
The inter-consultation as an interdisciplinary device in a group of early intervention

interconsulta como dispositivo interdisciplinar em um grupo de intervenção precoce

La inter-consulta como dispositivo interdisciplinario en un grupo de intervención temprana

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Abstract

The objective of this study is to analyze the use of liaison device as an interdisciplinary strategy in a group of professionals present in an early intervention program. Data collection was carried out through recorded interviews with a semi-structured questionnaire, answered by the group members: speech therapists, physical therapist, psychologist and occupational therapist. Data analysis was made by content analysis and similarity categorization. The results indicate that the liaison benefited the expansion of

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professional knowledge, provided an opportunity greater support and less loneliness to think in cases, better resolution on the demands and resources to help the family to expand its perception of the child and not only a part of it. It follows, therefore, that the liaison is presented as an enabling strategy for professional of interdisciplinary teams in healthcare.

Keywords: consultants; early intervention; interdisciplinar.

Resumo

O objetivo deste estudo é analisar o uso do dispositivo de interconsulta como estratégia interdisciplinar em um grupo de profissionais que atuam em um programa de intervenção precoce. A coleta dos dados foi realizada por meio de entrevista gravada, com um roteiro semiestruturado de questões respondidas pelos integrantes do grupo: fonoaudiólogas, fisioterapeuta, psicóloga e terapeuta ocupacional. A análise dos dados ocorreu por meio de análise de conteúdo e categorização por similaridade. Os resultados indicam que a interconsulta beneficiou a ampliação de conhecimentos profissionais, foi oportunidade para maior amparo e menor solidão para pensar nos casos, para melhor resolução das demandas e mais recursos para ajudar a família a ampliar seu olhar sobre o filho e não somente para uma parte dele. Conclui-se, portanto que a interconsulta apresenta-se como uma estratégia facilitadora para os profissionais de equipes interdisciplinares na área da saúde.

Palavras chave: consultores; estimulação precoce; interdisciplinar.

Resumen

El objetivo de este estudio es analizar el uso de los dispositivos de inter-consulta como una estrategia interdisciplinaria en un grupo de profesionales que actúan en un programa de intervención temprana. La recogida de datos se llevó a cabo a través de entrevistas grabadas con un cuestionario semi-estructurado, respondidas por los miembros del grupo: fonoaudiólogas, fisioterapeuta, psicóloga y terapeuta ocupacional. El análisis de datos se realizó mediante el análisis de contenido y categorización por similitud. Los resultados indican que la inter-consulta benefició la ampliación de conocimientos profesional, fue una oportunidad para más apoyo y menos soledad para pensar en los casos, para una mejor resolución de las demandas y recursos para ayudar a la familia a ampliar su mirada para el niño y no sólo una parte él. Se concluyó, por tanto, que la inter-consulta se presenta como una estrategia facilitadora para los equipos profesionales en la asistencia sanitaria.

Palabras clave: consultores; estimulación temprana; interdisciplinario.



Introduction

Humanitarian and integral care in health has required the perception that the work in multidisciplinary team is needed and that interdisciplinarity should prevail among professionals in order to improve the quality of treatment of the subject attended. So, a group with different professional specializations should work investing in exchange of information to achieve a common goal which is the careful health¹. Among the benefits from this form of work are training network, improving the organization of the service, comprehensive care and better resolution of pathology². Therefore, interdisciplinarity can be configured as creating a common space where knowledge is not exhausted in its own identity, but goes beyond itself in a more embracing articulation³.

The paradigm shift in health, from biomedical model to the biopsychosocial, requires a review of the role traditionally assigned and carried out by professionals in healthcare. This creates a demand for major changes in the way we organize and design work, especially considering the consequences of the strong specialization and the increasing fragmentation of interventions¹. Working in multidisciplinary team comes to remedy this deficit and to ensure comprehensive care, autonomy and quality of subject's life⁴. This new perspective demands that the different professionals involved in multidisciplinary teams are prepared to exchange knowledge as to complement, generating alternatives and relevant and effective solutions for each case discussed⁵. To this end, there is the need for active communication, regular meetings, solidarity and exchange of knowledge between professionals and consistent theoretical knowledge supporting the clinical practices².

One strategy used to interdisciplinary practice in health concerns liaison. It started in the medical field; it was the presence of a health professional in a unit or general medical service from the request of a doctor for the attendance of a patient, what would ensure greater overall view of the patient⁶. Currently, this is considered in some interdisciplinary teams as the interrelation of fields between technical knowledge necessary for the treatment of a certain patient¹.

This study will focus on the liaison in children's clinic, demanded interventions conducted daily by an early intervention group, which seeks to

practice medicine from the single therapist. In the context of this group, made up of Psychologists, Speech Language Pathologists and Audiologists, Occupational Therapists and Physiotherapists, the liaison is investigated as an intervention device in order to encourage the increase of vocational training and the humanization of care. Although there is a consensus on the concept of liaison, its practice still lacks investigations that address conducted interventions⁷.

