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School Intervention

Edited by Paul Flaspohler & Melissa Maras

Hello again from the School Intervention Interest Group. In our last column we introduced you to a national organization that promotes interdisciplinary workforce development in school mental health (MHEDIC; Mental Health Education and Integration Consortium). MHEDIC is a group of "kindred spirits" from diverse disciplinary backgrounds who are committed to helping schools become healthy contexts for young people. As a consortium that seeks to support change through our own collaborative action and research, it is fitting that we often focus on interdisciplinary collaboration as it relates to school mental health. We are pleased to share this article on interdisciplinary collaboration written by a MHEDIC colleague, Kurt Michael, along with several of his colleagues at Appalachian State University.

As Kurt elaborates, one of the greatest challenges to genuine interdisciplinary collaboration is prevailing stereotypes about and among the diverse disciplines engaged in school mental health (e.g., social workers as "baby snatchers"). These stereotypes often create unnecessary barriers to meaningful stakeholder involvement in school mental health and, ultimately, can compromise client care. Beginning with a brief exploration of interdisciplinary collaboration in school mental health, this article describes the experience of one school mental health partnership in tackling negative stereotypes to facilitate effective practices. The authors highlight their success and stumbles in navigating this partnership work, concluding with some reflections about the process and next steps related to community psychology. This article again highlights the relevance of foundational concepts and shared values in community psychology to school mental health endeavors.

So You Don't Just Take Babies? Debunking Discipline- Specific Stereotypes and Other Lessons about True Interdisciplinary Collaboration

Kurt D. Michael, Lauren E. Renkert, Jon Winek, & Cameron Massey

There is a growing body of literature that supports the development of school mental health initiatives (e.g., Foster et al., 2005). The support is justified given the high number of young people in need and the fact that bringing services directly to the context in which they spend the majority of their time addresses at least some of the barriers (e.g., transportation) that prevent young people from accessing mental health providers. Furthermore, because most school mental health (SMH) initiatives include an integration of resources across traditionally distinct disciplines and agencies, the need for interdisciplinary collaboration comes into sharp relief. This type of collaboration across several ecological levels can foster the achievement of goals that cannot be reached when individuals act alone (Bronstein, 2003), a well known fact among community psychologists (Yoshikawa, 2006).



From left to right: Cameron Massey, graduate student, Clinical Health Psychology; Lauren Renkert, ASU Department of Social Work, Institute for Health and Human Services (IHHS); Jon Winek, Director, ASU Marriage and Family Therapy Program, IHHS; Kurt Michael, ASU Department of Psychology, Clinical Director, IHHS.

Nonetheless, the extent to which interdisciplinary services are successful or effective is an empirical question (Waxman, Weist, & Benson, 1999; Yoshikawa, 2006). There are only a few studies that have examined the effects of integrated mental health services. For instance, Bertelsen et al. (2008) examined the effects of integrated care (i.e., multidisciplinary teams, family treatment, social skills training) versus standard treatment (i.e., medication management, access to community mental health) with respect to a first episode of psychosis and found that clinical outcomes after two years were superior in the integrated model. Similarly, although not a direct test of the effects of treatment integration as it pertains to patient outcomes, Priest et al. (2008) examined the process outcomes of inter-professional education (IPE) among clinical psychology graduate students and mental health nursing students. The authors reported that the findings were suggestive of increased respect, clarity of roles, more effective communication across disciplines, and an exposure to various actual methods of collaboration in practice.

Indeed, among the variables that help to determine whether interdisciplinary school mental health initiatives are successful is the familiarity among the providers, administrators, and educators at the table. As Weist and Paternite (2006) suggested, SMH programs involve people from various systems who have substantial differences in job roles, financial pressures, educational backgrounds, professional jargon, communication tendencies, and expectations about children. In many instances when SMH initiatives are first developed, it is not uncommon for various constituents across disciplines to have virtually no direct experience with some of the professions represented. It might be true that an administrator assigned to the project has never worked directly with a clinical social worker and assumes that a social worker is the professional who investigates allegations of abuse and neglect and takes babies from unfit parents. Similarly, a professional school counselor might have little to no exposure to a marriage and family therapist and therefore have little background knowledge to understand who might be the most appropriate referral for family therapy. Thus, in the absence of any real experience or knowledge with one or more professions, perceptions are frequently based on erroneous and/or outdated assumptions and stereotypes.

