

INTERDISCIPLINARY WORKING RELATIONSHIPS

Embodying connection
as a practitioner

SHAUNA PAYNTER, RCC



Working within a multidisciplinary clinic requires a special type of practitioner: a brave, open-minded one who is willing to ride the wave of change. Working within or running a multidisciplinary clinic requires flexible thinking, a strong work ethic, and an ability to collaborate well with others. At the end of the day, our ability to initiate, maintain, and deepen relationships is at the heart of this business journey. Here, I hope to give you a breakdown of how to get started in collaborating with other professionals as well as working within the opportunity once you have established yourself in a competent group.

GETTING STARTED

“No human can survive alone,” is a profound statement made almost four decades ago by John Bradshaw in his book *Healing Toxic Shame*.¹ This

statement about us as social creatures needing each other to survive also applies to running a business and collaborating with others. Research by Dr. Daniel Siegel on interpersonal neurobiology proves healthy connections and feelings of belonging positively impact physical, mental, and emotional health.² We can apply this to our perspective on client healing and our own professional well-being. Along these lines is Dr. Allan Schore’s work on therapeutic relationships and how robust, intact relationships are main drivers of well-being.³ As a humanistic therapist, I deeply align with this concept and have adopted it as a backbone concept for my interdisciplinary clinic.

Two other implicit processes are at play in working well with other professionals. First, know your ongoing professional development is imperative. Second, this unique

environment naturally advances your overall effectiveness with clients. Why? Because you are not a lone wolf working in isolation. Accountability drives learning and supports better client outcomes.

Being an accountable member of a dynamic team gives a greater sense of purpose to our daily work. Bernard Shaw stated, “If you teach a man anything, he will never learn.”⁴ Working within a multidisciplinary team means you will be asked to handle novel cases, and it will be your responsibility to figure out best practices and how to apply them effectively within clinic framework. Learning through doing is an integrative process where you will

ARY



be kept on your learning edge, staying sharp and informed. This benefits you (the practitioner), your colleagues, and your clientele. Everyone wins.

As an RCC, I have worked within two completely different multidisciplinary clinics: firstly, a family medical office with medical physicians; and, secondly, an interdisciplinary practice with occupational therapists (OTs), registered massage therapists, and RCCs. The pace and focus of each clinic were completely different. Regardless, I was kept on a unique growth curve where full accountability and novel cases were presented regularly. Your ability to apply

techniques within a treatment plan and know why become paramount. Patient outcomes and overall impact for clients are constantly considered.

Working within a team teaches us to keep empirical knowledge close, using it to support positive patient outcomes.

Recall the three pillars of effective RCC practice: therapeutic alliance, approach, and goals.⁵ When

practitioners all come from this common ground, patient outcomes are positively affected. In *The Bond*, Lynne McTaggart discusses evidence about how healing outcomes improve when we are willing to move beyond the “I” and “you” to “us” which means practitioners and patients working together with specific intentions.⁶ The concepts and evidence that McTaggart offers correlate and support the interpersonal neurobiology work of Schore and Siegel.^{7,8}

Working from an empirically based modality you know well and believe in is an important part of working within an interdisciplinary clinic. For instance,



I use Acceptance and Commitment Therapy (ACT) and Feedback-Informed Treatment.^{9,10} Professionals on your team will appreciate clear articulation and sound evidence as to why you choose particular routes within a treatment plan. Working within a team teaches us to keep empirical knowledge close, using it to support positive patient outcomes. Why use empirically based modalities? The effectiveness of counselling and psychotherapy has been questioned in the past. Various studies now prove it is effective. Our job is to know this research and implement these tools in our work.¹¹

How might an RCC break into or create a collaborative interdisciplinary practice or clinic? Here are three ways I have found useful.

Start close to home

The first and most important step is to contact professionals in your community. Start with your own family doctor, any practitioner you

have had treatments from, or any law professional who works with family issues. My first contact was with my family doctor. I let him know I was an RCC and was looking to offer his patients a discount for mental health services. I asked permission to drop off information for the other doctors in the clinic along with a poster for the waiting room. The answer was yes.

Keep it simple

Information should be short, concise, and easy to read. Busy professionals do not have time to read long documents about you or your methods. Bullet points are best. A simple, appealing poster for the waiting room is sufficient. Use a QR code on the poster for people to find out more about you and how to redeem their discount.

Do a presentation

My next step was to do presentations to professionals. My first was a 15-minute presentation on mini-ACT interventions to a group of family physicians. The

second was to OTs. Short presentations to inform professionals about your methods and how you add value to patients' mental health stability are important. My presentations offered something meaningful as well — an experience.

Dr. Natalie Rogers (Carl Roger's daughter) was my clinical supervisor. She taught us a trick for connecting with others. Do you recall bottom-up processing versus top down? N. Rogers suggested short, impactful bottom-up experiences where taste, smell, touch, sound, or vision are stimulated, stirring and awakening deeper consciousness, which is then integrated into cognitive meaning.¹² Each professional walks away with a meaningful tidbit that has impacted awareness in a unique way. Seeds are planted within the professional's mind and your services are deemed inspirational and valuable. This presentation method led to co-creating my current multi-practitioner clinic.



FOUR ADVANTAGES TO WORKING WITHIN A MULTIDISCIPLINARY TEAM

1. Superimposed networks
2. Multi-perspective decision making
3. Collaborative strength
4. Respect and learning

WORKING WITHIN THE OPPORTUNITY

Once you establish your value in the professional community, you will find your private practice begins to thrive through people. Your reputation precedes you. Professionals will refer clients requiring mental health support to you, and word of mouth is the best source of client flow.

