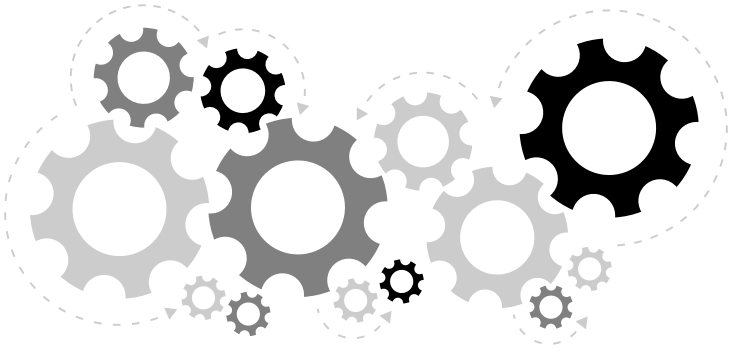
A Guide for

INTERPROFESSIONAL COLLABORATION



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CSWE PRESS

ALEXANDRIA, VA

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ISBN 978-0-87293-178-7

Printed in the United States of America on acid-free paper that meets the American National Standards Institute Z39-48 standard.

CSWE Press
1701 Duke Street, Suite 200
Alexandria, VA 22314-3457
www.cswe.org

ACKNOWLEDGMENTS

This book is dedicated to all our professional collaborators both within and outside of social work, along with those clients and consumers with whom we work. We also dedicate this book to our personal collaborators: For Aidyn: to Joe; For Laura: to Aria, Alexander, Evan, and Chuck; For Liz: to Allison and Marshall.

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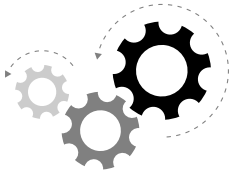
Part I

Foundations



Chapter 1

Relevant Contexts for Interprofessional Collaboration in the 21st Century: Social Issues, Settings, and Policies

Aidyn L. Iachini, Laura Bronstein, and Elizabeth Mellin

Social workers are addressing some of our nation's most pressing and complex social issues. From poverty and discrimination to school dropout and substance abuse, social workers collaborate with individuals, families, groups, organizations, and communities to help address a wide array of societal challenges. Recently, the American Academy of Social Work and Social Welfare (AASWSW, n.d.) mobilized the social work profession around 12 of these complex social issues, collectively referred to as *Grand Challenges*. These Grand Challenges are ensuring healthy development for all youths, closing the health gap, stopping family violence, advancing long and productive lives, eradicating social isolation, ending homelessness, creating social responses to a changing environment, harnessing technology for social good, promoting smart decarceration, building financial capability for all, reducing extreme economic inequality, and achieving equal opportunity and justice (AASWSW, n.d.).

Addressing these complex challenges facing our society cannot be achieved by social workers alone. There is wide recognition that no single profession can effectively address any of these issues in isolation. Therefore, the social work profession is increasingly emphasizing interprofessional collaboration as a best practice strategy for addressing these societal challenges (AASWSW, n.d.; Bronstein, 2003; Nurius, Coffey, Fong, Korr, & McRoy, 2017). Throughout this book *interprofessional collaboration* is defined as "an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own" (Bronstein, 2003, p. 299). This type of collaboration requires social workers to collaborate with professionals from other disciplines (e.g., psychologists, counselors, doctors, educators, nurses, pharmacists, child welfare workers, and law enforcement personnel) to achieve positive outcomes on behalf of any client system. In fact, the National Association of Social Workers (NASW) Code of Ethics articulates social workers' ethical responsibility to colleagues in relationship to working as part of a collaborative interdisciplinary team (Jones & Phillips, 2016; NASW, n.d.).