Interestingly, attempts to understand and navigate the interdisciplinary landscape in light of these assumptions and stereotypes have several historic antecedents within and among mental health disciplines. In discussing the “dilemma” in clinical psychology of becoming more “interdisciplinary,” Milner (1947) observed that “[we] tend to see the clinical psychologist as a psychometrician highly skilled in the administration and interpretation of diagnostic tests, psychometric, and in some schools, projective, also” (p. 145). For most psychologists today, the aforementioned description of a psychologist’s role would probably be viewed as outdated, too narrow, or both. Yet, those unfamiliar with the profession might still subscribe to the narrow stereotype of a psychologist being primarily a psychometrician. At the time, Milner suggested that in order for a clinical psychologist to expand one’s skill set beyond psychometrics and/or the research endeavor to become competent to work in a guidance clinic, school, or veteran’s

center, it would require much more training and exposure across the interdisciplinary landscape (e.g., physiology, genetics, sociology, anthropology) to avoid what Milner called the “atomistic approach.” According to Milner, the atomistic style which she argued was common in some disciplines at the time (including psychology), needed to be counterbalanced by an integrative, interdisciplinary model.

In another seminal paper about interdisciplinary collaboration, Mitchell (1955) described some of the initial efforts of those on behalf of social work and psychology to forge an interdisciplinary partnership between the American Psychological Association and the American Association of Psychiatric Social Workers (AAPSW). Despite positive overtures, Mitchell characterized some of the early dynamics between the groups as “superficial” or “defensive” and fueled by efforts to protect professional turf. Early in the process, some of those involved with AAPSW were reportedly under the impression that the status of the social work organization was being relegated to a junior partnership with psychology versus a more egalitarian relationship (Mitchell, 1955). As the efforts to create a partnership continued over time (approximately 5 years) and began to stabilize somewhat, one of Mitchell’s observations was that “the two groups got to know one another and there developed a genuine respect for each other’s opinions. Moreover, the social atmosphere of the group acquired a healthy give-and-take quality” (p. 203).

The aforementioned historic examples of interdisciplinary thinking reveal a mixture of optimism and concern about the prospects of developing an effective mental health collaborative overall. Given our present understanding of the challenges involved in developing exemplary interdisciplinary SMH initiatives, what follows is a brief description of one such partnership, the Assessment, Support, and Counseling (ASC) Center, located at Watauga High School, a rural school district in Western North Carolina. Watauga County is home to both the ASC Center and Appalachian State University (ASU), a well-established university with graduate programs that train mental health clinicians across several disciplines (e.g., clinical psychology, school psychology, social work, marriage and family therapy, music therapy). The genesis of the ASC Center was based on evidence that many young people were going without treatment even when substantial university resources, such as graduate trainees under the supervision of licensed professionals at ASU, were available to address the dearth of available service providers in the community (Michael, Renkert, Wandler, & Stamey, 2009).

The initial and ongoing development of the ASC Center has created numerous opportunities and challenges for the school, community, and university stakeholders. According to Bronstein (2003), there are several factors that influence interdisciplinary collaboration. Among them are structural characteristics (e.g., administrative support, manageable workload, autonomy) and personal characteristics (e.g., ability engage in mutually respectful and trusting relationships, skills in promoting understanding). Equally important is one’s history of collaboration, including those experiences during pre-professional preparation and internships. Thus, one of the first

