

## **Transdisciplinary team**

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The transdisciplinary team is an integrated, cross-professional team. 'Trans' is a Greek word meaning 'going beyond'.

The team members exchange knowledge and develop skills that go beyond the professional sphere of each individual.

### **Definition**

A transdisciplinary team is defined as one in which roles are shared beyond the boundaries of the professional sphere, so as to maximize communication, reciprocal relations, and cooperation amongst the team members. It is a team that works beyond the boundaries of the professions.

A group of professionals from different fields work together as a team and collaborate among themselves beyond their specific fields. Through their common practice, they improve service to the client.

### **Background to the development of the transdisciplinary model**

The model of working in a transdisciplinary team grew up against the background of the changes taking place in the mid-1970s.

These changes were occurring in a number of areas:

- **Legislation and policy**

A number of laws were passed in the USA that influenced the transdisciplinary model. In 1975, a law was enacted recommending interventions in the special education systems on the basis of evaluation, and planning an intervention program based on evaluation and a work plan to be implemented by professionals from different fields together with the parents. In 1986 another law, relating to the treatment of infants with disabilities and their families, included a similar recommendation.

- Inclusion of children with disabilities in regular frameworks.

- **Professional approaches**

- Professional recognition of the importance of professionals from different fields working together, in particular in early interventions. The insight that for the most

part, the problems of young children are very complex and cannot be treated by a single professional field.

- Emphasis on developing functional skills and abilities (Linder, 1993).
- **Reinforcing the status of the parents**
  - Over the years, there has been growing professional recognition of the importance of the family in the life of the child.
  - The Individuals with Disabilities Education Act (IDEA) of 2004 gave the parents of children with disabilities the right to their children's education and stated that they must be partners in decisions relating to education. The most meaningful way of implementing this is through including the parents in deciding on the intervention program for the child.

### **Characteristics of the transdisciplinary team**

- A group of professionals with shared objectives, seeing the family as an integral part in all stages of the process.
- The parents are part of the team.
- The team members are committed to objectives that have been decided in full partnership with the parents.
- Each member of the team contributes knowledge, skills and capabilities from his or her profession and experience.
- Each member of the team respects and appreciates the unique contribution of all the team members – professionals and parents.
- The team members are encouraged to develop skills, acquire new knowledge, and increase their specific expertise.
- Professionals and parents are partners in roles and objectives that go beyond their areas of expertise.

The main objective of the transdisciplinary approach is to pool and combine the expertise of the different members of the team into a unified, adapted, and holistic service that includes diagnosis, intervention and evaluation.

The model reduces overlap between services and professions, reduces the number of contradictory and confusing opinions and reports, and increases coordination in providing services to the families.

A team of professionals relevant to the specific needs is put together for each patient and his or her family. Where the patient is a child, the parents are part of the team. A primary therapist is selected for each family, who relies to a considerable degree on the support and consultation provided by his or her professional colleagues. Direct interventions by team members, each in their own area of expertise, continue to take place at a lower frequency.

The team is characterized by the commitment of its members to teaching, learning, and working together to provide appropriate services. Work in a team is based on the free flow of communication and transfer of knowledge and expertise among the professionals in the

different fields. This is all directed towards providing a service that places the needs of the child and the family at the center.

### **The model required of the team members**

- Intensive dialogue, regular communication, and a high level of partnership among team members.
- Working in conditions of considerable transparency and exposure.
- Spending time together in order to develop appropriate working relations based on trust and respect.
- Encouraging the expression of ideas, welcoming questions and discussing dilemmas together.
- Systematic communication in face-to-face conversations, written and electronic communication. Good communication skills are required for listening, interviewing, clarifying and training.
- Expertise with up-to-date know-how and skills in the field.
- Recognizing and knowing the unique features of each profession.
- A willingness and desire to share knowledge and learn the skills of the different professions in the team from each other.
- Letting go of roles (not adhering to the accepted professional role), and flexibility of roles and responsibilities. The ability to accept that others can do what skilled professionals do, under professional guidance and supervision.
- The team members identify conflicts and see them as opportunities for new ideas and creativity.
- The team members do not waste time on power struggles and safeguarding their “territory”.
- Recognition of the parents’ expertise and authority to decide with regard to their child.