Priorities related to interprofessional collaboration are increasingly promoted through a plethora of organizational bodies and policy/practice initiatives. In 2010, for example, the World Health Organization published their *Framework for Action on Interprofessional Education and Collaborative Practice* to help advance interprofessional collaboration efforts. The Institute of Medicine (2015) recently published the report *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes* to provide guidance on critical issues related to evaluating collaborative practice. National and international bodies, such as the American Interprofessional Health Collaborative, the National Center for Interprofessional Practice and Education, the Interprofessional Education Collaborative, and the Centre for the Advancement of Interprofessional Education, all exist to support and promote interprofessional education and collaboration. Of special relevance to social work, the Council on Social Work Education's (CSWE) Annual Program Meeting's (APM) theme in 2016 was Advancing Collaborative Practice through Social Work Education,

and the 2018 APM conference theme was Expanding Interprofessional Education to Achieve Social Justice.

Universities also are engaged in unique and innovative efforts to support interprofessional education and advance interprofessional collaborative practice (Jones & Phillips, 2016), where social workers are often key facilitators. At the University of South Carolina, for example, there are specific interprofessional courses offered that are co-taught by faculty members from different health science professions to promote interprofessional collaboration and preparedness to engage in this type of practice in the workforce. One course is designed with a service-learning component to provide students real-world opportunities to engage and reflect on working in an interprofessional team (Iachini, Dunn, Blake, & Blake, 2016). At the University of New England, the director of the School of Social Work also serves as the director of the university's Interprofessional Education Collaborative. At Binghamton University a program of interprofessional education, research, and practice has been developed as a collaboration among social work, pharmacy, and nursing. Binghamton University, along with other universities, has been supporting trans/interdisciplinary research clusters that cut across the entire university. Most recently, social work faculty members led the development of a new transdisciplinary working group focusing on poverty and inequality. In addition, Binghamton University has an innovative interdisciplinary doctoral program in Community Research and Action and an interdisciplinary organized research center, the Institute for Justice and Well-Being, with strong involvement from the Department of Social Work. These are just a few examples of how universities are embedding interprofessional education into their institutional research, service, and curricular designs, with social workers as key players. Moreover, scholars at these institutions are contributing to the evidence base in this area through dissemination of findings of such interprofessional education efforts in critical interprofessional education outlets, such as the *Journal of Interprofessional Care* and the *Journal of Interprofessional Education and Practice*.

However, despite the promise of interprofessional collaboration and the organizational and policy/practice mechanisms that are in

place to promote this type of collaborative practice, interprofessional collaboration is challenging (Mellin, Hunt, & Nichols, 2011). According to Mellin et al. (2011), some of these challenges relate to the method of training in various professions; the differences in terminology used among professions; and the limited understanding of other professions' roles, responsibilities, and scopes of practice. Moreover, power dynamics and a focus on competition related to service delivery can also hinder interprofessional collaboration (Mellin et al., 2011). These factors that can serve to limit interprofessional collaboration often begin during the professional socialization process (Mellin et al., 2011), which makes professional education the critical place to begin professional socialization for interprofessional collaborative practice.

This edited workbook is designed to help prepare social work students and other practitioners interested in gaining additional knowledge, skills, and expertise in interprofessional collaborative practice. This workbook uses Bronstein's (2003) Model for Interprofessional Collaboration (MIC) as a framework to help conceptualize interprofessional collaboration and promote skills critical to engaging in interprofessional collaborative practice. It is important to note that some scholars and practitioners refer to this type of collaboration as interdisciplinary collaboration (Newhouse & Spring, 2010). Indeed, this is the term Bronstein initially used. There is still discrepancy within and beyond the social work profession as to the use of different terms to refer to this type of collaboration (e.g., inter-, multi-, trans- disciplinary and professional). Over the past decade the term *interprofessional* has emerged as the most accurate description of successful collaboration among professionals; therefore, that is the term used to frame this workbook.

There are three parts to this workbook. Part I includes foundational information for conceptualizing interprofessional collaboration and its relevance for addressing complex social problems. After the introduction to the book, Chapter 2 explores models of interprofessional collaboration and discusses related collaboration concepts (e.g., multidisciplinary collaboration, transdisciplinary collaboration). Chapter 3 outlines the MIC in detail, including the core components of

and key influences on interprofessional collaboration for social workers and other professionals.

