energy as well as university departmental resources. This approach has been made possible by funding from a contract between the SSTC and the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Child and Family Services Section, which pays the family advocates and supports the buyout of faculty time for curriculum development and training.

Overview of Course Outline

The course is described in the ECU *Graduate Catalog* and on the course outline as:

Overview of the interdisciplinary, collaborative process and a system of care model to be used across disciplines in mental health services for children with serious emotional disturbances and their families. Prepares professionals to participate in holistic, interdisciplinary team practice in a variety of settings.

The following are objectives of the course:

1. Define the significance of interdisciplinary collaboration in service provision for children with serious emotional disturbances and their families.

2. Differentiate between parallel practice, multidisciplinary, and interdisciplinary models.

3. Analyze the strengths and challenges of using interdisciplinary models for family service or care delivery.

4. Demonstrate how system of care principles can be integrated into all disciplines and define the implications for professional practice.

5. Compare and contrast treatment-planning processes among disciplines.

6. Develop interdisciplinary practice guidelines to promote holistic care using an interdisciplinary framework.

Textbooks selected for the course have included *Models of Collaboration: A Guide for Mental Health Professionals Working with Health Care Practitioners* (Seaburn et al., 1996) and *Children's Mental Health: Creating Systems of Care in a Changing Society* (Stroul, 1996). In addition, students are provided with selected readings throughout the semester.

Course Content

The course content is broken down into two parts, each with 6 class sessions of 3 hours each or 18 hours of total class time. The first half of the course (Unit I) includes lectures and class exercises on interdisciplinary collaboration. The second half of the course (Unit II) covers system of care philosophy and practice along with an

overview of serious emotional disturbances in children. This section currently addresses the complexity of serving children in foster or adoptive families and those at risk of separation from their homes. Throughout this half of the course, collaborative concepts are continually related to clinical content and to professional attitudes and responses.

Interdisciplinary Collaboration

Students are introduced to this material through lecture, reading assignments, and a variety of experiential class activities. In addition, lectures are presented on the inevitability of conflict in interdisciplinary settings and on conflict resolution strategies. Students are asked to learn the foundations for collaboration and to discover their preferred or usual style of relating to "different" professionals and consumers. They are also given the opportunity to experiment with alternative ways of communicating and relating that more closely approximate true collaboration and that will likely be more effective.

System of Care

A system of care is a philosophical framework for promoting a comprehensive, full range system of community-based services (Powell et al., 1999). A *system of care* can be contrasted with a *continuum of care*. A *system of care* is broader in that it includes not only programs and services but it also encompasses processes and structures to ensure that services are provided in a coordinated, cohesive manner. A system of care has been defined as follows:

A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families (Stroul & Friedman, 1986, p.3).

The philosophy for the system of care includes services that are child centered, family focused, community based, culturally

competent, individualized, based on partnership with the family members, and delivered in the most normal, least restrictive environment (Stroul & Friedman, 1986).

Content for Unit II classes includes an overview of Serious Emotional Disorders in children and a discussion of the components of and service coordination in a system of care. Processes involved in individualizing services and providing wraparound services are reviewed. Partnering with parents and working collaboratively with consumers incorporates the use of strengths-based assessments and attention to cultural competence. Finally, the evaluation of collaborative interdisciplinary interventions to build systems of care is covered.

Teaching Methods

Teaching methods have included didactic presentations, discussion, assigned readings, writing assignments, printed and electronic media, role-play, guest lectures, case studies, small group exercises, and panel discussions. Throughout the use of all of these methods faculty members have modeled various aspects of collaboration among themselves and between themselves and students. These aspects of collaboration have included relationship, development and maintenance, clear communication, problem solving, negotiation and compromise, and, most importantly, conflict resolution. Students have been asked to collaborate with one another in a variety of class activities that call for them to work together in interdisciplinary groups. In fact, the course is presented to students as a laboratory experience in collaboration wherein they will be challenged to explore their thoughts and feelings about interdisciplinary collaboration. Toward this end students have been asked to encounter their prejudices about other disciplines, discover their typical style of relating to other professionals and consumers of services, recall their experiences with

conflict, assess their skills at conflict resolution, and increase their collaborative skills.

Class activities have included several lively, experiential, and trust-building experiences:

1. An "Imagine that you are Both Blind and Unable to Speak" exercise (adapted from Outward Bound) that stressed the interdependency in an interdisciplinary collaborative practice setting.

