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Interdisciplinary team perceptions of efficacy in the workplace and with client families

Eugenia Arlene Turner

INTERDISCIPLINARY TEAM PERCEPTIONS OF EFFICACY IN

THE WORKPLACE AND WITH CLIENT FAMILIES

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by
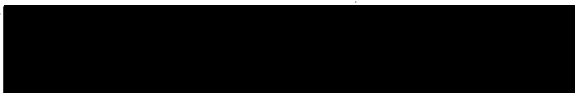
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ABSTRACT

This constructivist study examined the perceptions that an interdisciplinary team has about themselves in the work setting and during fieldwork interactions while working with client families. Twelve staff members of a program that provides sup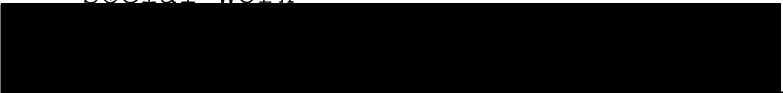portive services for the parents of severely handicapped children responded to a bank of fifteen questions in an effort to examine the relationship between team members perceptions of their roles and how those perceptions affect their job performance and satisfaction.

Six disciplines were represented among the professionals that comprised the interdisciplinary team. A psychologist, an audiologist, a speech and language specialist, a school nurse, a physical therapist, five special education teachers and two of their aides form the collaborative. The members had worked together, as a team, on average for eleven years. The time working together and their maturity, age wise, had little influence on curbing their tendency to overextend themselves when working with families. The majority of the team members perceived themselves to be dedicated educators who regularly went beyond the call of duty. They had difficulties recognizing

that working hours far beyond their regular hours
exemplified unhealthy boundary setting issues.

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CHAPTER ONE

INTRODUCTION

Purpose of the Project

The focus of the project was to examine staff

perceptions about the effectiveness of an

interdisciplinary team approach in the home environment,

as well as, in the work setting. The research looked at

the perceived relationships that exist between the team

members and the populations they serve. The project

examined how team perceptions affect the ability of the

team to be effective in home settings where they provide

support services for parents with severely disabled

infants.

Team perceptions were researched, compared, and

recorded together and individually. The research sought to

find out how individual team member's perceptions of their

role impacts the rest of the team. Additionally questions

were posed that explored possible ways in which

perceptions might positively or negatively influence team

members work with client families.

The emergence of interdisciplinary teams and their

work with families began in the mid-seventies as a result

of Public Law 94-142 (1975). PL 94-142, the Individuals

with Disabilities Education Act, is a federal law that mandates that all children receive a free, appropriate public education regardless of the level or severity of their disability. It provides funds to assist states in the education of students with disabilities. The law requires that states make sure that these students receive an individualized education program based on their unique needs in the least restrictive environment possible.
PL 94-142 also provides guidelines for determining what related services are necessary and outlines a "due process" procedure to make sure these needs are adequately met.

Children ages 3 through 21 who need special education and related services because of a disabling condition are eligible. Eligibility for services is determined through "nondiscriminatory evaluation." This requires that school districts use testing materials free from racial or cultural discrimination and presented in the child's native language or means of communicating. Tests must be chosen which assess the child's actual abilities if sensory, motor, or language impairments are present. Evaluations cannot be based solely on one general test, such as an intelligence test, and the child is to be

assessed across all areas related to the disability by a "multidisciplinary team" http://thearc.org/faqs/pl94142.html.

A multidisciplinary team includes members from a number of education-related professions, which may include educators, speech, occupational or physical therapists, and psychologists. An evaluation is to be performed by representatives from those disciplines in which the student may require special services mandating that [inter]disciplinary teams (IDTs),rather than individuals, make decisions concerning eligibility and programming for special education students. The law thereby attempted to limit the influence of any single professional by requiring input from multiple professionals and parents (Maher & Yoshida, 1985).

There are several perceived benefits of the use of interdisciplinary teams, rather than individual professionals, to determine the needs of special needs children in the school setting. "...greater accuracy in assessment, classification, and special education decision; a forum for the sharing of differing values and perspective; provision for specialized consultative services to school personnel, parents, and community agencies; and the resources or developing innovative

programs and/or evaluating existing ones" (Pfieffer, 1980,

p. 330).

Since the early inception of the use of

interdisciplinary teams in the school settings, over

twenty years ago, there have been those who perceive the

approach to be less beneficial. One of the arguments that

has been advanced against the practice of using

interdisciplinary teams in the school setting is the

contention that the team approach reduces the amount of

adequate participation by parents and regular educators

(Gilliam, 1979). Others such as Ysseldyke, Algozzine,

Rostollan, and Shinn, (1981) contended that insufficient

time [is] devoted to discussing interventions. Lack of

interdisciplinary collaboration and trust were cited by

Pfieffer, (1980) as reasons why the approach was not held

in high regard. Further, the argument about the decrease

in the amount of time that is devoted to discussing

intervention strategies when interdisciplinary teams are

employed arises. Lack of clarity regarding team roles was

another area that Pfieffer, 1980, Pryzwansky, 1981,

Ysseldyke, Algozzine, and Allen, 1982 all seemed to view

as a pitfall of interdisciplinary team use.

For this researcher the greatest concern arose as a result of attempting to find a consistent definition for the term "interdisciplinary team."

Definition of Terms

It has come to the attention of this researcher that the task of locating a clear definition of what an interdisciplinary team is has been elusive. The concept itself is neither easily nor readily defined. One glaring question for me was posed in an effort to determine exactly how disciplines are related in an interdisciplinary [capacity]? "It wouldn't be so difficult to define this concept if scholars had not also invented, and then used rather carelessly, the terms "cross-disciplinary", "multi-disciplinary", and "trans-disciplinary": Do these terms all mean the same thing. Or do they provide a vehicle for making a useful distinction" (Davis, 1995)?

Klein, 1990, suggests that there are important distinctions to be made by the varying terms.

