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Multisystemic conjoint behavioral consultation: Training leaders in interdisciplinary collaboration.

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**Multisystemic conjoint behavioral
consultation: Training leaders in
interdisciplinary collaboration.**

Invited presentation to the
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University of Nebraska Medical Center,
Omaha, NE.
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Background on Pediatric School Psychology

- Approximately 20% of children and adolescents are affected by a mental disorder (National Institute of Mental Health, 2005), 22% suffer from obesity, and an additional 10% suffer from asthma (Creer & Bender, 1995; Troiano, Flegal, Kuczmarski, Campbell, & Johnson, 1995).
- Educational reform emphasizes that schools must begin to address how social and physical health issues are potential barriers to learning (Adelman & Taylor, 1998).
- An interdisciplinary approach is necessary to meet the multiple needs of children across systems (Power, Shapiro, & DuPaul, 2003).
- The National Institute of Mental Health (NIMH), American Psychological Association (APA), and the National Association of School Psychologists (NASP) have developed specific training guidelines for intersystemic collaboration (Power, DuPaul, Shapiro, & Kazak, 2003).
- Recently, pediatric school psychology training has been recommended to promote interdisciplinary collaboration and communication (Power, DuPaul, Shapiro, & Kazak, 2003; Shaw, 2003).
- To address this need, a collaborative partnership between the School Psychology program at the University of Nebraska-Lincoln (UNL) and the Munroe Meyer Institute of the University of Nebraska Medical Center (UNMC) was developed to provide school psychology doctoral students with interdisciplinary leadership training.
- From this partnership, an interdisciplinary approach to working with children and families was developed called multisystemic conjoint behavioral consultation.

Multisystemic Conjoint Behavioral Consultation

- Conjoint Behavioral Consultation (CBC) is an interdisciplinary model of service delivery identified as "highly useful" to address the health needs of children and families across multiple systems (Power, Shapiro, DuPaul, & Kazak, 2003).
- CBC is a partnership-centered, indirect model of service delivery wherein *parents, educators, health professionals, and consultants work collaboratively* to meet a child's developmental needs, address concerns, and achieve success by promoting the competencies of all parties (Sheridan & Kratochwill, in press).
- The goals of CBC are to effectively address the jointly identified needs of the child, as well as developing strong partnerships among systems.
- Table 1 outlines the specific outcome and process goals of CBC.
- Research has demonstrated that CBC is an effective and acceptable model for addressing the needs of children who are at risk for academic, behavioral and/or social difficulties (Sheridan, Eagle, Cowan, & Mickelson, 2001).
- Power, DuPaul, Shapiro, and Kazak (2003) stated, "The CBC model provides a framework for (1) aligning the family, school, and healthcare systems to facilitate the integration of children with health problems into school and (2) integrating systems of care into the problem-solving process" (p. 89).
- Preliminary research has demonstrated that CBC can be an effective model for addressing the multiple needs of children in a pediatric setting (Sheridan, et al., 2004).
- However, a more structured approach to training in interdisciplinary collaboration and multisystemic CBC is needed.

Table 1
 Overarching Objectives of Conjoint Behavioral Consultation

Outcome Objectives	
1.	Obtain comprehensive and functional data over extended temporal and contextual bases.
2.	Establish consistent treatment programs across settings.
3.	Improve the skills, knowledge, or behaviors of all parties (i.e., family members, school personnel, and the child-client).
4.	Monitor behavioral contrast and side effects systematically via cross-setting treatment agents.
5.	Enhance generalization and maintenance of treatment effects via consistent programming across sources and settings.
6.	Develop skills and competencies to promote further independent conjoint problem-solving between the family and school personnel.
Process Objectives	
1.	Improve communication, knowledge, and understanding about family, child, and school.
2.	Promote shared ownership and joint responsibility for problem solution.
3.	Promote greater conceptualization of needs and concerns, and increase perspective taking.
4.	Strengthen relationships within and across systems.
5.	Maximize opportunities to address needs and concerns across, rather than within settings.
6.	Increase shared (parent and teacher) commitments to educational goals.
7.	Increase the diversity of expertise and resources available.