2. A "Simple Fable For a Complex Problem" classroom drama that gave students an opportunity to experience the consumer's perspective in receiving services. The script for the drama was adapted from a Foreword by Salvador Minuchin (1995) in *Reinventing Human Services*.

3. A cultural competence exercise that required students to construct and explain a poster that described and honored their personal culture was completed to sensitize each student to the uniqueness and importance of his/her cultural background.

4. A service team exercise that required students to manage conflict in a volatile interdisciplinary setting.

Course assignments have been designed to continue this experiential learning opportunity for students. They have included the following:

1. A professional culture study that required students to visit and research a professional culture other than their own to learn more about that profession and to challenge their preconceptions (see Appendix A for more information on this assignment).

2. Students were also asked to develop, carry out, and present the results from a strengths-based assessment of a family (see Appendix B for more information on this assignment).

3. A journal was used to keep students focused on reflecting on the experiential aspects of the course. Students were asked to record their reactions to readings and

class activities following each class. They summarized the themes of their experience in a brief paper that was submitted at the end of the semester.

4. In addition the two exams required students to organize and integrate their learning regarding interdisciplinary collaboration and system of care philosophy and practice.

Challenges And Strategies

There are many challenges associated with developing, gaining approval for offering, teaching, and evaluating a graduate course on interdisciplinary collaboration. The complexities of such an undertaking are increased when faculty members are committed to modeling collaboration through team teaching. Multiple demands are placed on faculty, academic units, and students. These demands stretch resources of time, energy, and finances for all involved parties. The major challenges can be organized around the faculty members, the students, the family advocates, the practice setting, and the university. Strategies for managing each type of challenge are presented. Challenges and strategies discovered in teaching this particular course are presented first. Following the presentation of our experiences with this course, what was found with this course is compared and contrasted with findings from other similar efforts described in the literature.

The Faculty Members

The SSTC members drew heavily on their experiences collaborating with each other and in community mental health to teach collaboration and to model it. SSTC members shared with students what they learned as they attempted to form an interdisciplinary collaborative group. Because the experiences of the SSTC members with learning about and practicing collaboration became such an

important component of course content and had such a strong influence on teaching methods and outcomes, a review of the formation of the SSTC and their relationship development follows.

The SSTC members were drawn together first by common interests and shared goals but later as they gained experience working together by a strong commitment to each other and to the relationship between them. As is true with most attempts to collaborate, SSTC members began their work together with an expressed goal of collaborating but with no clear definition and or sense of what it might take to successfully reach that goal. Many discussions were held on what collaboration was and how to do it as the progress of working toward collaboration unfolded. These discussions were followed by informal and formal attempts to define collaboration for this group.

The SSTC members quickly learned that to move from cooperation to coordination to collaboration (Daku-Mulwanda, Thornburg, Filbert, & Klein, 1995), clear communication and strong relationships were necessary (Powell et al., 1999). Toward that end the following definition was helpful: "To collaborate is to create conversations in which people are joined together, meanings are fashioned, purposes are defined, roles are clarified, goals are established, and action taken" (Seaburn et al., 1996, p. 9). This definition became the guide for efforts of SSTC members to enhance collaboration.

Thus, a large part of the teaching on collaboration stressed the importance of relationships. There must be strong relationships built upon mutual respect, trust, good communication, shared goals, a shared vision, and positive regard, if not affection, for true collaboration to occur (Powell et al., 1999). Much effort must be dedicated to initiating, nurturing, and maintaining the relationships between collaborators. Without strong relationships,

the natural and expected tension inherent in collaboration will undermine and diminish the quality and quantity of the work that is accomplished. This tension, if unmanaged, can quickly worsen leading to failure or even to disintegration of the group (Powell et al., 1999).

Relationship building among SSTC members has been cultivated through weekly meetings during the semester, travel to deliver presentations at professional meetings, and social gatherings. A core group of four university faculty members and one family advocate (parent) have formed the nucleus of the SSTC, with additional faculty members and parents participating, as they are able.