The term "liaison" derives from interdisciplinarity and began to be highlighted in the 80s with psychiatry entry in general hospitals⁷. According to the authors, the objectives of this form of action would be to act in interface to medicine in general, spreading the psychiatric knowledge among other areas, in order to provide the non psychiatric doctor to recognize and treat situations of psychiatric nature. This allowed aiding in the diagnosis and treatment of patients with comorbid clinical disease and psychiatric illness; collaborating in the psychosocial care of the patient and assisting in teaching and research tasks.

Due to its origin in mental health, most of the studies found on the subject are focused on attention to the psychiatric subject, highlighting the liaison to Psychologists^{2,4,6,8,9} and Occupational Therapists^{10,11}. Current articles have also shown concern in using the liaison as a means of self-evaluation of clinical work^{2,12} as a means of professional analysis requesting the liaison and what type of the target audience that it has demanded^{4,10} and also in consideration of its effects on professional practice in a team^{4,10,13}.

Psychology has a large number of articles presenting this theme, with a prevalence of mental health^{6,8} and hospital care^{4,9}

In the area of Occupational Therapy, the liaison, or consulting¹¹, is effective in acting in a multidisciplinary team in the care of people with spinal cord injury; the interdisciplinary approach in child neurology and acting in liaison service in mental health^{14,15,16}. In the hospital area, the liaison is quite requested by the Occupational Therapist, mainly to contribute in discussions involving emotional aspects of the patient and his hospitalization¹¹. There is also the contribution of this professional in focus to the patient in early intervention¹⁷.

As for the Speech Language Pathologist and Audiologist, there is a highlight of this professional in several studies in Spanish, as a constituent of the

early stimulation team in neonatology¹⁸ and interventions for patients with disorders in language, hearing and swallowing^{13, 17}.

Specifically with regard to the early intervention clinic, it can be considered that it is based on two fundamental and interdependent propositions: the importance of the early years in the constitution of subject^{19,20} and the high degree of mobility of psychopathological formations until puberty; this conception is based on the neurological concept of neuroplasticity or neuronal flexibility²¹.

The therapist in early intervention is chosen from the diagnosis of what is effectively hindering the development of the baby and its constitution in the relationship with its parents. This single therapist, accompanied by the interdisciplinary team, is “the translator of the uniqueness of spoke language in the diversity of technical and scientific discourse”²². The therapist tries to offer children opportunities to recover or build their place as a person, modifying and / or compensating substantially their shortcomings and their psychosocial conditions²².

According to Juliet Jerusalinsky²³, a caution be taken at this time is that several therapists should not be inserted, since this could have a dissociative effect for parents and could be disastrous for the baby. For the child, the discourse of several therapists does not allow him to constitute a choice that produces a system of meanings²². Therefore, the presence of parents is prioritized on early care, and can be used as the liaison support interdisciplinary strategy of single therapist, when the case calls for more complex interventions that require knowledge beyond what the reference professional can offer²³.

The construction of such a clinic constitutes, however, in a challenge with a view to disciplinary training that professions involved have in their history. The objective of this study is to analyze the use of liaison device as an interdisciplinary strategy in a group of professionals who work in an early intervention program.

Description

CAs collection strategy, interview was conducted with a semi-structured guide, for professionals in the Early Interventions group in date and time predetermined in the Speech Language Therapy Service, during the month of September 2014.

The questions of the interview were related to the experience of liaison and what the effects of liaison in the cases treated.

The interviews were recorded and transcribed and had an average duration of forty minutes.

The interpretation of data was by content analysis, from reading and rereading of interviews in order to categorize the answers and organize the exhibition and discussion in this article.

The questions were answered by the following health professionals: speech language therapists and audiologists (1PhD, 1 master student and 1 graduate student), physiotherapist (1 PhD student), and psychologist (1PhD), occupational therapist (1 graduate student). It also predicted the confidentiality of data ensuring secrecy and privacy of the subjects with the signing of the Confidentiality Agreement.

Following, the results of the analysis of the interviews are exposed, considering the responses of professionals who carried out liaison in the program. The abbreviations used are: P= Psychologist; ST1 and ST2 = Speech Language Therapist, PH = Physiotherapist; STS1 = Speech Therapy Student; OTS = Occupational Therapy Student.

Effects of the Liaison

As the effects of the liaison, all the answers indicated gains. Highlights of four points: 1) expansion of professional knowledge necessary for the case, pointed out by all answers; 2) greater support to professional and less solitude to think about the cases; 3) a greater potential for solving the therapeutic plan to be broader and appropriate to the needs of the case; 4) and also the contribution regarding the approach to the family, it is possible to attend the demands and cause in it a closer and integral view over the child in treatment.

