



Using a multidisciplinary approach with children diagnosed with autism spectrum disorder



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ABSTRACT

Using a multidisciplinary approach can be a key factor in initiatives designed to increase the effectiveness of health care services currently offered to children with autism spectrum disorder (ASD). Although healthcare delivery in the United States uses a multidisciplinary approach, it has been found that interprofessional collaboration between disciplines does not always take place resulting in practitioners working independently of each other. Due to the growing complexity of autism and the number of different professions that work with these individuals, there is a need for improved interprofessional collaboration using a multidisciplinary approach. In order to be successful in promoting interprofessional collaboration, health care workers need to develop ways to challenge and dispel the notion of profession-centrism by embracing the professional cultures of their colleagues and reducing the barriers to multidisciplinary training. A synthesis of findings from the research indicated that there are a limited number of disciplines collaborating using a multidisciplinary approach and working with children with autism.

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1. Introduction

Interprofessional collaboration using a multidisciplinary approach can be a major determinant in increasing the positive health care and educational outcomes of children with autism spectrum disorder (ASD). Although healthcare delivery in the United States uses a multidisciplinary approach, it has been found that communication between disciplines is not always shared, resulting in practitioners working independently of each other.⁴⁵ Due to the complexity of autism, it is important that a multidisciplinary approach using interprofessional collaboration be instituted. Collaboration that facilitates interaction and shared clinical experiences, such as meetings, shared planning, and debriefing, among healthcare professionals provides for successful delivery of children's health services and positive client outcomes.^{31,32}

2. Background

According to the Centers for Disease Control (CDC)¹⁴, autism has

become one of the fastest growing developmental disabilities in our nation, affecting one out of 68 children; ASD being considered the second largest permanent developmental disability in children. Although ASD is associated with impairments in social, behavioral development, and communication, children with ASD may also incur health care issues such as seizures, gastrointestinal problems, sleep disturbances, medication compliance, and mental health issues.³ Therefore, to address all of these needs, children with ASD need care across many disciplines, such as psychology, social work, occupational therapy, physical therapy, education, nursing, dietetics, psychiatry, and medicine to name a few.⁴¹ Myers and Johnson⁴¹ documented the multidisciplinary needs for managing autism spectrum disorder in children and the American Academy of Pediatrics (AAP)¹ continues to affirm this approach. The CDC¹⁴ adapted the AAP guidelines with the American Academy of Neurology's guidelines to establish the A.L.A.R.M. guidelines; these guidelines specify the need to refer "to Early Intervention or a local school program (do not wait for a diagnosis); to an autism specialist, or team of specialists, immediately for a definitive diagnosis; to audiology and rule out a hearing impairment; [and] to local community resources for help and family support" (<http://www.cdc.gov/ncbddd/autism/hcp-recommendations.html>).

Due to the growing complexity of autism and the number of

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different professions that work with these individuals, there is a need for improved interprofessional collaboration using a multidisciplinary approach. According to the World Health Organization⁶⁰ this can be defined as having different professions, coming together to work towards a common goal for patients, families, caregivers, and communities to deliver the highest quality of care. Effective collaboration, using a multidisciplinary approach, is composed of five underlying principles: all team members want to work together towards a common goal; all participants are valued; team members embrace the unique perspectives of all other team members; the team is based on a strong sense of purpose; and each team member requires trust and a sense of shared responsibility.⁵⁷ The Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) program, founded in 1972, is an early example of integrating clinical services, parental involvement, and individual counseling into autism care.⁵⁶

The increasing number of children being diagnosed with ASD requires awareness as well as the implementation of a multidisciplinary approach in providing services that effectively promote positive health care and educational outcomes for the child. According to Pecukonis, Doyle, and Bliss,⁴⁵ disciplines often implement treatment plans that are based on discipline specific outcome expectancies, but cannot reach a consensus between other disciplines in terms of treatment goals and approaches. The purpose of this paper is to present a synthesis of findings from research related to the use of interprofessional collaboration using a multidisciplinary approach with children having autism spectrum disorder.