In addition, it was necessary for the SSTC members to decide on a working definition of interdisciplinary for their own functioning and for their teaching. Seaburn et al. (1996) suggested that collaboration is characterized by efforts to resolve problems by bringing together professionals from different disciplines. This was the plan and the case with the SSTC. Although there are many definitions of collaboration, the SSTC used the term to simply mean professionals from different disciplines joining together with a commitment to work in a non-hierarchical fashion toward a shared goal. Strategies for successfully meeting challenges associated with interdisciplinary education require that faculty be sensitive to, and honest about, their individual boundary and turf issues. Relationship building among interdisciplinary faculty that includes developing trust and a sense of mutual respect is an essential feature to successfully role-model classroom behaviors that foster interdisciplinary practice. With this course, faculty members and the family advocate who shared the teaching roles had many opportunities over time to develop strong relationships that could withstand the inevitable tensions that arose. Through these experiences, they became committed to each other and to the shared goals of

teaching about and modeling interdisciplinary collaborative practice. It was important and useful that they participated conjointly in all planning for the delivery and evaluation of course content. Allowing students to observe and participate in interactions in the classroom between interdisciplinary faculty members including decisions affecting the overall course (changes in topics or assignments) are positive ways to demonstrate the "how-to" of collaboration.

The Students

Graduate students entered this interdisciplinary classroom exhibiting behaviors associated with their natural fears of the unknown. Until taking this interdisciplinary course, they had existed in a fairly sheltered educational cocoon within the safe confines of their selected professional disciplines. Previously, their professional disciplines had nurtured them, and indoctrinated them with ideas associated with the supremacy of their career choice and clinical practices approaches. Cohorts who reinforced their ideas about service delivery had surrounded these students. In this class as with all interdisciplinary classes, students voluntarily enter a learning situation with "others" (students and faculty from other disciplines, professionals already working in various disciplines, and family members) with potentially different perspectives on care delivery (Brandon & Knapp, 1999).

Initially, students in this course anticipated being challenged by having to defend the merits of their unique approaches to children and families. Imagine their surprise and upset when they discovered that other disciplines approach service delivery from similar theoretical frameworks and are capable of providing many of the same services. These threats and turf issues were subtly demonstrated in many seemingly inconsequential behaviors (students sat in discipline-specific

groupings, students described their own discipline very differently than did members of other disciplines). It was discovered that faculty members had to be sensitive to the social, psychological, and economic ramifications of turf issues, while encouraging students to critically reflect on their sensitivities in these areas. This created an exciting though admittedly threatening learning environment for faculty and students.

To address these concerns, it is important that students from all disciplines participate in the small group activities and role-plays that demonstrate collaborative skills. Otherwise, the risk is that students from one or more disciplines may be "identified" as experts whereas those from the other disciplines may think they are viewed or may view themselves as inadequate. It is essential that students from all disciplines are struggling and learning together with a clear sense that no discipline is better or more expert. This awareness is emphasized throughout the course by having at least two faculty concurrently present didactic content. Faculty share responsibilities for student evaluation (each grades one assignment) emphasizing that all disciplines contribute equally to the knowledge base for the course and to the evaluation of students.

In developing class exercises, faculty should be aware of students' heightened sense of vulnerability at being "placed on stage" in front of other disciplines. For example, many students disclosed that participation in "role-plays" tested not only themselves but also their discipline. They experienced heightened sensitivity because they felt they were representing their discipline. Situations that could potentially place students in positions of negatively critiquing other disciplines should be avoided. Activities that encourage students to carefully explore their biases about other disciplines, taking responsibility for their misperceptions, and sharing these findings

with the class are especially helpful in facilitating dialogue that explores turf issues in same ways (see Appendix A for an example of such an activity).

There are two factors that likely affect the reactions of students to the threats of turf issues that are embedded in interdisciplinary coursework and must be better understood to be adequately managed. These two factors are the level of professional development of the students and the makeup of the particular class including how many members of each discipline are present. Each of these factors would likely influence how students react to the challenges of learning about and practicing interdisciplinary collaboration.

First, the level of professional development of the student would no doubt influence how easily the student would be able to manage these challenges. Older students with more experience in the professional world who are more comfortable with their professional identity would likely be more comfortable in a setting calling for interdisciplinary collaboration. On the other hand, younger students with little experience in the professional world who are just beginning the process of being socialized into their discipline would likely be more threatened. Specific research directly addressing the influence of these sorts of variables (e.g., age, work experience, time in discipline) on reaction to interdisciplinary collaboration is needed.