### **The place of the family**

1. The model encourages looking at the child and the family as a whole.
2. The family is a full partner in the team; families and team members work as partners in the decision-making process.
3. The intervention program is developed on the basis of dialogue and conversation between the professionals, with the family as a full partner in the discussion.
4. The family’s preferences serve as an outline for the evaluation, building the program, and the intervention itself.
5. The professionals are sensitive to the individual characteristics of the family, its values, beliefs, and lifestyle.
6. The model increases the family’s ability to reach decisions and objectives that are significant to it.

## **Advantages and disadvantages of the transdisciplinary model**

### **Advantages of the transdisciplinary model**

- Efficient service making more effective use of the primary therapist.
- Holistic service – seeing the child and the family as a whole.
- The team of experts makes it possible to build a more consistent and coherent intervention program.
- Professional development of the professional team through the acquisition of additional skills.
- Contribution of the parents' unique knowledge of their child to the process.
- Service adapted to the needs and priorities of the family.
- Reducing the burden on the family – which does not need to approach each professional separately.
- Reducing the family's confusion – it does not receive different, and sometimes contradictory, opinions from the different professionals.

### **Disadvantages of the transdisciplinary model**

- The model requires an investment of time (budget for: meetings, joint evaluation, follow-up, intensive contacts, investment in accompanying and supporting the process).

## **The role release process in the transdisciplinary model**

Lyon & Lyon (1980); Woodruff & McGonigal (1989); and King, Strachan, Tucker, Duwyn, Desserud & Shillington (2009) have related to the role release process as being fundamental to the transdisciplinary model.

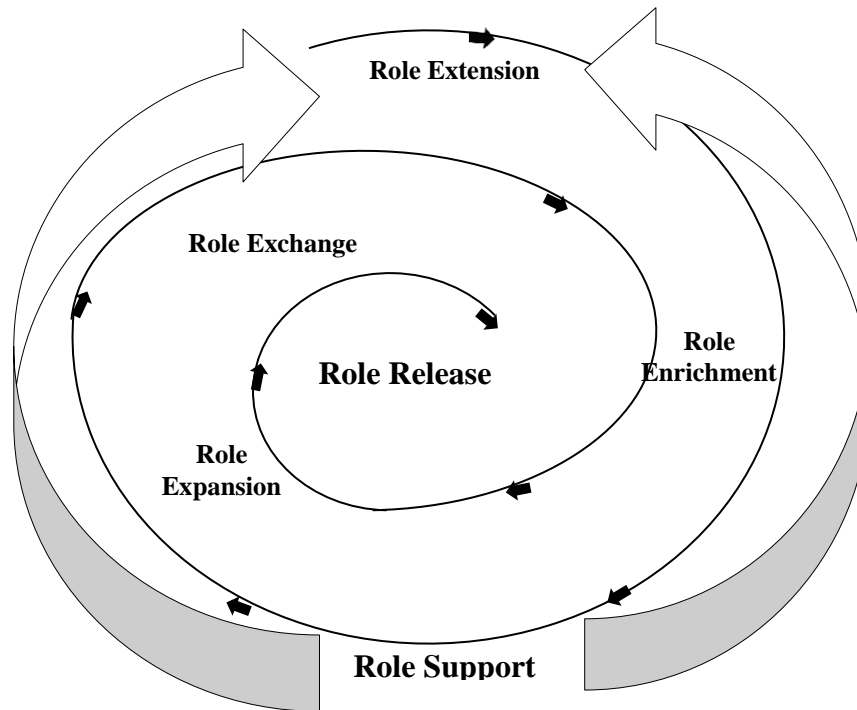
Role release is a central, challenging and critical component in the functioning of the transdisciplinary team. In practice, this is a process of self-learning that includes the transfer of knowledge, skills and abilities from one professional sphere to another.

