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The Role of Multidisciplinary Team in Intervention of Children with Mental Retardation

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Abstract

Multidisciplinary teams in special education include not only special education teachers, but also general education teachers, school administrators, school nurses, and primary care providers. The present paper is discussed about the types of multidisciplinary teams like hospital-based programs, inter-agency programs and State-Mandated Multidisciplinary Teams. The aim of this comprehensive paper is to assess the role of the different multidisciplinary team, hop they help in intervention of children with mental retardation and follow up.

Keywords: Multidisciplinary team, Intervention programs, and children with mental retardation.

Introduction

The emergence of the multidisciplinary approach in child abuse and neglect intervention and treatment has been described by DeFrancis as the result of a combination of the two other major models of child abuse and neglect the social service model and the medical model. The multidisciplinary approach is in part an attempt to enlarge the theoretical framework by which child abuse and neglect are understood. Just as the social service and the medical models imply approaches to intervention, so the multidisciplinary model implies a way of intervening in child abuse cases. This approach involves the combination of social service and medical personnel into a coordinated unit - the multidisciplinary team. Although there are a number of variations on this basic combination, most multidisciplinary teams directly involved in the treatment of child abuse and neglect include medical and social service personnel. A multidisciplinary team, then, is a team of

professionals from a variety of disciplines, often representing different agencies, working together for a well-defined purpose or purposes. These purposes have included coordination, diagnosis or identification, prevention, treatment, consultation, and education.

Child abuse and child neglect are problems which do not lend themselves to a simple treatment approach. In many cases of abuse or neglect there are injuries or physical problems which require the services of a physician for diagnosis and treatment. The abusive or neglecting parent generally exhibits some degree of psychological impairment, though rarely as dramatic as psychosis, which requires the attention of a mental health or social work professional. It is likely that the abused or neglected child may also require psychological or psychiatric intervention. Because the abusive or neglectful family does not exist in a vacuum. It is necessary to consider and perhaps intervene in the family's interpersonal and social environment. This is traditionally the province of the social worker. Besides counseling on interpersonal relationships, the social worker is also concerned with problems involving family sustenance and shelter. Finally, there is a legal aspect of child abuse and neglect, in which the police, the public prosecutor, and the courts may figure. If one considers other aspects of the problem besides treatment, such as identification and prevention, it becomes clear that other agencies and professions are, or should be, involved. Teachers and other school personnel can help by recognizing the signs of abuse or neglect and becoming familiar with reporting procedures; public health nurses may be able to identify abused or neglected children, or help to prevent abuse and neglect by encouraging healthy parenting.

Child abuse and neglect are problems whose effective amelioration must involve the coordinated efforts of professionals and community agencies. In an area in which resources are as chronically scarce as protective services, it is important that these resources be used in the most effective way. Lack of communication between agencies involved in the provision of services to families of abused or neglected children can lead to feelings of frustration and anger among those involved. Workers in one agency may have unrealistic expectations concerning the services available at another agency, or may be unaware of available services. An interagency multidisciplinary team can provide a forum for the exchange of services information, and for the development of better relationships among agencies. Moreover, if services are coordinated, the risk of duplication of effort or working at cross purposes is diminished.

Multidisciplinary teams within organizations such as hospitals can make use of existing resources within the hospital in a more effective way. Besides encouraging a sharing of expertise among professionals, the use of teams in case management brings to bear more perspectives on cases, and can relieve the social worker or pediatrician of the burden of having to make difficult case decisions alone. The concentration of expertise and responsibility for diagnosis or management in a hospital-based multidisciplinary team may lead to better recognition and handling of cases.

Types of Multidisciplinary Teams

As a special education teacher, you'll often find yourself working with multidisciplinary teams, which involve members with a variety of specialties key to identifying and meeting the needs of students with physical disabilities or other health impairments. Let's look at how a multidisciplinary team functions to examine students' strengths and needs and develop a plan to tackle those needs.