3. Methods

The researchers completed an integrative review to assimilate findings from reports of interprofessional collaboration, using a multidisciplinary approach, with children diagnosed with autism spectrum disorder. Whittemore and Knaf⁶² identified integrative reviews as the “broadest type of research review” due to their inclusion of experimental and non-experimental studies, as well as “data from the theoretical as well as empirical literature” (p. 547). The researchers defined studies as interprofessional collaboration, using a multidisciplinary approach, by including studies conducted with multiple health care and educational professionals working together with children and/or families of children with autism.

3.1. Search and sampling strategies

A literature search took place from January to August of 2015, eliciting data from English language journals. Publications were selected according to topics related to autism and the use of interprofessional collaboration as a multidisciplinary approach; keywords used in the search of electronic databases consisted of collaboration, multidisciplinary, interprofessional, interprofessionalism, children, families, and autism. The research review was conducted in CINAHL, PsycNET, ERIC, Academic Search Complete, Medline, PubMed, The Cochrane Library, Omnifile Full Text Mega, and Scopus of articles published from 2008 to 2015 to study the use of interprofessional collaboration, using a multidisciplinary approach, and children with autism. The researchers performed a detailed search, reviewing other forms of evidence such as relevant websites and reference lists of all publications that were relevant to the topic.

3.2. Appraising the studies

Cooper's¹⁵ five stages of research synthesis were used to analyze and synthesize each article. Inclusion criteria included the following: (a) all reports were research-based and published in

peer-reviewed journals, (b) reports included methods of data collection and analysis, and (c) analyzed reports included those published in the English language, between 2008 and 2015. Exclusion criteria consisted of discussions or opinions that did not present original research and those studies that used professional collaboration, using a multidisciplinary approach, outside of the realm of children with autism. All studies were then categorized by using Melnyk and Fineout's³⁵ rating system for hierarchy of evidence.

4. Results

Forty-seven articles met the inclusion criteria for this study. A summary of these reports, as well as the levels of evidence, can be found in Table 1. The main research purpose was to determine the use of interprofessional collaboration within the multidisciplinary approach, when working with children with ASD. The majority of studies included participants from the United States. Six studies originated in the United Kingdom, five studies originated in Canada, two studies from Israel and one study each originated from Hong Kong, the Ukraine, Australia, the Netherlands and New Zealand. Sample size ranged from 1 to 570 participants.

5. Discussion

Interprofessional collaboration, using a multidisciplinary approach, is the best practice model for the care and treatment of individuals with multidimensional health problems, like chronic illness and ASD^{18,28}. Children and families affected by ASD are at greater risk of having unmet health care and educational needs along with family support services; receiving delayed care and referrals; and experiencing a lack of family-centered care.⁴⁶ The findings of this integrative review indicated that there are a limited number of disciplines using an interprofessional, multidisciplinary approach when working with children with autism. These reasons include being discipline-based, organizational constraints, lack of training in the multidisciplinary approach, and fear of opposition. According to Pecukonis et al.,⁴⁵ and Bevan-Brown et al.,⁵ although disciplines are trained to work as a multidisciplinary team in academia, there is a lack of training with this concept when in the working environment. According to Belmonte et al.,⁴ multidisciplinary teams experience solutions that at times induce opposition among team members therefore impeding further collaboration. Other limitations include the limited research or weak research designs used to analyze existing interprofessional efforts, such as the TEACCH.⁵⁸

A majority of articles reviewed came from the discipline of education. For instance, nineteen studies were either written by educators, the study subjects and participants were related to the discipline of education, or interprofessional collaboration consisted of working with other educators. Fourteen articles were discipline specific in their work with children with autism. These disciplines included physicians, nurses, occupational therapists, social workers, speech language pathologists, and dental hygienists. As mentioned earlier, these studies were either discipline specific in their collaboration or they collaborated with one other discipline. The literature states that a major reason why multidisciplinary team work does not often occur among disciplines is due to a lack of understanding of the roles and responsibilities of the different disciplines.¹⁰ According to Brown et al.,¹⁰ other reasons related to not working in a multidisciplinary capacity consisted of a lack of time and workload schedules, avoidance of confrontation, and the need for recognition. Soares, Baum, and Frick⁵¹ identified many workflow issues for developmental-behavioral pediatric physicians that prevent interprofessional work across previsit, visit, and

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