The team becomes truly transdisciplinary when its members “let go” of intervention strategies that belong to their professional field and allow professionals from other fields to learn them. The role release process includes sharing experience and skills; valuing the perspective, knowledge and skills of other professional spheres; and trust among the team members to enable laying down and releasing the specific role, when appropriate.

Role release also takes place when parents are given some of the skills of the professionals for their everyday activities with their children.

Role release occurs in practice when the team members begin to make use of the strategies and tactics learned from other members of the team.

Role release is an ongoing and spiral process, rather than a linear process. It includes a number of components, as described in the following diagram.



### **Role extension**

The first component focuses on self-learning and increasing know-how and professionalism by each of the professionals in their own field. Constant learning, a high degree of expertise (up-to-date and innovative know-how), and professional confidence are required of all team members in their field.

### **Role enrichment**

The second component is for the team members, each experts in their own fields, to be ready to start learning the other professional spheres in the team. Role enrichment allows for a general understanding and awareness of the other professions, through definition of concepts and sharing information. A common language begins to develop, that is familiar and understood by all.

### **Role expansion**

The third component – the team continues with the reciprocal learning process and sharing knowledge and skills among all the members. The team meetings enable pooling of ideas, exchange of information, discussion of diagnosis and intervention methods, and professional feedback among the team members, all on the basis of a common language. The team plans integrated and holistic interventions as a response to the needs of the child and family.

### **Role exchange**

The fourth component – the team members implement techniques from different professional spheres while maintaining their expertise and seniority in their field. There is no expectation that the team members will become experts in other fields, but rather that they will expand their range of intervention skills. The use of skills from other professional specializations is based on supervision, training, and regular contact with the expert team member.

### **Role Release**

In this component the team members each acquire new skills and incorporate them in their professional activities, with guidance. The team becomes transdisciplinary when the team members really “release” intervention strategies from their field for implementation by other team members. Most of the interventions are performed by the primary therapist of the child and the family.

### **Role support**

It is sometimes important for certain interventions to be carried out by an expert professional, whether due to legislation or because of the level of expertise required; innovative or complex intervention is often beyond the ability of other professionals to implement. In these cases, the expert intervenes directly, in cooperation with the primary therapist and the family.

The team members receive formal and informal support and encouragement from the other members of the team. Support for the role provides “backing” for role exchange and role release. Role support makes a critical contribution to the successful development of the transdisciplinary team, and requires time and other resources.

### **Target population that is best served by the transdisciplinary approach**

- Clients with complex problems.
- Clients whose injury or disability is chronic.
- When it is necessary to relate to a number of areas of treatment at the same time: physical, emotional, social.
- Intervention requiring the use of a variety of treatment methods and the involvement of different professionals.
- The model is very appropriate for early intervention.

### **The challenges of the approach**

- Psychological and professional.  
Working in a transdisciplinary team requires each team member to look inward, identify his or her own capabilities and weaknesses as a person and as a professional, and be able to define a “professional self” with broad boundaries.

- **Interpersonal.**  
Working in a transdisciplinary team demands a high degree of transparency. Throughout the process the therapist is exposed to the other team members and the family, and has to maintain constant dialogue with them. This situation raises questions with regard to professional boundaries and professional responsibility.
- **Administrative.**  
Working in a transdisciplinary team creates a budgetary burden and time constraints for the team members. Coordination and transparency require time and a budgetary allocation to pay for the hours.
- **Ethical and constitutional.**  
Working in a transdisciplinary team raises many issues, such as who is qualified to perform which interventions (in connection with the role release process), how a professional can supervise implementation of an intervention in his or her field that is performed by a colleague in the team, and so on.

### **Sources**

- King, Strachan, Tucker, Duwyn, Desserud & Shillington. (2009).
- Linder. (1993).
- Lyon & Lyon(1980)
- McGonigel, Kaufmann & Johnson, 1991
- Woodruff & McGonigel. (1989).