Multidisciplinary teams consist of several members, each of whom plays a key role. For example, Lorraine is a special education teacher who serves several middle school students in an inclusion setting. One of her students, Charles, has a specific learning disability in written expression, along with type 1 diabetes. Charles's condition, classified as health impairment, requires frequent monitoring and sometimes affects his learning. Lorraine's role, in addition to providing and monitoring classroom and testing accommodations, is to serve as the leader of the multidisciplinary team. Lorraine manages the flow of information on Charles, writes or updates his Individualized Education Program (IEP), and schedules and leads meetings that concern him.

In addition to Lorraine, Charles's multidisciplinary team consists of his mother, his general education teachers, his physician, the school nurse, and the school counselor. In key years, such as when Charles transitioned from elementary school to middle school, his multidisciplinary team also included the district's transition coordinator.

Charles' mother, as with any parent or guardian of a special education student, serves as his advocate. Sometimes, if a child's parent is unable to fulfill this role, an advocate is appointed to speak and act in the child's best interests. As her son's advocate, and with specific parental rights in the special education setting,

Charles' mother has the role of approving or rejecting specific services for Charles. Each one of Charles' general education teachers plays a contributing role on his multidisciplinary team by speaking to his current educational needs. They provide accommodations as prescribed in Charles' IEP and help Lorraine monitor his learning and progress. While Charles' physician does not normally attend meetings, she monitors Charles' diabetes and health and provides information to the team. The school nurse aids Charles in monitoring his condition during the school day, communicating with Lorraine and his mother as needed. Managing a chronic disease can be stressful for an adult, let alone a pre-adolescent. The school counselor meets with Charles as needed to help him cope with the normal stresses of school, along with the daily strains associated with diabetes.

Child abuse multidisciplinary teams can be roughly categorized according to their organizational locus. Many multidisciplinary teams operate under the auspices of hospitals. According to Ray E. Helfer, M.D., a pioneer in the development of the multidisciplinary approach, any hospital which sees more than 25 cases of abuse or neglect per year should have a well-defined child abuse multidisciplinary team. Other multidisciplinary teams are not organizationally attached to any particular agency, but have members who represent different agencies.

Hospital-Based Programs

Although the treatment-oriented program at the University of Colorado Medical Center has provided a model for many other programs, including the Sinai Hospital program described below, most hospital multidisciplinary teams are not primarily organized for providing continuing direct treatment services. A 1973 survey of hospital programs dealing with child abuse and neglect showed that relatively few functioned as a treatment resource. Twenty-two of the 41 programs had a multidisciplinary team which engaged in evaluation, consultation, and crisis intervention; cases were referred to other agencies for long-term care. In many hospitals, the multidisciplinary team physician serves as the reporting physician for other doctors who use the hospital.