Second, the makeup of each class may have an influence on students' reactions to the challenges of learning about and practicing collaboration. In other words, the number of disciplines and the number of students from each discipline in the class might have an effect. For example, would the threat associated with some of the class activities be greater if a student was the only one representing her/his discipline versus if she/he were a member of the dominant discipline represented in the

class? As can be seen in Table 1, in all 6 semesters that the course has been offered, Social Work has been the discipline with the most students with Child Development and Family Relations/Marriage and Family Therapy being next followed by Psychology/Clinical Psychology, and then Nursing. It is important to note that numbers of students in each class roughly reflect the relative sizes of the clinical training programs represented. In other words, Social Work has the largest graduate program, followed by Child Development and Family Relations/Marriage and Family Therapy, Psychology/Clinical Psychology, and Nursing. Research is needed to determine how the makeup of a class in terms of disciplinary membership affects the student's experience of it.

Family Advocates

Family advocates served as co-teachers in the course. These advocates were parents whose children had been diagnosed with serious emotional disorders. They were consumers of the services that students in the course were learning how to deliver. As such, they brought an extensive experience and knowledge base from which to draw in assisting with the teaching. Parents from WE CARE were compensated for their time and reimbursed for their travel with funds from the SSTC contract with the state. This compensation is critical if parents are to be involved. Despite the strong commitment and motivation of these parents to excite, inform, encourage, and challenge the graduate students to be prepared to deliver services that were more effective and family friendly, they encountered a number of challenges in their move into the academic world.

These challenges were logistical, personal, and strategic. University campuses can be extremely unfriendly to visitors who do not know their way around. This was true initially for these parents. At first they struggled to navigate around the

campus not knowing how to find their way to the classroom or where to park. SSTC members quickly learned how important it was to provide them with assistance in these areas. University faculty members who are familiar with the campus can easily forget how ominous a university campus can be to an unfamiliar visitor. SSTC members learned that these parents needed assistance with childcare in order to participate in classes that lasted three hours. The absence of support for childcare can easily be a barrier to parent participation.

The personal challenges were natural for these parents, several of whom had only limited familiarity with this particular academic setting and no experience teaching a graduate class. These challenges had to do with the parents' doubts about the significance of their contributions—"Is what I have to share important?" They questioned how faculty members and students would receive their contributions. In this regard, they had to deal with intimidation that arose because some of them did not have a college degree and now found themselves lecturing in a graduate class surrounded by graduate students and faculty with doctoral degrees. Given that the parents have children with special needs, sometimes emergencies arise, and the parents may have to cancel with little advance warning (or appear at class with the child in tow). Experience in the classroom and a welcoming and appreciative response from students and faculty members slowly eliminated this concern.

Strategic challenges involved the discovery by these parents of more effective ways to tell their stories so that they provoked motivation for system change instead of just evoking an emotional reaction from their listeners. In addition, these parents with powerful experiences and their commitment to and strong feelings about their child often got caught up in the emotional day-to-day challenges of

parenting. It was hard for them to step away from these personal emotions to look at the "big picture." Again, with experience and with attention to processing thoughts and feelings of all instructors following each class, parents learned more effective strategies. In addition to providing descriptions of their experiences in the service system, parents also commented on assigned readings, co-facilitated class activities, and assisted students in small group activities. Videotapes depicting aspects of system of care implementation with a variety of families were shown. Several students have taken advantage of financial support from the SSTC contract to cover travel and registration expenses to attend the Annual Federation of Families for Children's Mental Health Conference. The family advocates from WE CARE are quite experienced now after having helped teach the course five times and have done an excellent job. The parents report feeling satisfied at helping to train the next generation of professionals.

The Practice Setting

There were two major challenges that were identified regarding the practice setting. These challenges need to be addressed in teaching about interdisciplinary collaboration. First, it is difficult to create practicum/internship experiences for students that promote collaborative interdisciplinary practice. There is always the difficulty of meshing the schedules of the various disciplines/programs involved. For example, at this university social work graduate students take classes on Monday and Tuesday and do their internships on Wednesday through Thursday whereas Family Therapy graduate students take classes and do their clinical work each day. Medical students and Psychiatry Residents follow a different schedule and academic calendar. It is also necessary for most disciplines/programs to arrange to have a member of that discipline

to supervise the student. Thus, it would be difficult to find a supervisor who could supervise both social work and psychology students. Finally, most placement settings have many more examples of interdisciplinary competition than they do of collaboration.