> ...Multidisciplinary" refers to several
> disciplinary specialists working side by side in
> an additive way. For example, in child
> development, members of a 'multi-disciplinary
> team', composed of a social worker, a counselor,
> and a school psychologist, might work together
> in making a diagnosis and suggesting
> intervention for a child with special problems;

but the team members probably would not spend much effort, or feel the necessity, to integrate their 'disciplinary' perspectives. (p. 55)

Further, Klein offers a working definition of the concept of "interdisciplinary" team;

> ...the work that [professionals] do together in two or more disciplines, sub-disciplines, or professions, and brings together, and to some extent, synthesizing their perspective. Interdisciplinary efforts require member to be able to bring about mutual integration and organization of concepts and methodologies. There has to be the presence of some efforts at integration, what Piaget referred to as reciprocal assimilation among the participating disciplines. (Klein, 1990, p. 55)

For the purpose of this research the term "interdisciplinary" will refer to the team approach that integrates the perspectives of professionals from several disciplines. The team that is the subject of this project is a school-based team that works with special needs

The interdisciplinary team will consist of a speech therapist, a physical therapist, a special education teacher, a psychologist, the intern and the program director.

CHAPTER TWO

LITERATURE REVIEW

For families with special needs children the task of parenting can be even more daunting.

The severely disabled child may have levels of functioning that range from the inability to function socially, as in autism, to non-ambulatory, as with spinal bifida. Care must be provided to ensure that the child is given opportunities to reach their fullest potential. The parents of the developmentally disabled child is faced with the task of providing care for their child as well as helping their child reach the highest level of function possible says (Copeland & Kimmel, 1989). Those children who are severely disabled require that even more of a collective effort be put forth by parents, health care providers, special education teachers, social services workers, as well as those in the medical profession.

Professionals come together in a consultative capacity among themselves and in collaboration with parents to develop a plan of action that serves to offer guidance to families in need. Parents of special needs children are expected to address the emotional and biophysical needs that all children have, as well as,

those needs directly related to their child's disability. This is a large, long-term task for parents and they should not be expected to undertake it alone (Copeland & Kimmel, 1989).

The professionals (i.e., therapists, teachers) that comprise an interdisciplinary team have the important tasks of treating and teaching the child and teaching and supporting the parents (Copeland & Kimmel, 1989). The goal of an interdisciplinary team is to work with parents, other family members, and the disabled child in a way that reduces the stressors associated with caring for children with special needs. Reynold (1990) states that teaming focuses on "teaming and consulting arrangements [that] are common in serving handicapped pupils in schools" (p. 92). This writer adds that those same "teaming and consulting arrangements" serve as the catalyst that provides those infants and children, who are disabled and not yet in school, with valuable tools that serve to ready them for entry into school.

The genuine and consistent concern for the needs of disabled infants after hospital discharge is a recent phenomenon. As a consequence of the laws, educators (and other professionals) are now beginning to understand the importance of relevant curricular programs and

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instructional styles when it comes to catering to the
needs of children with disabilities (Block, Oberweiser, &
Bain, 1995). Of particular interest to personnel working
with infants with disabilities is one of the sections of
the latest amendments, (PL 99-457), to the Education of
the Handicapped Act Amendments of 1986. Public Law 99-457
provides an opportunity for each state to plan, develop,
and implement programs that will address the needs of
at-risk and handicapped infants, toddlers, and their
families (Copeland & Kimmel, 1989). The push to mainstream
or include special needs children in least restrictive
educational environments gives impetus to the movement
that exhorts more educators and other professionals to
work collaboratively with the parents of special needs
children in a way that will get positive outcomes and
results.

Federal laws and the resulting exhortations for
professionals to collaborate among themselves influenced
interdisciplinary team perceptions about the multi-level
processes that are involved in their intervention efforts.
The multi-dimensionality of team perceptions served as the
impetus for the development of the research questions.
Concerns such as level of satisfaction, when working with
client families, and as team members drove the research.

Copeland and Kimmel (1989) stated that teaching the child and supporting the parents of the children was imperative to successful intervention. Several research questions were developed that served to examine the perceived significance of professional roles held among themselves, as team members, and with families.

Interdisciplinary teams can be either negatively or positively motivated by perceived levels of satisfaction when working with client families. Individual members level of satisfaction was examined in an effort to discover if a correlation between job satisfaction and satisfactory job performance existed within the interdisciplinary team context.

It is expected within an interdisciplinary team that the professionals involved are able to come together in a consultative capacity among themselves and in collaboration with parents to develop a plan of action that serves to offer guidance to families in need. Reported perceptions of team member's abilities to build and maintain effective relationships among themselves was recorded as several questions revolving around team building issues were posed.

Perceptions related to the significance of "call of duty" as a concern of the individual and collective team

members were examined. Block, Oberweiser, and Bain, 1995 state that as a consequence of the laws educators (and other professionals) are now beginning to understand how important curricular programming and instructional styles are to getting the needs of children with disabilities met. A better understanding of exactly what is needed to address the needs of disabled children and their parents could result in the establishment of clearer boundaries being set between the helper and needy families.

Future orientation for interdisciplinary teams was examined during the research. Block, Oberweiser, and Bain, 1995 state that a new approach to helping is dawning as greater understanding about the significance of how curriculum programming and instructional styles influence the desired outcomes when working with families.

Problem Statement

Interdisciplinary teams' primary goal, when working with client families, is to provide augmentative services that assist client families with skills development, care-giving techniques, and strategies. Rapport building is a necessary part of successful intervention and can move the process along in a way that increases the potential for positive outcomes. Effective teams will be

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able to draw clear boundaries between their professional and personal selves. Failure to do so can jeopardize the effectiveness of intervention strategies that may be advanced by the team and it's individual members. The focus of this group study used a standard of measurement of successful performance that revolved around the extent to which members shunned and circumvented boundaries to go beyond the call of duty. Many members communicated that performance beyond the call of duty was expected.

Problems arise when parents are ill prepared to care for a child with special needs and those in the helping profession begin to parent rather than guide their clients. For parents who have the responsibility to provide the best possible care for infants with severe disabilities the level of stress can be overwhelming. Use of devices, materials, instrument, or equipment that serves to facilitate handling of the child and other care-giving responsibilities in the home add to the myriad stresses of daily living of those parents with disabled children. These parents must get help and support from professionals who have been trained in child-care provisions for the severely handicapped infant and who are able to teach the parent(s) how to properly care for the children within the context of the home environment.