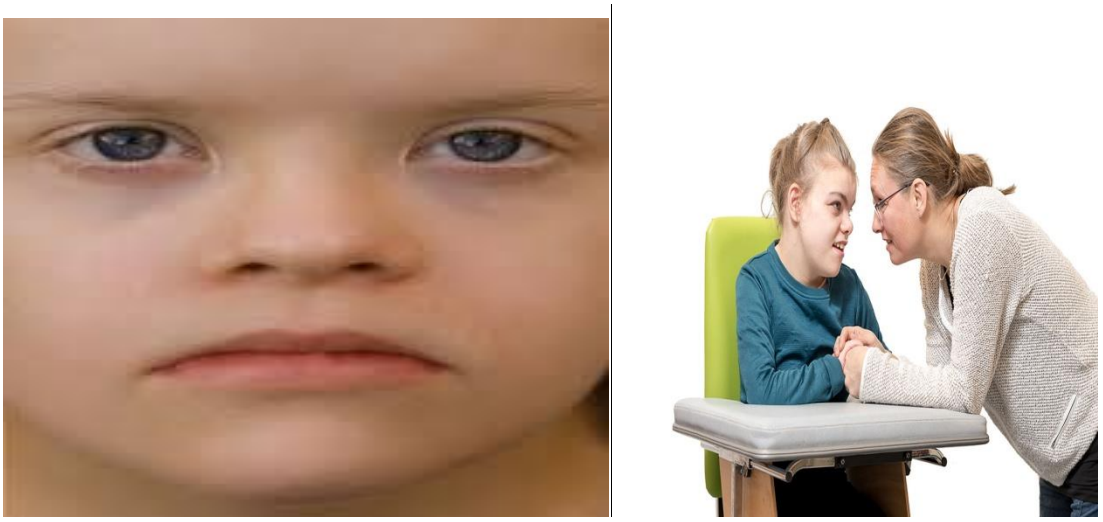

Figure 1: Mentally Retardation Children

One program which illustrates the way in which a hospital multidisciplinary team can serve as a treatment resource, providing intensive evaluative, medical and psychotherapeutic care for abusive families, is the Child Abuse Project at Sinai Hospital in Baltimore. The multidisciplinary team associated with this project is composed of full-time paraprofessional community aides, a half-time nurse, a consulting pediatrician, a consulting psychiatrist, and a full-time social worker. An integral part of this team is the full-time secretary, who provides a variety of critically needed services and serves as a central point for all team communication and activity. The project is coordinated with the state's child protective service agency so that referrals are accepted only from its local departments. The team social worker is the project coordinator, as well as the primary therapist for family members. The community aides function as listeners and behavioral models to the abusive parents. The team pediatrician is available for medical evaluations and to provide ongoing medical care for the children and other family members. The nurse's role complements thought of the physician in seeing that family health needs will be met either within the scope of the program or by local community health resources. The psychiatrist provides ongoing consultation to the social worker interviews each family, evaluates possible organic disorders which may contribute to parental violence, and is present at all weekly staff meetings.

Because of the legal status of the mandated child protective services agency and reporting requirements in most states, some agreement between the child abuse team and the agency is desirable. The inclusion of a representative of the mandated agency on a team is invaluable in coordinating the efforts of the team and the agency. The Easton Children's Hospital Medical center's Trauma X Team, which is primarily

oriented toward providing multidisciplinary case consultation, is an example of a hospital-based program which uses representatives from outside agencies. Four protective Services agencies, including the state's mandated agency, are represented on the Team. Nevertheless, it is the hospital administration, specifically the Department of Patient Services, which has responsibility for the conduct of the Team. Other Team members are a pediatrician, a psychiatrist, a hospital social worker, a child development specialist, a psychologist, a nurse, a case data coordinator, and an attorney. The Trauma X Team is a consultative group available to any professional at the hospital faced with the task of handling a vulnerable child and his family. Consultation may include anyone or all of the following: support; information; and assistance in assessment, treatment planning, and follow-up. The mechanism through which the consultative input.

Interagency Programs

Perhaps because of the extensive coverage given treatment-oriented, hospital-based multidisciplinary teams in the literature, there has been some confusion over what a multidisciplinary team is and can do. A multidisciplinary team does not have to be treatment oriented, nor need it be based in a medical center. Different communities, having very different protective services needs and resources, evolve child abuse teams designed to meet the unique problems which face them. Many community programs have been developed for such specific purposes as better reporting and interagency coordination. In this the plan can then be developed. The following items should be included in the plan:

- Establishment of administrative and other mechanisms necessary for effective coordination of State and local activities with respect to financial participation; consultative services; training; research; application of standards of care; and services for the diagnosis, prevention, treatment, and amelioration of mental retardation.
- Development of procedures to identify those individuals in need of service (case-finding).
- Outline of a program of coordinated services, including diagnostic, therapeutic, home care, counseling, schooling, and vocational preparation, and day and residential care available to all mentally retarded persons in the State.
- Development of procedures for continuing reevaluation of services for mentally retarded individuals of all ages.