Some of the words transcribed below announce the highlighted points by the professionals:

Fi: *I was asked, in a joint service with speech therapy, to evaluate psychomotor behavior of a child and also about games that worked with motor coordination and its balance. In another case I was called by the occupational therapist to assist a child with cerebral palsy and blindness. And the service that I provide to a child with cerebral palsy I requested the support of the speech therapist, because of dysphagia, the psychologist to provide emotional support to the mother who was in the process of understanding about the severity of the case of her daughter, what brings her much conflict.*



I believe that the effects of the liaison, and I can say specifically in the latter case I mentioned and which I follow it, they were fine to me, for the child and its mother. For the child the development was significant that occurred in treatment with psychomotor acquisitions and clarification of dysphagia; for its mother there was a listening with policies resolutions for her emotional improvement. I emphasize that I could have a support of different areas so I could intervene in this case with more competence and getting quality in the care provided. I can also report that felt more full at the time I could share my difficulties encountered in the case of serious illness and felt supported and helped by these professionals.

P: *It was referring to a case where there was doubt about a suspected abuse to a baby. The liaison involved course supervisors of Psychology and the course of OT and also academic students of OT course.*

The debate between those present was very enlightening, so that each one could put their point of view on the case. The main merit for liaison in this case was its potential for resolution, to the extent that the therapeutic plan was thought more broadly and attended the family's demand in an effective way.

OTS: *As an academic, the liaisons made me understand a little more about working in a team. I realized that it is necessary for all working professionals understand their role in the group and thus desire to share with all team members some questions about their practice.*

The Demands for Liaison

Among the most cited demands by the professional as the need to request a liaison, are emotional aspects of child and family dynamics; issues relating to feeding, in particular the issue of dysphagia; language orientation and psychomotor and playful aspects of patient care.

Examples:

F1: *I've already had experience of liaison, in two cases, with Psychologists and Occupational Therapists. The first was with a Psychologist and it was very interesting to me to understand the family dynamics and the emotional issues involving the case, which was a syndrome, with extreme prematurity. The second was to the Occupational Therapist, as they came to me, with a case of dysphagia and also had an effect, because parents began to pay*

more attention on the issue of feeding and now they are taking interventions to Speech Pathology, it thanks to the liaison initial.

ST2: *I had a meeting with the trainee student and the supervisor of occupational therapy on another patient, which I answer in another city. This meeting gave me a better understanding of the body and positioning for therapy, since the patient has brain damage in the motor area.*

PH: *In one case, which is very serious, the occupational therapist assists it, she assessed the play, the cognitive level during the games and the ability to reset forward to stimuli and the games proposed. Therefore, in addition to joint consultations there were moments of debate and liaison.*

OTS: *The liaison was due to the difficulties of professional reference (occupational therapy) in meeting the demands of [...], which were increasingly vulnerable due to the difficulties of the family, more precisely [...], which could not to organize in their daily lives and ended up destabilizing the process of the patient.*

The researched literature and papers point out to the importance of training of multidisciplinary and interdisciplinary groups for clinical treatment with babies. This is opposed to other purely instrumental and technical approaches in which the baby is treated as a mini adult, and several specific treatments are offered for each disorder (physiotherapist to the motor; speech therapy for feeding and language, occupational therapist for sensory integration, adaptations and Activities of Daily Living training). For the qualification of clinical choice of single therapist approach anchored in interdiscipline, the liaison strategies and interdisciplinary meetings have been identified as ways to build a treatment in which the baby is an unique being in all its functions and will support a minimum number of therapists²³.

In this sense, the professionals should be able to carry out interventions themselves of their respective areas and also perform common actions, in which are integrated different fields of knowledge²⁴. This is not an easy task, because professionals are often very zealous with their knowledge, being sure of what they are and what they are not, and do not give up the therapeutic omnipotence²⁵. This type of difficulty did not happen in the investigated group because, according to the most frequent responses, the liaison is to benefit the expansion of professional knowledge, greater support and less



solitude to think of cases, better resolution on the demands and resources to help the family to expand its attention on the child and not just part of it.

These results are in a discussion brought by Levin²⁶ when he points out that what makes, or calls a liaison, is the lack of knowledge of the therapist about the patient to be assisted. This lack of knowledge in an interdisciplinary relationship, does not announce the failure or lack of therapist, but rather points to the complexity of the case and the need for broader approaches, and not only for a specific professional field of knowledge. For example, in the case of a single therapist for early intervention supported by an interdisciplinary team, it should be natural the therapist feels the need and request the dialogue with other areas, because, under the logic of this clinic, it would not be possible to the therapist to give support alone. It is identified in the interviews that the more complex a case in terms of biological, mental and social conditions, more professionals are called to the discussion of the case in the search for alternative thought from the knowledge of other areas. This is what produces and calls the liaison: the desire to build a new knowledge that goes beyond the professional and any discipline. Producing new knowledge that provides the therapist to be able to articulate more effectively and solve the issues surrounding the baby's treatment and guidance to families. So there is a perceived benefit of interdisciplinarity, as a space needed to limitations of disciplinary knowledge^{26,27}.