Working...in the home requires the following prerequisites

of a professional according to Farber and Williamson,

1987; and Goldberg, 1975

> ...first the therapist must have a good
> knowledge of normal and abnormal infant
> development even at the pre-natal stage. Second,
> an effective therapist should be able to
> evaluate the normal full-term infant in the
> areas of reflex response, muscle tone, and
> general body activity. Third, he or she should
> be familiar with the concepts of normal
> neuromuscular maturation and function. Finally,
> therapist should keep abreast of current
> research studies and the results pertaining to
> medical condition, diagnosis assessments, and
> intervention techniques. (p. 130)

In the interdisciplinary or multidisciplinary team

approach each team member should have at least a basic

knowledge and understanding about the dynamics of human

development.

Interdisciplinary teams, ideally, provide maximum

support to parents and other family members of children

with severe disabilities. The combined efforts must be

paramount in moving the child from a place where his

potential goes untapped to the place where that potential

can be realized.

Copeland states that the ultimate goal of the parents

and the therapist, education professional (and other team

members) is to help the developmentally disabled child

reach his or her maximal level of development... (p. 91).

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The successful interaction of parents, professionals, and the child in order to attain this goal depends on certain factors specific to each individual within the treatment setting.

Campbell and Wilson, 1976; Ferry, 1981; and Pines, 1982, concur on the subject of the need for each member within an interdisciplinary team to be able to help parents understand their infants' condition, develop realistic goals and routines based on their baby's personality, develop an organized approach to treatment that will lead to "...a positive attitude about their child's condition and potential progress. Copeland et al indicates that any discussion of [the] 'professional' [must] include health and educational personnel as well as those persons in related disciplines who play a role in the life of a developmentally disabled child [e.g. social workers]" (p. 147). There must be communication and cooperation among all these persons if a comprehensive and appropriate plan for a given child is to be designed and implemented. The parent must be expected and encouraged to play a pivotal role in the childs' programming. Without their input the professionals are challenged to provide training in a non-supportive environment. There are some indications that there is a direct correlation between

income level and program compliance among parents (Bricker, 1985).

The job of the professional would be to increase the likelihood that the parent feels comfortable enough to use all materials, equipment and devices needed to provide optimal care for the disabled child. The goal of the interdisciplinary team would be to provide sufficient support and guidance to parents of severely disabled children in an effort to have the parent experience a minimal amount of apprehension or fear about their abilities to provide proper care for their child.

One of the team objectives should stress combining common goals across disciplines. This will help avoid overloading parents with too many activities to possibly carry out in a daily family routine (Copeland & Kimmel, 1989).

Thyer and Knopf (1995) report that although the literature on interdisciplinary team development and process appears substantial, there is actually a severe paucity of basic theoretical and outcome research on interdisciplinary team process and practice.

CHAPTER THREE

METHODOLOGY

The measure that was chosen as model for this study
of efficacy perceptions came from the Special Education
Early Child Administrators Project (SEECAP) 2000 model of
team efficacy (Van Horn, 1997). SEECAP is a program
designed for the purpose of providing information and
resource guidance to special education service providers
and administrators. Seven indicators of interdisciplinary
team efficacy are used here. The criteria indicated below
serves as a guide for team performance as observed by the
researcher and commented upon by respondents.

It was chosen because of its thoroughness and its
comprehensive nature.

The interdisciplinary team that was researched
performed exceptionally while working with client families
when this performance indicator was used as an efficacy
standard:

Developmental information shared in the context of family
concerns. The assessment teams, generally comprised
of an assessor/service coordinator, a teacher, and
another professional (depending on the referral)
thoroughly investigate child(rens)ability to

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determine eligibility and relay the information to the parents in a clear and concise manner. The team does an outstanding job of explaining to parents the specifics of team findings about the child. Good team building skills are exemplified during this process. Additionally, they make every effort to ensure that the parent is informed about what is to be expected from the intervention effort should a need for intervention be identified.

Parent-professional partnership in action. Team members unanimously reported that they perceived themselves to be the instrument by which parents could become empowered. Nearly fifty percent of the team members alluded too the term "empowerment" and loosely defined it as the act of imbuing the parents with the ability to confidently, and knowledgeably, speak for themselves in regards to their children's educational, health and medical concerns.

Children with disabilities can fall in three classifications or ranges. Mild, moderate, or severe are the classifications most widely used. Each classification attempts to provide some indication about the child's functioning level. The term, 'disability' has usually been used to refer to a

permanent physical or mental condition that limits a

person's ability to function adequately in life

situations (Reynold, 1990). Parents equipped with a

working knowledge of what the child functioning level

is when working with those rendering services can

make a difference in the child's functioning later in

life. Parents who are able to accurately report what

the child's needs are increases the likelihood that

that child will receive proper services from those in

the helping profession.

Developing a shared understanding of desired developmental

goals for child. One of the team objectives should

stress combining common goals across disciplines.

This will help avoid overloading parents with too

many activities to possibly carry out in a daily

family routine (Copeland & Kimmel, 1989). The

interdisciplinary team observed was consistently

conscientious about overloading parents with

confusing directives. Great efforts were made to

advocate for the child through the use of vernacular

that was not jargon ridden i.e. full of initials and

acronyms. They were careful about disseminating

information to the parents using plain English. Once

it was determined that the child qualified for

services then the team engaged parents in the process
of setting goals for the child to accomplish. In this
capacity again team members consistently demonstrated
effective team-work.

Discuss possible desired outcome: Plans should not be
static. Adaptation and change are a critical part of
the learning process and should be expected. The
parent must be expected and encouraged to play a
pivotal role in the child's programming. Without
their input the professionals are challenged to
provide training in a non-supportive environment.
There is some indications are that there is a direct
correlation between income level and program
compliance among parents (Bricker, 1985). The
parent's already overwhelmed economically,
emotionally, and socially and may see little merit in
following up on suggestions made by the team members.
Materials and pieces of equipment that may be vital
in the best possible progress of the child may be
perceived by the parent, already overwhelmed with the
daily struggles of making ends meet, as one more
burden to bear as a parent with a special needs
child. The equipment itself, if viewed as an
additional stressor, may serve as a disincentive for

proper use and maintenance. Should that type of
attitude be allowed to prevail then the child's
positive progress could be compromised. The
interdisciplinary team perceives themselves as being
instruments for effectuating change in attitude for
family members. The teams' general belief is that
they can provide services to those children who may
not have optimal living conditions. Great effort is
made to engage the parent(s) in the intervention
process. Several questions were designed to capture
team member's perceptions about the extent of their
involvement in advocating for parents.