Part II of the workbook illustrates the application of the MIC in real-world settings and fields of practice. Leading social work educators, who collaborate with professionals in a variety of settings, apply the components of the MIC as they discuss their interprofessional collaborators and contemporary issues in their subfields. Each chapter begins with a list of the CSWE's (2015) competencies most saliently addressed in that chapter and ends with a few reflective questions that promote critical thinking and discussion relative to those competency domains.

Chapter 4 focuses on an interprofessional technology-based effort, Closing the Broadband Gap (CBBG), in an educational setting. Specifically, Ball offers an example of a university–school partnership designed to support parental engagement in an elementary school that includes teachers, social workers, and school/district administrators, along with technology and business professionals. She describes the innovative CBBG program that resulted from the collaboration among professionals from different disciplines, along with critical influences and challenges that affect this interprofessional effort.

Chapter 5 explores interprofessional collaboration in the context of problem-solving courts designed to support individuals and divert them from becoming involved in the criminal justice system. Problem-solving courts are led by a judge but require a collaborative team of social workers, court officials, probation officers, and other treatment providers to develop a treatment plan and to connect individuals with services. In this chapter Gunn, Canada, and Blakely provide a case example of how these problem-solving courts function in relationship to one unique case and then discuss the strengths and challenges of interprofessional collaboration in this type of approach and practice setting.

Chapter 6 examines interprofessional collaboration in the context of the health-care system. Browne, Blake, and McCabe discuss care coordination for diabetes management in acute care hospitals. Specifically, they address the collaborative efforts of social workers, nurses, pharmacists, doctors, and nurse practitioners to support patients with

diabetes and their related needs and then outline one specific patient example to further highlight and exemplify how interprofessional collaboration works in this type of clinical service delivery model.

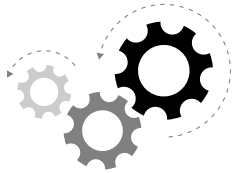
Chapter 7 focuses on interprofessional collaboration in the context of mental health. Bransford provides a case example of interprofessional collaboration in a treatment team supporting a patient in an inpatient psychiatric unit. She describes the components and influences on collaboration that occurred as social workers, nurses, occupational therapists, psychiatrists, and others worked together to meet the client's needs.

Chapter 8 examines interprofessional collaboration in a geriatric consultation clinic designed to support the needs of aging adults. Gould and Lee describe a university–community partnership that resulted in an interprofessional clinic to support training of social work and medical students for practice with older adults. The authors discuss the influences on and challenges of conducting collaborative, interprofessional, geriatric assessments and developing comprehensive intervention plans to support aging adults living in the community.

Chapter 9 explores interprofessional collaboration in the child welfare system. Galyean, Lawson, Jones, Dreyfus, and Berrick present a case example of a youth living in foster care and how both interagency (i.e., collaboration among people from different agencies) and interprofessional collaboration were essential to meeting the needs of this client. This chapter uniquely describes different interagency partnership models in the child welfare system and then focuses on how a specific partnership model—the Full Partnership model—encompasses and maximizes interprofessional collaboration to support and address the needs of the system's clients.

Chapter 10 focuses on interprofessional practice with crime victims. Moylan describes how interprofessional collaboration occurs in the context of sexual assault response teams (SARTs) and identifies how the key components of the MIC are evident in this approach to service delivery. She also discusses the key influences on interprofessional collaboration in SARTs.