- Provision for a regional approach to technical, professional, and patient education and training.
- Stimulation and development of greater public awareness of the mental retardation problem and the need for combating it.
- Identification of the need and development of proposals, for State legislative action required to assure inclusion of the items listed above and to fully protect the rights of the mentally retarded.

State-Mandated Multidisciplinary Teams

Elder abuse is a complex problem requiring a multidisciplinary approach to best protect and respond to victims. As a result, many states and communities have established collaborative interventions to elder abuse, many of which involve a formal or informal multidisciplinary team. There are different types of multidisciplinary teams, and many different names for these collaborative efforts, e.g. multidisciplinary teams, interdisciplinary teams, coordinating councils or coalitions, fatality review teams, financial/fiduciary abuse specialist teams, adult protection teams, and medical response teams. Their purposes may vary to some extent, but all involve representatives of multiple disciplines working together to improve the response to victims of elder abuse. State and federal legislative staff, other policy makers, program administrators, practitioners, educators, researchers, reporters, and others often want to know how many states have laws on MDTs and what those laws say. The "Multidisciplinary Teams Authorizations or Mandates: Provisions and Citations in Adult Protective Services Laws, by State" chart offers that information.

It is not necessary to have a law mandating or authorizing an MDT in order to have a team. There are many states and communities that have teams even though there is no mandating or authorizing provision in the state APS law. A law, however, may (1) make it easier to recruit MDT members, (2) enable or enhance information-sharing among the members, or (3) provide MDT members with legal protections against voluntary or involuntary disclosure to third parties of confidential information or team deliberations and records.

State: This chart only includes states that have provisions on multidisciplinary teams.

Mandated or Authorized: The chart's second column indicates whether the state's APS statutory provision mandates or simply authorizes an MDT.

Statutory Provision(s) and Citation(s): The pertinent statutory provision(s) and citation(s) governing the establishment and role of an MDT are presented in this column. They are copied verbatim from the state laws. If a state's law contains multiple provisions, they are separated by a line and a citation is provided for each.

Conclusions

Multidisciplinary teams represent a major step in the direction of more humane and effective child protection, and it appears that they will continue to proliferate. The multidisciplinary approach is consonant with the best thinking in the child protection literature. Eli Newberger, M.D., and others have noted that the multidisciplinary approach is better suited to the preservation of the family than earlier efforts. Different agencies and professionals working in relative isolation from one another can do more harm than good and break up the family. As Newberger points out: "we now know that with the right kind of interdisciplinary cooperation, families can be kept together and made to be safer, more nurturing contexts in which children who have suffered abuse can grow. Professional energies will be invested more in the direction of making families stronger than in simply assuring that children's risk of reinjury is reduced."

Multidisciplinary teams can help eliminate, or at least reduce, many institutional and other barriers to effective action. Among the barriers noted in the literature are lack of understanding by the members of one profession of the objectives, standards, conceptual bases, and ethics of the others; lack of effective communication; confusion over roles and responsibilities; interagency competition; mutual distrust; ay~ institutional relationships which limit inter professional contact. The results of systematic evaluation of multidisciplinary team efforts are encouraging. The Sinai Hospital team included a research component whose conclusion was that "the overall results of team intervention, which have been substantiated both by observable changes in family functioning and by ongoing systematic research, have been gratifying." Evaluation of the handling of child abuse cases at Boston Children's hospital Medical Center showed a reduction in the cost of medical services and in the risk of reinjury subsequent to diagnosis of child maltreatment after the institution of the Trauma X Team. Because so many factors can affect the success of a multidisciplinary team, procedures for collaboration are crucial. A key function of any multidisciplinary team is to collect and organize background information so that its members have a complete picture of a

student's strengths and needs in order to make informed decisions. Remember, Lorraine serves as the leader for Charles' multidisciplinary team. One of her main responsibilities is to help its members understand what information is needed and to facilitate meetings to discuss that information.

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