Set specific goals about program exit opportunities. The
Individualized Education Service Plan or (IESP) was
used effectively by the team members. The tool
allowed team members to both inform and encourage
parents to acknowledge the child's progress and to
plan for additional interventions. The teams program
exit approach included additional resource referral
provisions for the child with clear directives about
how parents could access services. Question thirteen
served as the impetus that allowed several team
members to project, as a future orientation, a strong
possibility for program expansion efforts to arise.

There existed among the group members a strong desire
to offer a greater number of families a wider array
of options i.e. child-care and or transportation once
the child had reached a certain level.

Family resources identification and referral as needed.

The various team members did an outstanding job in
locating needed services and referring families to
those services. The nurse and the audiologist
consistently found ways to access information,
materials, and equipment that the families and their
children needed to sustain and maintain intervention
strategies. Several instances occurred throughout the
research where team members collectively worked
together in order to locate, refer, or provide
resources to needy families. Several questions were
designed to examine team perceptions about the extent
of cohesiveness and supportiveness among group
members.

Family Centered/Focused

The practice arena is a school-based program where
the interdisciplinary team collaborates on the best
practices to working with particular families. Team
collaborations are guided by input from parents of the

children being served. Results are based upon the extent to which the team and the parents work together in the delivery of in-home educational support services to special needs children. Those parents who invest time beyond what the team provides are inclined to witness their children making more progress. The family is offered services designed to prepare the child(ren) and their parents for transition from a home-based to a preschool program once the child reaches three years old. Team members assist parents with the acquisition of care-giving skills for the child.

During post-assessment meeting the interdisciplinary team professionals gather to discuss what they believe to be the best approach to pursue. Based upon their professional opinion they determine what the best course of action will be. From the onset the team integrates their findings across disciplines. Additionally, a determination is made about which members' expertise would best suit the educational goals of the child(ren) during specific periods in the childs' projected progress. Two questions examined individual perceptions of how they believed their teammates perceived them as they worked with client families.

Research Questions

<u>Focus</u>

Fifteen questions were used to glean information from the interdisciplinary team about their perceptions of efficacy among themselves. Additionally, the questions focused on the teams' perceptions of their roles within the context of service delivery to the families that they work with.

<u>Categories</u>

The essence of the questions were collapsed into five categories all related to perception:

1.) Perceptions about what determined high level of satisfaction when working with families,

2.) Perceptions of their ability to build and maintain effective relationships among themselves,

3.) Perceptions of the professional role held among themselves, as team members, and with families,

4.) Perceptions related to the significance of "call of duty" as a concern of the individual and collective team members,

5.) Projected perceptions about the programs' future.

The five categories were further broken down into four sub-categories.

Sub-categories

The sub-categories further explored interdisciplinary team perceptions about themselves; and while working with team members, and when working with parents. Finally, the team was asked to project their perceptions about the program's future orientation. The first sub-category encouraged each member to report on how they saw themselves within the context of the work setting. Secondly, they were asked to share what they believed their co-workers perceptions were of them. The third sub-category sought to examine how each member ascertained their perceived effectiveness while working with team members, and, with families. The last sub-category required that each member explore their perceptions about future projections for the programs and their place in it.

SATISFACTION LEVEL (questions 1, 2, & 5)

Question 1   "Tell me what determines the level of satisfaction you feel with children's progress after you've intervened with their families?"

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Question 2   "Tell me what determines the level of

satisfaction you feel when working with

parents?"

Question 5   "How does the staff listen and respond to

your concerns?" (See level of satisfaction

category)

RELATIONSHIP BUILDING (questions 3 and 4)

Question 3   "What does it mean to develop a relationship

with the parents?"

Question 4   "What role do you play in the

interdisciplinary team?"

On eight occasions (four each) "assessor" and "teacher"

were the roles that the team members predominantly

identified with for question number four. Other responses

included "coordinator", "varied roles", "team member", and

"consultant" and were collectively mentioned a total of

eight times.

PERCEPTIONS OF ROLES (questions 6, 7, 8, 11, and 12)

Question 6   "To what extent do you consider yourself a

parent advocate?" (If so, how much. If not,

how could you become more of an advocate?)

Question 7   "What do you think 'call of duty' means to

your team mates?"

Question 8   "What does 'call of duty' mean to you?"

Question 11   "How important do you think your role, as an
               interdisciplinary team member, is considered
               to be by the other team members?"

Question 12   "How important do you think your role as an
               interdisciplinary team member is?"

GENERAL CONCERNS (questions 3, 9, and 14)

Question 3   "What does it mean to develop a relationship
               with the parents?"

Question 9   "How strongly do you believe in the idea that
               your responsibility, as a professional,
               dictates that you go beyond the call of
               duty?"

Question 14   "On a scale of 1-10, ten being best, rate the
               current program."

FUTURE ORIENTATION (questions 10, 13, and 15)

Question 10   "How do you believe that you can improve the
               child's progress when working with families?"

Question 13   "Where do you see the program heading in one
               year from now?"

Question 15   "Do you see a place for a social worker on
               this team?"

The Analysis

This analysis is a study that was put forth to evaluate the perceptions of interdisciplinary team members. The information included in this study was derived from a number of different approaches including the incorporation of research of several studies within both medical and social models of helping in the fields of heath care and education. Researcher observation of interdisciplinary team interactions within the workplace and among families has also been a method used to derive information about the subject.

The process was operationalized through the use of a formal fifteen-item open-ended questionnaire. Items on the questionnaire addressed a specific unit of analysis. The specific units were broken down into five categories: Satisfaction; Relationship Building; Perceptions of Roles; Concerns; and Projections for the Future of the Program. The final sample included a core team of professionals; the audiologist, nurse, physical therapist, psychologist, speech therapist; of which there was one each, and special education teachers, and aides. The use of the constructivist approach facilitated the data gathering process for the research. During the interviews with team members I was able to record the perceptions of the team

members about their roles on the interdisciplinary team. The researcher also accompanied the team to the home of families whose children underwent assessments. The research was a qualitative analysis of the teams' views about their effectiveness as a team. The process evolved more "naturally", in this case, as the workers were interviewed in the work setting. The dependent variables in this study relate to an individual team member's perceptions about the level of satisfaction achieved by the individual team member. The use of team member's perceptions regarding satisfaction, rather than objective measures of satisfaction allowed the team members to drive the direction of the conceptualization of interdisciplinary team membership. The participants were responsible for the course of the study as each gave their input about their perceptions.