Across all these chapters in Part II, you will notice many similarities,



Chapter 2

Exploring Definitions and Models of Interprofessional Collaboration

Naorah Lockhart, Elizabeth Mellin, Laura Bronstein, and Aidyn Iachini

An increasing number of professions, including social work, rely on interprofessional collaboration to serve clients. Whether it is a hospice social worker collaborating with a physician to help a client make end-of-life decisions or a school social worker collaborating with teachers to support students with mental health needs in their classrooms, social workers routinely collaborate with other professionals on behalf of their clients. However, what it means to collaborate (versus cooperate or coordinate) with other professions, and whether it improves outcomes (or just gets in the way), is often unclear despite common practice wisdom that suggests its effectiveness. Indeed, interprofessional collaboration is increasingly included as a key practice competency in accreditation standards for social workers and related professions (Ball, Anderson-Butcher, Mellin, & Green, 2010), but there have historically been few models and little research to support graduate training and social work practice in this area. In response, professionals and scholars alike are increasingly sharpening their definitions of collaboration and developing models to guide training and practice.

This chapter clarifies the term *interprofessional collaboration* and presents major models that have been developed across professions.

What Is Interprofessional Collaboration?

Finding a common definition for *interprofessional collaboration* is complicated by widespread confusion with related terms (Keast, Brown, & Mandell, 2007). *Collaboration* has been used to describe widely different types of associations, including interorganizational and interpersonal relationships (Lawson, 2016). Terms such as *alliance*, *coalition*, *collective action*, *partnership*, and *team* or *teamwork* have been used interchangeably with *collaboration* (D'Amour, Goulet, Labadie, Martin-Rodriguez, & Pineault, 2008; Gajda, 2004; Kvarnström, 2008; Marek, Brock, & Salva, 2015; Steen & Noguera, 2010). What may be called collaboration in one social work program or area of social work practice may be referred to as service integration or partnership in another (Claiborne & Lawson, 2005). Adding to the confusion, interprofessional and interdisciplinary collaboration are also often conflated (D'Amour, Ferrada-Videla, Rodriguez, & Beaulieu, 2005). Given the emphasis on interprofessional collaboration and questions about whether and how it relates to outcomes for clients, distinguishing the terms is increasingly important.

Collaboration, Cooperation, and Coordination

Conceptualizing collaboration, as part of a continuum with its related terms, has contributed to developing a sharper definition of collaboration. In 1992, Kagan differentiated these three terms as part of a pyramid, with cooperation at the base, coordination in the middle, and collaboration at the top. Keast et al. (2007) also differentiated collaboration from cooperation and coordination in terms of increasing levels of interdependence, organizational structure, commitment, and risk, where collaboration involves the most commitment and cooperation the least commitment. Individuals who work cooperatively are more independent from one another, less organized, less committed to each

other, and take fewer risks as a group (Lockhart, 2017). Cooperation often happens when professionals link services through referrals. To help some of their clients access health care in rural communities, for example, clinical social workers may cooperate with physicians by taking clients to appointments or arranging home visits. Individuals working in coordination, however, are more interconnected, organized, committed, and take more risks together. Coordination among clinical social workers and physicians might occur as part of a local taskforce to increase access to transportation to medical appointments for people living in rural communities who lack access to public transportation. Likewise, individuals engaged in collaboration are interdependent, more organized, highly committed to one another, and take more risks as a group—even more so than in teams characterized by coordination. Collaboration among clinical social workers and physicians to increase access to health and mental health care might take place as services are co-located, with both professions contributing to treatment planning and intervention.

Interprofessional or Interdisciplinary Collaboration

Researchers have also drawn on a continuum model to further unpack interdisciplinarity. D'Amour et al. (2005) described collaboration between and among professionals from different disciplines on a continuum that reaches from multidisciplinary collaboration on one end to transdiciplinary collaboration on the other, with interdisciplinary collaboration located in between. Multidisciplinary collaboration occurs when professionals from similar backgrounds are engaged in mutual work, when multiple disciplines are additive to the project rather than integrative (Choi & Pak, 2006). Mental health assessments for children are often multidisciplinary, with teachers, special educators, psychologists, and social workers offering assessments based on discipline-specific expertise that are presented as individual perspectives, side-by-side, in a single report. Interdisciplinary collaboration happens when boundaries between knowledge and expertise are blurred yet remain distinct, resulting in novel ways of working