Therefore, we have also developed two (and are in the process of developing another) interdisciplinary practicum sites, in which faculty and students from several disciplines have the opportunity to work together. A new partner to our academic consortium, a faculty member in Recreation Therapy, and our main parent co-faculty member, have developed a practicum component in an undergraduate recreation therapy class. Students were paired with families for a service-learning activity, which was very successful and will be implemented on a continuing basis in the course. The parent faculty member has also participated in the training of Psychiatry Residents and participated to add a family voice to Grand Rounds in Child Psychiatry.

Second, students must be prepared for the misfit between what is taught in the course regarding collaboration and how things are typically done in most agency settings. Two questions capture this issue:

1. How do you teach graduate students about collaboration and system of care philosophy while preparing them to work in traditional settings that may not value such thinking and practice?
2. How can students contend with existing traditional paradigms while advocating for and practicing a non-traditional collaborative paradigm of service delivery without putting themselves and their jobs at risk?

This issue must be raised with students, and they must be given a chance to struggle with how they intend to manage these concerns. Faculty members can facilitate a thorough discussion of this issue including possible solutions. As students graduate, take positions in the field, and receive

promotions to positions of greater influence, these concerns will slowly diminish. In time, it will be possible for students to be placed for practicum/internship experiences and accept positions in settings where collaboration has become accepted and is promoted through the efforts of administrators who were once students in the course.

The University

Roberts et al. (1998) commented on the role of *departments* within institutions of higher education as the units of organization for preparing students within a specific discipline (e.g., psychology), or specialization within a discipline (medicine). Disciplinary concerns often drive the allocation of resources within the university. In most departments, the budget priorities are allocated for the teaching of competencies and courses which meet the requirements for obtaining professional credentials, and which impart a body of discipline-specific knowledge. There are constraints on the principal departmental resource, faculty time. Time for modeling teaming and organizing interdisciplinary coursework and practica with colleagues from other departments is scarce. The need to generate student credit hours within a department may discourage a department's interdisciplinary efforts. Whereas making interdisciplinary courses options as electives within a program may provide flexibility, this may mean that many students will choose not to participate.

The primary strategy for addressing these concerns is to gain the support of higher administration. Efforts toward this end are aided by the fact that it is common for universities to identify increasing interdisciplinary efforts as a priority in strategic planning. Drawing upon this interest in and commitment to support interdisciplinary efforts can best secure the necessary administrative support. Although a course on interdisciplinary collaboration

is costly, especially when it is team-taught, it can be presented to administrators as an ideal strategy for promoting campus interdisciplinary efforts and meeting strategic planning goals.

Given this priority to increase interdisciplinary efforts, administrators can use flexible funds (if available) to support creative reassignment of teaching schedules to permit team teaching. With this route, the demands on any one department can be minimal because multiple departments share the expense. If such flexible funds are not available, then it may be necessary to rely upon external funding.

To address the need for departments to generate student credit hours, one of the strategies has been to co-list the course. Each of the four participating departments offers one section of the course (with that department's course prefix), with the sections meeting together.

In addition, it is important to pursue and secure the support of other faculty members in supporting academic units. Without their support, resentment can build because it may appear that team-teaching faculty members have a reduced teaching load. After all, how much work can each faculty member have to do if four are teaching just one course? It is necessary for these colleagues to understand that there are many unusual and time consuming demands placed on the team-teaching faculty members that are not a part of a typical course. This kind of information can be shared with colleagues, and they can be invited to participate in various ways with and to share in the benefits of this interdisciplinary effort. Over time, colleagues can be won over to this approach and can even become advocates for additional interdisciplinary efforts.

Comparison of Findings from Other Interdisciplinary Courses

Other authors have noted similar challenges with their efforts at developing

and offering coursework on interdisciplinary collaboration in a variety of settings including those related to the faculty members, the students, the practice setting, and the university. Although no examples were located that used family advocates as they were used in this course, similar challenges were reported using community professionals who struggled upon entering the foreign territory of the university (Brandon & Knapp, 1999).