Some of the demographic information about the group was gathered separately and incorporated into the study later. Demographics included occupation, length of time with the program, age, and gender (in this case all female).

Researcher bias was kept to a minimum as the data was gathered by direct record keeping. The respondents were not recorded because the majority of them preferred not to

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be. As a result, in order to ensure uniformity, the researcher manually dictated all respondents' remarks and answers. Members checked their own responses immediately as each was asked to review what the researcher had written. They were asked to listen to me read what I had written as I read it back to them. Once they had agreed that what I had written was what they had intended to say then I asked them to place their initials next to the statement where I had written.

The intent of the process was to maintain objectivity through thoroughness and accuracy in record keeping. Field notes during observation and reflection served to augment information gathered about team perceptions. As a result of respondent input the study was guided and directed by natural outcomes. The constructivist approach allowed me to collect ideas about what team members believe to be the most and least effective components of the support services program in which they work. Areas of team perception explored included the familial setting, the team setting, and the individual as a contributing team member.

I was able to record each team members' reflective observations about the role that each of them plays in the teams helping process. I used content analysis to tease

out the patterns and themes that evolved from the responses offered by the team members.

The study design attempted to do two things. First, it explored individual team members' perceptions of their role on the team, and with the families that they serve. Secondly, the study served as a starting point for generating a team-building plan. The research allowed the examination of shared, as well as, disparate views among the team members that influence and shape the team process and team identity.

CHAPTER FOUR

RESULTS

Respondents Perceptions

The study was conducted in an effort to identify team needs for team building opportunities. The research attempted to serve as a starting point for the creation of team building ideas. Though many of the team members felt that they were apart of the team, or "team players", some observations rendered results to the contrary. One teacher indicated that she was "somewhat a part of the team". A small percentage of the team acknowledged the difficulty with being fully accepted into the teams fold.

The director of the program hoped that the research effort would serve as the impetus for bringing about a more egalitarian relationship among the professionals and paraprofessionals. The research sought to examine the team members perceptions of the dynamics associated with team and morale building. All twelve team members that responded to question one indicated that the highest level of satisfaction came when, either one or both, of two particular events occurred. First, when they were able to see, as a result of their intervention, the child make some progress toward the goal agreed upon between them and

the parent. The second way that team member derived

satisfaction from their intervention efforts was when

parents either followed up on suggestions made by the IDT

member or expressed appreciation for what team member(s)

had done with the child.

Three of the twelve respondents felt that their

answer for the first question sufficed for the second

question. The other nine gave some variation of the theme

associated with their interventions resulting in parental

empowerment e.g. parents being able to advocate for their

special needs child(ren) with doctors, teachers, and other

helpers. Eight respondents cited parents' willingness to

comply with recommendations, parental involvement with the

helping process, and parental appreciation of team

members' expertise as determinants of feelings of

satisfaction derived from working with parents.

Five of the twelve respondents, when answering

numbers three and four, mentioned the need to establish

trust as a major means for developing a working

relationship with the parents. The parents feeling

comfortable with the team members, forging a connection

with the family, and demonstrating concern were all

regarded as imperative to relationship development with

parents.

The fifth question, "How does staff listen and respond to your concerns?" was also a "satisfaction" question. Its intent was to examine team members' sense of satisfaction with the support system among themselves, as professionals, in the work environment. The most prominent thematic answer that arose from this question was the appreciation each team member expressed for the accessibility to individual team members' expertise. Five of the members referred to the benefit of having at their avail professionals who could listen and respond to job-related concerns and offer working solutions based upon the contributing professionals experience. Six of the members spoke about the benefit of being able to more readily access brainstorming opportunities that lead to creative problem solving with children and their families.

Six team members used "brainstorming" directly or inferred that brainstorming was occurring as phrases such as "staff listens", and "supported" occurred four and five times respectively.

One respondent stated that she had been "accused of being too strong of an advocate for the parents." Further she indicated that she had made every effort to maintain a professional attitude with parents and feels that she could do a lot more with being an advocate. The other

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eleven tottered on the question in that they expressed perceived degrees of their role as parent advocate. Recurring themes for question six appeared consistently. "Advocate for parents" showed up five times while "help parents" was used four times. "Show them how" and "support them" were also phrases used to describe team members perceptions of the extent to which they served as advocates for the parents worked with.

Wide ranges of disparate answers were given in response to question seven. The term "call of duty" had to be explained to several of the respondents. Phrases such as "what needs to be done", "strong sense of duty", "'til job is done", "go beyond job description", and "beyond the time clock" were all used to describe the various team members perception of what call of duty meant to their team mates.

All of the answers given by the respondents for question eight used the following phrases, or some variation of the theme: "beyond the normal job description"; "extra hours"; "until the job is done"; "going far beyond job description". Respondents seemed to have an easier time with answering this question as it applied to them personally than when referring to their co-workers.

One respondent expressed uncertainty about her membership role on the team. "In a way I'm a part of the team because I go out and do the service after the team does the assessment". Six of the respondents gave variations of the response that they felt their team members perceived them to be important contributors to the team. Three of the team member perceived that the team felt their role was of equal importance. As one member put it, "not into hierarchy or status". These members all believed the other team members felt that their role was neither more nor less important than other team member roles. Two answered the question as if the question posed had asked them about their perceptions of their role.

For question nine similar themes were presented as were found in question eight. "Very", "pretty", and "fairly" strongly appeared in the answers nearly sixty percent of the time. Thirty percent of the team indicated that they felt that the job required that services be offered that went beyond the call of duty.

Seven respondents offered "parental follow-through with team members recommendations as the primary way that they were able to improve the child's progress as they answered question ten. Family progress through resource provision was offered secondarily for a total of five

times. "Helping parents parent better" was used twenty five percent of the time as an indicator of child's progress. The interdisciplinary team members seemed to perceive themselves as conduits for the acquisition of resources for the families as they sought to move them more toward self-sufficiency.