challenges for the ASC Center was setting up an effective infrastructure and system of regular communication that would create ample opportunities to become familiar with the various constituents and thereby be in the position to dispel or at least diminish some of the narrow perceptions of the various disciplines and job roles. To address this challenge directly, the first decision made was to meet weekly. Initially, this was essentially a two hour discussion between the principal and the original ASU faculty member who served at the high school. Shortly thereafter, a graduate trainee under the supervision of the faculty member joined the discussion along with weekly consultation from a psychologist from the local community mental health center. Since the first year, the team has grown substantially, continues to meet weekly, and now has a diverse array of individuals, including an assistant principal, a doctoral level licensed psychologist/faculty member, a doctoral level licensed clinical social worker/faculty member, a doctoral level marriage and family therapist/faculty member, a master's level licensed psychological associate, professional school counselors, a student resource officer, seven graduate trainees across three disciplines, two licensed clinicians from the community mental health agency, a school psychologist, and a school-based clinical social worker. The agenda of each meeting is diverse but clear: to develop data-driven (e.g., attendance, grades, number of discipline referrals, symptom measures, observations) school-based intervention plans for students to promote their academic and behavioral success. The number of professionals and trainees at the table might seem unwieldy, yet the meetings are task oriented and facilitated efficiently.

Over time, the pattern of communication that has emerged from the weekly meetings is an atmosphere of familiarity, deep respect, and support. What we have found thus far is that there are more similarities than differences among the interdisciplinary collaborators. We rally around common goals—to bring mental health services to the students at the high school and thereby improve the health, well-being, and academic achievement of each student, and to provide exemplary graduate training for a new generation of students across disciplines. The unified agenda leaves little room for toxic turf-wars or professional elitism. At the same time, individuals at the table are encouraged to share their specific areas of expertise, notably when specialized knowledge is required to develop an effective intervention plan. For individuals at the table, the challenge is to develop the confidence to present professional perspectives while simultaneously listening to and honoring the perspectives of others. In addition, the discussions often result in enhanced learning for graduate trainees and personal growth among the collaborators. Given all of the disparate perspectives, the staffing discussions are often lively and typically push professionals to think beyond their traditional discipline specific boundaries. The perspective of interdisciplinary school personnel is integral given that these individuals frequently have daily contact with the students, know their families, and have a broader understanding of the students and families in the context of the community.

Another lesson learned early on is the importance of valuing each member's contribution, regardless of discipline. For example, by no means was the ASC Center designed to replace

the excellent work of the current professional school counselors, yet there were some concerns expressed during the first year that they did not feel like full-fledged members of the team. Given these formative data, adjustments were made to the intake (e.g., weekly case presentations) and follow-up procedures to ensure that the professional counselors were fully integrated into the ASC Center operation. In sum, weekly staffing sessions often provide a comprehensive picture of each student's strengths and needs, and do so in a much more efficient manner than is possible within the norms of traditional school-based services or individual therapy. Consequently, a more targeted, data-driven and expedited intervention plan is developed for each student with several layers of cooperative accountability and consultation.

As the ASC Center partnership has evolved, there is evidence to suggest the interdisciplinary endeavor has successfully led to the debunking of stereotypes, created an atmosphere that is relatively free of professional suspicion, and provided positive models of collaboration for current and future mental health and educational professionals. Similar to the observations of Mitchell (1955), much of what has been achieved through the ASC interdisciplinary endeavor is attributable to time, structural and interpersonal variables, and a common agenda. Based on our experience, the most important lesson learned is the value of meeting weekly. This is the context where familiarity, respect, and collaboration actually happen! Nonetheless, a great deal of work remains. At the top of the list is to evaluate whether this interdisciplinary SMH activity is associated with benefits above and beyond what would be achieved by a more traditional approach. Given some of the innovations in community psychology in evaluating multi-system interventions (Yoshikawa, 2006), another chair or two should be added to the interdisciplinary table.

Correspondence concerning this article should be addressed to Dr. Kurt D. Michael, the Institute for Health and Human Services and the Department of Psychology, Appalachian State University, 222 Joyce Lawrence Lane, Boone, NC 28608-2109. Voice: (828) 262-7686; Fax: (828) 262-2974; E-mail: michaelkd@appstate.edu

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