This can be identified in the reporting of the treatment of a child assisted by the same research group, presented as a case study in an article. In that report it is clear that occupational therapist and speech therapist intervene in psychomotor constitution and the construction of children language, respectively, and also affect the perception of the mother in face of her child, in her importance to show more affection and meaning to this child in the family context²⁷. From this perspective, one can understand that the treatment can not be the sum of several treatments according to the affected areas, but a specific and individual intervention, especially in face of a disabled and suffering baby and its family²⁷. There should also be meetings in which professionals help to identify the possibilities of the baby and their families, the ways for it to exceed the preset condition of the diagnosis and the sequels. For this meeting works, it is necessary that the health professional that makes

up the interdisciplinary team has a search of other knowledges, awaring that to assist a child it is very important to look for other knowledges beyond his own².

This interdisciplinary approach provides therapists also the possibility to keep up to date with the huge volume of information available in modernity. Although each professional follows leaning on themes for broadening his field of knowledge at the time of case discussion, such knowledge is pierced by the specific characteristics of each baby. Its uniqueness in the case of early intervention group sustained in the transference relationship with the therapist points out an epistemological production path called transdiscipline to announce the route that can reach an interdisciplinary team, which involves to articulate transversal concepts in all subjects²⁴. With conviction, it is something to be pursued by interdisciplinary teams.

This discussion of knowledge exchanges also involves the whole team, it divides responsibilities, reduces personal and professional stress in the interaction with patient and family¹², especially in cases which both, the instrumental baby issues, and structural, are affected.

Early intervention is often aimed at babies who have some pathology advertising prognosis of severe sequelae. This is a recurring profile of early intervention group presented here. Hence, there is the need for discussions on the body, on the feeding and language, on sensory issues, on daily family life.

But this particular group also determined that it is essential to think the subjective baby constitution and that it gives the articulation of the symbolic potential baby and its parents. This logic could be identified in interviews the liaison requested by physiotherapist, speech language therapist and occupational therapist, psychologist in order that the therapist finds elements that contribute to optimize his intervention²⁸.

In the study reported here, it was also observed that the development of interdisciplinary work demanded much more than team meetings and the liaison emerged as an important strategy for case discussion, in order to overcome or avoid the fragility of staff found in other studies^{2,12,28,29}. Although there is a consensus of interdisciplinary team that relevant technical actions to each professional area are well defined, with each one fulfilling certain very specific task, there may be some situations



in which these limits are not well defined, causing some discomfort when the space of the specialist is exceeded³⁰.

In this study, however, the opposite happened, since the vast majority of the interviewed showed positive opinion to the work on interdisciplinarity, stating that there are benefits for both babies and their families, and for the increase of personal knowledge. This maybe occurred because the group managed to systematize a theoretical way, and a common understanding of child development and has worked steadily issues related to the power of each discipline and the importance of thinking in the exchange as a key element for the proper care of babies and their families

Final considerations

Whereas the initial objective was of analyzing the use of the liaison as an interdisciplinary strategy in a group of professionals who work in an early intervention program, it was observed that it is constituted as an effective strategy for health professional teams. It may have the purpose of completeness, humanization, higher quality and resolution, both for the patients and their families, as for health professionals. Therefore, it is important that team members take an interdisciplinary approach and value the role of each member, realizing that their knowledge is not enough for baby's treatment and their families, as we saw in the interviews realized here.

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Appendix A

Questionnaire

1- Have you had experience with liaison in Early Intervention Group? If so, in what circumstances? Which professional? What were the effects that the liaison provided in these cases?

2- What is your opinion about the meetings of Early Intervention Group? What they add you in terms of assessment and intervention?

Appendix B

Confidentiality Agreement

Title research: A liaison as interdisciplinary device in an early intervention group

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Other researcher: Francine Manara Bortagarai, Dani Laura Peruzzolo e Tatiane Medianeira Baccin

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The researchers of the above-identified work commit to:

I. Preserve the confidentiality and privacy of the individuals whose data (information) will be studied;

II. Ensure that the information will be used solely and exclusively for the implementation of the relevant work;

III. Ensure that the search results will only be disclosed anonymously.

Santa Maria, Agosto de 2014.

Assinatura Pesquisador

Nome: Ana Paula Ramos de Souza