One respondent simply answered "7" in response to question number 12. She rated herself on a scale of one to ten with ten being best. She did no further elaboration on the answer. One respondent proceeded to describe what she did as a team member. Eight of the respondents rated their role as being "very", "fairly", "pretty", or "extremely important." One stated that she was a team player, another deferred by stating that her role was "extremely important for the kids." Another respondent stated that she felt her answer for the previous question sufficed.

Fifty percent of the respondents gave the program an eight or nine when asked to rate the current program. One gave the program an "8 or 9", two gave it a "9", and a fourth respondent gave it an "8". One of the respondents defended her giving the program a "6" because she said that there needs to be language and speech training given to the special education teachers. The final respondent indicated that no program merits a perfect ten because

there is always something that needs to be worked on. No real number was offered. One sixth felt that the program was very efficient. Twenty five percent of respondents believed that the program was good enough and therefore status quo was in order.

One six of the team felt that a need exists for more specialized training to be offered to special education teachers that work with hearing impaired and speech and language delayed children.

Forty five percent of the team members stated that they saw the program expanding. One respondent projected possibly opening child-care centers at community colleges on the site so that special needs children could interact with the general population. Another respondent felt that the program was good enough not to merit any real changes. One respondent was hopeful that the program would be improved because of funding that was "coming down from the state". Efficient was the word used to respond to this answer by two members of the team. "Bright future" was another term used to describe where the member saw the program heading in a year from now. Two indicated that because of State changes they believed that the program would have to accommodate those mandated changes. Two

other respondents projected a vision of growth for the program.

Twenty five percent of the respondents indicated that they were uncertain about the programs' future but knew that it would still be in existence a year from now. One six of the respondents indicated that they felt the program needed to expand services to include a larger variety of special needs children i.e. premature births.

All respondents answered affirmatively to this question. Reasons cited by the team included resource development specialist, problem-solving expertise, and mental health service delivery opportunities. Thirty percent of the team perceived that the strength of the social worker comes in the way of resource identification. Another thirty percent of team members felt that the social workers ability to assess family dynamics would be an asset to the team effort. Forty percent of the team identified support for family members that face various issues such as grief, anger, and other mental health issues as areas where social workers expertise could be helpful.

The studies' results were used to formulate a framework for an effective team building training. Interdisciplinary team effectiveness was the topic of the

training. The training was designed and implemented to accomplish the goal of team members' examination of their individual viewpoints and perceptions of an efficacious team. The concepts were to be incorporated into the repertoire of team skills. The secondary training goal was accomplished as team members engaged in discussion that revolved around the exploration of their philosophical and practical perceptions of effective interdisciplinary team components. The training was designed to clarify how, and, determine if, the interdisciplinary teams' problem-solving and decision-making approaches could be more fully integrated so that all team members' ideas are incorporated into the process. The desired outcome of the training was to further maximize team productivity through the use of all available talent on the team.

The constructivist study allowed the team members the freedom to give input into the process of identifying what made their team successful. Additionally, the study gave team members a chance to discuss what needs to be worked on from both their individual and collective perspectives. The research led, further, to the exploration of the constructs associated with team perceptions about the strengths and weaknesses of the team's interactive processes, and, about the program in general. Finally, the

results of this research served to provide a starting place for determining what interventions might prove to be most helpful in the formation of an even more effective and cohesive team.

Summary

The interdisciplinary team is only as good as its weakest link. Though the team members generally spoke favorably of the team process there was a hint of an under current that was not articulated. There exists within the ranks a hierarchy. At the one level there exist the team members who have had a considerable amount of professional training. They are recipients of higher education and feel comfortable with interacting both professionally and socially among themselves. They have worked together for a period no less than five years generally. Many of them have worked together since the program began fifteen years ago. At another level there are the aides. They are predominantly Hispanic or other ethnicity. Unconscious cultural schisms exist as the majority of the women of color form their own group and socialize among themselves. Not only are the aides members of an ethnically and culturally different group but educationally as well. The average level of education attained by the aides is 13

years of schooling. As a result of this informal cast system the team has a distinct separation of those with power and authority versus those that have little of either. Also there exists a culture within a culture as those that are less assertive, culturally different, and less well educated are less frequently brought into the discussion for input about the work milieu. On this site the interdisciplinary team system itself is a closed system. Those who have worked together and have similar educational and cultural backgrounds tend, more readily, to interact among themselves. Alderfer categorizes groups in an organization into two types: identity groups and organizational groups. Members of identity groups "share some common biological characteristic, have participated in equivalent historical experiences (or) currently are subjected to similar social forces" (1987, p. 204). Identity groups, thus, include groups composed of individuals with the same gender, age, and so on. Members of the same identity group are thought to be more likely than members of different identity groups to hold consonant views about life. Organizational groups are employment related and contain members who share common organizational experiences such as work site, shift, department, team, length of service, profession,

employment status, or job. Members of these groups are assumed to hold similar organizational views (Alderfer, 1987).

>If the team is not adequately bounded, the...relationships that exist in the larger system, in this case societal, will be represented in the microcosm that is the interdisciplinary team. Communication between the newer and older organization members, between members of different generations or age cohorts, between those from other ethnic and cultural groups, or gender, or women in general can be less than open and function less effectively as a result. ...[T]he negative aspects of diversity emerge through interactions of members who do not share a common social identity. When people with different social identities are placed together on a team, particularly a team that is underbounded, their interactions may (perhaps unconsciously) parallel the conflicts that occur in larger social systems in which the teams are embedded. (Alderfer, 1980, p. 282)

In other words the author indicates that the more diverse the team membership, the greater the likelihood of facing the challenge of developing and organizing less well integrated the team. It can be done with a conscious effort made on the part of the team members.

The term, "call of duty", drew much consideration from all respondents. Several instances merited explanation of the term. The term was defined as the perception about the level of commitment, effort, or

obligation one must demonstrate in order to provide effective service delivery.

Call of duty questions sought to serve as an opportunity for examination of boundary setting issues as it relates to interdisciplinary team perception of their roles when working with families.

Four team members perceived that their team members consistently went beyond the call of duty. They all expressed the belief that doing so was acceptable conduct.

Twenty-five percent of the team believed that going beyond the call of duty was expected as a part of the job. Team identity was garnered from the inclination of interdisciplinary team members to go beyond the call of duty.