Source: Sheridan, S. M. & Kratochwill, T. R. (in press). Conjoint behavioral consultation: Promoting family-school connections and interventions. New York: Springer.

Training in Multisystemic CBC

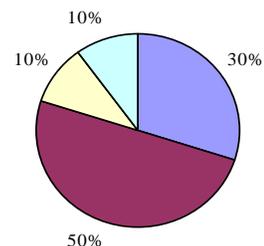
- The goals of this interdisciplinary training effort are to prepare school psychology doctoral students for a leadership role in:
 - providing culturally-sensitive, partnership-centered interdisciplinary collaboration services to address the complex needs of students with physical and mental health needs;
 - delivering consultation services across medical, school, and family settings; and
 - conducting research related to interdisciplinary collaboration.
- At the completion of the training, doctoral school psychology students will acquire a specialization in partnership-centered interdisciplinary collaboration with:
 - knowledge of medical/educational issues, roles of multiple service providers, systems supporting children with physical and mental health needs, and intervention options;
 - skills in interdisciplinary consultation and collaboration, culturally-sensitive, partnership-centered services, and intervention design and evaluation; and
 - leadership competencies related to research design, implementation, dissemination, systemic change and capacity building.

➤ The interdisciplinary training process covers a three year span. See table 2 for a description of the training elements and the following pie charts for a breakdown of how time is spent during each year of training.

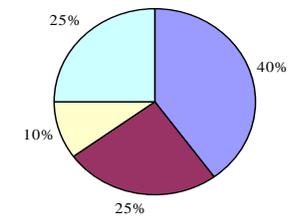
Table 2
 Description of Interdisciplinary Training Elements

Training Elements	Didactic Instruction (Topic examples)	Field-based Experience	Supervision	Research
Year 1	Behavioral consultation	Consultation cases in educational settings	Weekly with advanced doctoral graduate students	CBC related research
	Partnership-centered services			
	Intervention strategies			
Year 2	Public policy	Clinic observations	Weekly with discipline advisor	CBC related research
	Developmental disabilities	School observations	Frequently with interdisciplinary advisor	Interdisciplinary research projects
	Multicultural sensitivity			
Year 3	Discipline specific practices	Consultation cases through Developmental Pediatrics Clinic	Weekly with discipline advisor	CBC related research
	Family advocacy		Frequently with interdisciplinary advisor	Interdisciplinary research projects
	Manuscript preparation and review			

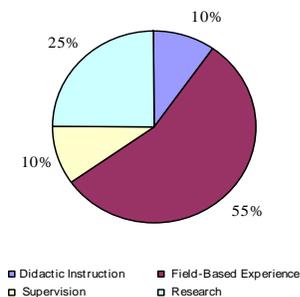
Training Elements Year 1



Year 2



Year 3



Challenges for Pediatric School Psychology Training

- Educational, psychological and medical professionals have different goals, language and approaches to working with children and families (Perrin, 1999).
- Health reimbursement systems may not support many of the activities outlined as best practices by the NIMH, APA, and NASP training guidelines (Power, DuPaul, Shapiro, & Kazak, 2003).
- Trained faculty needed to provide students with intensive training in both interdisciplinary intervention and health issues are lacking (Power, Shapiro, & DuPaul, 2003).

Research/Future Directions

- Program evaluation research is needed to investigate the outcomes (e.g., knowledge and skill level, future employment) of this type of specialization training.
- Research evaluating the effectiveness and social validity of multisystemic CBC in addressing the needs of children and strengthening partnerships across settings is also needed.
- Identification of the role of specialized school psychologists in addressing cross-cutting issues for multiple systems (i.e., school reintegration, adherence to treatment programs, pharmacological management) is necessary.