The importance of developing and maintaining relationships among faculty from different disciplines as they teach together is a common challenge (Brandon & Knapp, 1999; Edwards & Smith, 1998; Stumpf & Clark, 1999; Zungolo, 1994) as it was with this course. Faculty members from different disciplines have different traditions, theories, styles of teaching, methods of teaching and evaluation, and experiences to draw upon as well as hard won turf to protect. Without great attention to relationship development and maintenance, these differences can become incompatibilities and greatly compromise co-teaching. Faculty members must be willing to work harder and longer, at least initially, to overcome these challenges (Bellack, et al., 1997; Larson, 1995; Wartman, et al., 1998). Similar to what was found with this course, others found significant challenges related to the students including tension that resulted from differences in disciplinary identity, background, experiences, expectations, and perceived status (Bellack, et al., 1997; Brandon & Knapp, 1999; Zungolo, 1994). As with this course, there were challenges associated with efforts to locate or to develop and implement practicum sites that model collaborative interdisciplinary practice (Bellack, et al., 1997; Brandon & Knapp, 1999). This made it difficult for students to practice what they had learned in classes. Further, it was possible that the students would learn by experience that collaborative interdisciplinary practice is not realistic

after learning in the classroom about the values and benefits of it. Constraints at the university level were frequently cited as challenges to interdisciplinary courses. These constraints included the following: difficulty scheduling courses (Bellack, et al., 1997; Larson, 1995; Stumpf & Clark, 1999); departmental compartmentalization (Brandon & Knapp, 1999); general institutional inertia, resistance to change, and desire to serve the status quo (Bellack, et al., 1997; Edwards & Smith, 1998); learning to serve as effective partners with communities (Brandon & Knapp, 1999); rigid curricula (Bellack, et al., 1997); and changing the understanding of professional expertise to include collaborative practice and scholarship (Brandon & Knapp, 1999). The primary key to solving these institutional concerns seems to be obtaining and maintaining broad-based institutional support from administrators who can provide committed and knowledgeable leadership in the development, offering, and financing of these courses (Bellack, et al., 1997; Edwards & Smith, 1998; Wartman, et al., 1998).

Course Evaluation

Several measures have been used to evaluate the impact of the course on students. Most of the measures are administered at the beginning and end of the course. The evaluation measures attitudes, beliefs and knowledge about system of care concepts and values, as well as student opinions about instruction in the course. The Provider Beliefs About Parents Questionnaire (Johnson, Cournoyer, & Fisher, 1994; Johnson & Renard, 1997) has consistently shown a change across the semesters, with students at the end of the course endorsing less blame of parents for their children's problems, more acceptance of the importance of fully informing parents, and the idea that parents should be validated. We attribute these changes to

the collaboration with parents as co-faculty. The students' endorsement of medication as helpful and the idea that parents should be instructed on how to help their children did not change.

The Community Mental Health Ideology Scale (Baker & Schulberg, 1967) focuses on the ideological structure of the community mental health movement (a population focus, primary prevention, social treatment goals, comprehensive continuity of care, and total community involvement). Across the semesters, students endorsed items in greater agreement with the community perspective. In comparison with various groups of professionals/stakeholders who have completed this measure, the students' scores were most similar to a group of lay board members of community mental health centers (Stawar & Dupree, 1988) and members of Division 12 (Clinical Psychology) of the American Psychological Association (Baker & Schulberg, 1967). This placed them in a more community-oriented stance than groups of social workers, psychologists, or psychiatrists.

An open-ended measure used the first three years asked students to briefly describe an interdisciplinary professional situation they observed or participated in during the preceding two months and to describe behaviors or actions of group members, which facilitated or limited the collaborative process. At the end of the course students' descriptions of interdisciplinary collaboration were more sophisticated and in greater depth and detail than the initial accounts.

The University's Survey of Student Opinion of Instruction is distributed to the students and collated by the Administrative Assistant of the SSTC. Because the students are asked to evaluate the faculty as a teaching team, this is a non-standard use of the rating measure (which is typically one component of individual faculty personnel evaluations). Student responses to this measure have been positive and

comparable to university norms.

Additional student feedback is obtained from the journal entries. Recurring themes from the journals include appreciation of the parent perspective and the participation of the parents as co-faculty. Routinely this is the clearest theme. Without this appreciation, they believe they would have been much less sensitive to parent's concerns and much less likely to view them as full and complete partners. A second common theme was related to learning much more about other disciplines and challenging preconceived notions about or prejudice toward them. A third common theme was related to learning about how difficult true collaboration is. A final common theme was related to gaining experience understanding and managing conflict.