Twenty-five percent of the team member reported that they were inclined to go beyond the call of duty because they felt that their dedication went beyond the job description.

Twenty-five percent of the team believed that the clock was not an indicator of when the job had been done but rather when the family needs had been met. Three of the staff members believed that when family needs are met then the likelihood of children's needs being met is increased.

The value of teams in dealing with complex organizational issues is largely predicated on the belief that diversity will enhance performance of the team. Diversity implies including not only individuals with different sets of skills or occupations on teams but also individuals who differ with respect to such characteristics as age, gender, race/ethnicity, and amount of experience. Ample research suggests that more diverse work groups are more effective at cognitive problem solving, produce creative solutions to problems, and generate decisions of a higher quantity and quality than groups composed of individuals who are similar to one another (Guzzo, 1986; Hoffman & Maier, 1961; Janis, 1982). The interdisciplinary teams' approach is increasingly more sought out as a service delivery option due to the need for organizations and agencies to more efficiently accomplish the goal to provide better service to under-served populations.

Work teams are becoming an increasingly important, if not essential part of organizational life. Many organizations are making a deliberate effort to use teams to carry out work as an alternative to more traditional, hierarchical approaches to defining jobs or supervising employees (Guzzo & Shea, 1992). These changes are driven

by societal, ideological, and technical forces. Concepts such as continuous quality improvement (CQI) and total quality management (TQM), which involve an explicit role for teams (e.g., quality circles), are increasingly being employed in a variety of organizations. Society is also less accepting of top-down management styles, and there is a new appreciation for the fact that "those who do, know best." Finally, as the nature of products and services grows increasingly complex and more dependent on different technologies, a greater variety of input is required to solve organizational and production problems.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Call of Duty Issue Revisited

Though the team members interviewed contended that they are inclined to go beyond the call of duty there was some indication that a second agenda served as the motive behind the inclination for the behavior. Though team members purport to be dedicated to helping their clients by "going beyond the call of duty" the consistent conduct of going beyond can also be indicative of poor boundary-setting. The abilities and the lack of willingness to view the behavior through a different lens can make certain the continuation of such behavior on an ongoing basis. One member alluded to the conduct of going beyond the call of duty to help families as more of a way to have the need of being needed met.

This researcher initially viewed the behavior as an indication of the level of commitment that these women have to the job. Presently I'm inclined to agree more with the aforementioned statement that referred to helper getting their needs met by extending themselves beyond the call of duty.

Recommendations

Professionals come together in consultation and collaboration to develop a work plan that serves to offer guidance to parents who have the best interest of their child at heart. The parents need to address the emotional and biophysical needs that all children have as well as those needs directly related to their child's disability. This is a large, long-term task for parents and they should not be expected to undertake it alone (Copeland & Kimmel, 1989).

The professional (i.e., therapists, teachers) have the important tasks of treating and teaching the child and teaching and supporting the parents, (Copeland & Kimmel, 1986). The goal of an interdisciplinary team is to work with parents, other family members, and the disabled child in a way that reduces the stressors associated with caring for children with special needs. Reynold (1990) states that teaming arrangements focus on "teaming and consulting arrangements [that] are common in serving handicapped pupils in schools" (p. 430). This researcher adds that those same 'teaming and consulting arrangements' are valuable tools for those infants and children who are disabled and not yet in school.

The genuine and consistent concern for the needs of disabled infants after hospital discharge is a recent phenomenon. As a consequence of the laws, educators (and other professionals) are now beginning to understand the importance of relevant curricular programs and instructional styles when it comes to catering to the needs of children with disabilities (Block, Oberweiser, & Bain, 1995). Of particular interest to personnel working with infants with disabilities is one of the sections of the latest amendments, (PL 99-457), to the Education of the Handicapped Act Amendments of 1986. Public Law 99-457 provides an opportunity for each state to plan develops, and implement programs that would address the needs of at-risk and handicapped infants, toddlers, and their families (Copeland, & Kimmel 1989). The push for mainstreaming gives this research steam as more educators are being called upon to work with parents of special needs children in a way that will get positive outcomes and results. This researcher believes that the ground-work is being lain to provide a framework for effective interventions as it relates to this population. It is the goal of this research effort to examine the performance satisfaction levels of those who conduct the interventions.

Implications for Social Work

Question number 15 asked if the current interdisciplinary team members believed that there was a place for a social worker on the team. All team members responded affirmatively.

The team members felt that a social worker would be able to identify community resources that would aid families in need.

One of the respondents stated that a social worker on the team would be able to provide mental health services and support for the parents of children served.

The social worker can be a valuable and integral part of an effective interdisciplinary team. All of the respondents expressed the need for a social worker on the team. The primary reason for the teams perceived need for a social worker on the team was to undertake the responsibility of resource location and dissemination. Secondly, team members agreed that a social worker would be able to render mental heath services to family members. Ninety percent felt that the social worker visiting the home would work best while one respondent felt that the social worker could provide services at some site apart from the home setting.

One respondent expressed the desire to have a social worker that would be able to work independently of the team. She envisaged that service delivery would allow for the children to be worked with by the teacher and other team members while the social worker, on separate occasions, worked with parents.

Seventy-five percent of respondents perceived the social worker as the professional with a vast knowledge base as the profession draws from various disciplines including, anthropology, sociology, and psychology. The team perceived the social worker to have a greater breadth of understanding about human motivation. Three team members alluded to the perception that the social worker would be most adroit at seeing the big picture in various situations. They also believed that the social worker would tend to be more objective in viewing the environmental, social, economic, psychological landscape with aplomb.

The social worker would be able to perform in the capacity of mediator within the interdisciplinary team. Should concerns arise within the team about how best way to approach a situation then the social worker can offer suggestions and ideas that facilitate staff problem-solving efforts. Provisional training

opportunities for staff to engage in role-playing

exercises designed to encourage the practice of both

problem-solving and decision making skills particular to

clients served, can be facilitated by the social worker.

A social worker performing within the context of an

interdisciplinary team member must be able to have

knowledge of and gain access to social service agencies

that have the potential to meet client needs. The social

worker that familiarizes themselves with available

resources is an asset to the team. The social workers

capacity to identify, interface with, and incorporate

needed services into the service delivery mechanism

expands the interdisciplinary service delivery

capabilities.

Evaluative tools can also be generated by the social

workers on the interdisciplinary team. Measures that

identify needs and client satisfaction can be created,

implemented, and interpreted by the social worker. The

team can benefit greatly from the social workers ability

to interpret evaluations. Service delivery can be modified

or expanded as a result of conclusive findings uncovered

by a solid measurement tool.

The ultimate goal of the parents, the therapist, and

the education professionals (and other team members) is to

help the developmentally disabled child reach his or her
maximal level of development... The successful interaction
of parents, professionals, and the child in order to
attain this goal depends on certain factors specific to
each individual within the treatment setting (Copeland &
Kimmel, 1989).

Campbell and Wilson (1976), Ferry (1981), and Pines
(1982) agree that interdisciplinary teams must be able to
provide multiple services. The services must include
helping parents understand their infants' condition,
develop realistic goals and routines based on their baby's
personality, develop an organized approach to treatment
that will lead to a positive attitude about their child's
condition and potential progress.

Any discussions of [the] "professional" [must]
include health and educational personnel as well as those
persons in related disciplines who play a role in the life
of a developmentally disabled child (e.g. social workers).
There must be communication and cooperation among all
these persons if a comprehensive and appropriate plan for
a given child is to be designed and implemented (Copeland
& Kimmel, 1989).

One of the gaps that has been identified comes in the
way of statistics or other indices that may point to the

effectiveness of the interventions provided by an interdisciplinary team. The importance of communication among and across disciplines cannot be stressed too strongly. Bricker and Dow (1980) described the staff frustration amid persistent efforts during the development of a measurement system for a population of infants with severe multiple handicaps that hoped to provide both valid and practical indices of progress. The communication efforts, and lack thereof, proved to be more of a challenge among the team members than developing the measurement.

This researcher ventures to say that even fewer tool are found that evaluate the perceived efficacy of interdisciplinary teams approach within the working context. It is the opinion of this researcher that that void needs to be more thoroughly examined.

Thyer and Knopf (1995) report that although the literature on interdisciplinary team development and process appears substantial, there is actually a severe paucity of basic theoretical and outcome research on interdisciplinary team process and practice. Paucity of information about interdisciplinary team perceptions of their own efficacy remains so and thus more research can be conducted to rectify the oversight.

APPENDIX A

QUESTIONNAIRE

1. Tell me what determines the level of satisfaction you feel with children's progress after you've intervened with their families?

2. Tell me what determines the level of satisfaction you feel when working with parents?

3. What does it mean to develop a relationship with the parents?

4. What role do you play in the interdisciplinary team?

5. How does the staff listen and respond to your concerns?

6. To what extent do you consider yourself a parent advocate?

7. What do you think 'call of duty' means to your team mates?

8. What does 'call of duty' mean to you?

9. How strongly do you believe in the idea that your responsibility, as a professional, dictates that you go beyond the call of duty?

10. How do you believe that you can improve the child's progress when working with families?

11. How important do you think your role, as an interdisciplinary team member, is considered to be by the other team members?

12. How important do you think your role as an interdisciplinary team member is?

13. Where do you see the program heading in one year from now?

14. On a scale of 1-10, ten being best, rate the current program.

15. Do you see a place for a social worker on this team?

APPENDIX B

INFORMED CONSENT

Informed Consent

I understand that I am being asked to participate in a research project that will deal with my perceptions about the impact that an interdisciplinary team has on the population it serves. I am aware that the research is designed to help develop a greater understanding about the perceived roles of members of the team, as well as, the perceived individual contributions that comprise the team. I have been informed that the research hopes to facilitate dialogue among myself and team members in an effort to find out how our perceptual differences and similarities impact our helping approach.

I am aware that the topic of discussion can be very sensitive and still I agree to commit myself to open and honest dialogue about these sensitive areas. I will be truthful and forthright in my assessment of my surroundings as I understand them to be.

I understand that the study is designed to stimulate the sharing of ideas among participants. Due to the openness of the process that will occur throughout the course of the project, I understand that total and complete confidence will not be possible. I understand, too, that beyond the scope of this research that every effort will be made to maintain my confidentiality.

Though I am expected to share my ideas in a group setting I agree to avoid attempts to try to impose my ideas on others. I agree to make every effort to make a vital contribution to the group process without putting down other points of view or opinions.

I expect to receive calls to verify what I have said during individual and group meetings in order to clarify what I meant in a particular session. I will respond promptly to such requests and without annoyance. If I have any questions about the project, I may contact Dr. McCaslin in the Department of Social Work at California State University San Bernardino. The phone number is (909) 880-5500

_____

Eugenia Turner, Researcher/date

_____

Name of Participant (print)/date

_____

Signature of Participant/date

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

You have been the most important part in this project that sought to explore perceptions about the impact that an interdisciplinary team approach has on those involved both professionally and personally. You have engaged in open and honest discussion about some very sensitive areas of discussion. You have allowed yourself to be vulnerable, as you have expressed areas of concerns, weaknesses, and challenges.

If you feel that you are in need of services that may help you effectively cope with stresses that have occurred as a result of your participation then please feel free to call me (Eugenia Turner) at (909) 387-6254 or Dr. McCaslin at (909) 880-5500. We will do our best to refer you to services that may prove to helpful.

You may believe that you have not been presently been effected by the project. Should you find it difficult to deal with issues which may arise later and that relate to your participation in this project, and the subject matter explored, during this research then again the offer is extended for you to call me, Eugenia. I am genuinely concerned about your well being.

Without you this research would have not been possible. Thank you for you support and cooperation by participating in this research effort.

Eugenia Turner, Researcher/Date

APPENDIX D

DEMOGRAPHICS

Table 1.

Selected Characteristics of the Sample

(N = 12)

Characteristics	%
Gender	100%
Male	-0-
Age (years) n = 12	
Less than 30	-0-
30-39	9%
40-49	75%
50-59	16%
60-69	-0-
Highest degree (n = 12)	
Less than B.A.	5%
B.A.	10%
M.A. ED/SW	85%
Ph.D.	
Field of practice (n = 12)	
Audiologist	6%
Nurse	6%
Occupational Therapist	6%
Psychologist	6%
Speech Therapist	6%
Special Education Teacher	65%
Teachers Aide	5%
Average # yrs with program	12

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