Future Plans

In terms of future plans, we will continue offering, refining, and evaluating this course. Rather than relying on external funding to buy-out faculty teaching time, it is our intention to have this course fiscally supported by various departments within East Carolina University. To this end, we have extensively publicized the positive effects of the course at faculty symposia throughout campus. Several members of the SSTC serve on university task forces providing consultation to other departments on how aspects of the course might be integrated elsewhere on campus. Additionally we are designing a distance-learning (web-based) format for the course that will be offered in the fall of 2001. We hope to expand the disciplines participating by involving more faculty and students from essential disciplines not currently represented (e.g., Education and Psychiatry). The web-based format may provide one strategy for solving the schedule conflicts that have precluded participation from some disciplines. Offering

the course through the web-based format may help sustain University support, as the distance-learning delivery may allow greater participation from nontraditional learners and fits a current emphasis for the university in curriculum designer. We plan to conduct a follow-up study of students who have completed the course to track their post-graduate employment experiences and use of course materials.

We are also participating in a statewide Public Academic Liaison (PALs) network. Other University of North Carolina system schools currently offering or developing similar interdisciplinary courses include UNC-Chapel Hill, UNC-Charlotte, UNC-Greensboro, and Appalachian State University. This PAL network has supported a teleconference to discuss interdisciplinary course development, is developing a series of Web sites and links (that can be accessed via www.systemofcare.org), and meets quarterly to exchange information and resources. We have also benefited from ideas from the University of Washington's Training for Interprofessional Collaboration Project (Roberts et al., 1998). Although, it was not initially apparent how to incorporate such courses into existing university training programs and structures, there are now models available.

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Appendix A

Professional Culture Study - Small Group Presentations

A major emphasis in this course is for graduate students to develop collaborative skills that foster positive interdisciplinary interactions. This assignment prompts students to study another discipline within their "home" classroom setting and informally interview selected students in that class. Learners will consequently develop unique insights about their professional similarities and dissimilarities with other disciplines. In an interdisciplinary practice environment, these understandings formulated during graduate study truly promote development of a "culture of collaboration" in the practice setting.

Students will meet in small interdisciplinary groups during class to share insights and define foci for professional study. A faculty mentor representing the discipline under investigation will lead each group.

Areas for Cultural Investigation and Small Group Presentation Include: Share with participants why you chose a specific discipline; Discuss biases and stereotypes about other disciplines; Professional Training Requirements - undergraduate, graduate, certifications; Typical client receiving services from this discipline - cultural diversity; Demographic factors related to discipline service providers; Strengths of this professional discipline; Interaction patterns between students/faculty are formal/informal/use humor; Socialization of new members within this discipline; Evidence of boundary or turf issues effecting this discipline?; Empowerment issues or problems currently impacting this professional group; "Personality" of this Discipline; Advice to Other Professionals to Foster Positive Relationships with this discipline

Each group will have 30 minutes to provide a summary of their findings and to guide class discussion.

Faculty mentors will grade their group's presentation according to the following criteria:

Organization and quality of class presentation; Quality of small group discussions and work prior to presentations; Evidence of preparation for small group meetings and presentation; Evidence of reading pertaining to this study and group discussions.

Faculty may or may not require written documentation for this assignment.

Appendix B

Assignment: Developing and Carrying-out a Strength-Based Assessment

Learning to conduct and use strength-based assessments is central to systems of care practice. They can help promote partnerships with families and collaboration among formal (professionals) and informal (friends, family, etc.) members of system of care teams. Faculty will provide students with examples of strength-based assessments representing their various disciplines. In addition, an in-class exercise will

illustrate how such assessments are developed and used.

This assignment has two parts: (1) develop, modify, or adopt an assessment guide that you feel comfortable using, and (2) use your assessment with a family. Guidelines: (a) select a family that is somewhat different from your own family (in ethnicity, structure, culture, etc. – and one that you do not know intimately – but one that does have a child/family mental or disability challenge), (b) use your strength-based assessment guide to “discover” the resources, strengths and potential that this family possesses as well as the challenges that the family faces, and (c) finally share your written assessment with the family as a check for accuracy. Then turn in your strength-based guide (process, outline or question that you used) and summary of the findings (this should be done together – with your assessment guide in **bold** or underlined and the findings in regular type.)