Superimposition of networks

A client base held by a professional can instantly become your potential contact base. This is a bold statement. If you have brought value to the professional and worked successfully with their referrals, your reputation will continue to build. There is no endpoint to this building. This is what I mean by “superimposition of networks.” Each professional has a network of clients and other professionals they work with, and once you make positive contact within your network, it is automatically augmented. Putting up a poster and leaving business cards in another

professional’s clinic is effective but direct personal contact with them holds more weight.

Challenge: Putting together a succinct, informative seminar that provides impactful learning with a constructive bottom-up experience for attendees. Being brave enough to present to others. Overcome this by creating your lesson plan, and practise presentations with friends, family, or with your supervisor.

Advantage: Your information and reputation have now been registered into the attendee’s mind. Your genuine helping intention will remain in the consciousness of the referring professional.

Multi-perspective decision making

Working with other professionals augments our learning. Working alone leaves us in isolation, which is not conducive to anyone’s vitality or well-being.^{13,14} It takes bravery and effort to reach out and collaborate with others. Dampening down the “I” and ramping

up the “We” in today’s client-care industry is becoming more and more important. It is through relationships that we heal, learn, and thrive. Being an open-minded, brave professional means being accountable for our treatment plans and application of best practices and staying current with research, mental health trends, and issues. Having the perspectives of all the professionals during case consultations supports cohesive treatment plans and brings practitioner intentions onto the same page, which brings continuity to the client.

The other important point with respect to clients who visit our clinic is that when they arrive, they know everyone. Clients receive a warm



welcome and feel like they belong, which contributes to higher ratings of well-being.^{15,16,17}

I have learned so much working with other professionals. Walking into work each day with a beginner's mind, allowing myself to consider and absorb fundamental information from others, is humbling and inspires me to deepen and sustain these professional relationships.

To have the other professionals in the clinic rely on you helps clarify your role within the clinic. The role of a mental health professional is sometimes seen as mysterious to others. In an interdisciplinary collaborative clinic, the mystery begins to drop away as clients show improved outcomes in mental stability and better emotional regulation and overall mindset.

Challenge: Knowing your modality so well you can offer meaningful, helpful information in case consultation meetings. Having a multidisciplinary consent form to allow case consultation in the clinic or between professionals is imperative. Talk to your supervisor

about how to create this consent form and the details surrounding it. Overcome this by reaching out for help and getting fully informed.

Advantage: You will learn invaluable skills and related knowledge that will serve you for the rest of your career. Your reputation with professionals will precede you as you build relationships within the community.

Collaborative strength

The power of community has a favourable effect on patient outcomes.^{18,19} Feelings of belonging and oneness, as discussed by Siegel in his most recent book, *IntraConnected: MWe (Me+We) as the Integration of Self, Identify, and Belonging*, bring home the knowing that connectedness enhances feelings of well-being and overall health.²⁰ Interdisciplinary teams have an advantage in supporting clients. Each team member gets to know the client and their specific care plan and can congruently support overarching intentions. On top of this, the client feels seen, welcomed, supported, and part of a team effort. I have witnessed

clients taking large strides in their process and expressing gratitude for their team. The reward is in the witnessing.

When I am informed by an OT of the challenges a client is facing, I can then address specific issues from the mental health angle. Oftentimes, an OT will ask for specific domains to be supported to bolster what they have already begun to implement. In my case, I am a licensed teacher as well, so I liaise with resource teachers and principals and attend IEP meetings. I must think deeply about what to say, how to say it, who will be reading it, and the impact it will have. Challenges range from knowing how to properly address and word documents to being concise and clear in my role and the client's needs.

Another empirically based argument for collaborative strength has been discovered in working with individuals diagnosed with an eating disorder: treatment team management, including a psychiatrist, dietician, family doctor, as well as family and

individual counselling, are indicated. This method is empirically proven to be more effective than sole practitioner support.²¹ And if strength in collaboration is proven, why not apply it to all our clients if possible?

Challenges: Time and scheduling for care plan meetings. Being available for and open to impromptu meetings is important. Another option is scheduling 30 minutes per week for case review and updates. RCCs do not get paid for case planning whereas other professionals do, which means volunteering some of your time. Overcome this by being open and willing to invest some of your time without being paid.

Advantage: Everyone has input and ends up on the same page which further supports the client. The reward is in witnessing enhanced client outcomes.

Respect and Learning

The very first day I started as a high school science teacher, I suddenly knew nothing. I stood at the front of the classroom ready to teach my students how to calculate the number of neutrons and protons inside an atom. I knew how to do this in my head, but when it came to teaching this to 28 16-year-old students, I failed that day. Suddenly, I held new respect for

my professors and teachers over the years. That day, I started on chapter one of a new learning journey. This is similar to how I felt starting within this interdisciplinary clinic adventure.

We can go to school and learn a mountain of facts, but can we apply what we learned? This is where working within a multidisciplinary clinic tests us. Other professionals, who may have more and varied experience are not only relying on us but also have

Having the perspectives of all the professionals during case consultations supports cohesive treatment plans.

a wealth of knowledge to share if we allow ourselves to be open to it.

Beginner's mind is part of the respect and learning within this environment. The more I learn, the more I realize I do not know. This article started off with the idea that working within a multidisciplinary clinic requires a practitioner who is brave, hardworking, flexible, open minded, and collaborates well with

others. Over these last five years, I have been so thankful for the opportunity to work with professionals willing to mentor, teach, and share knowledge. It is a gift to work with others and hold a common goal. This environment has proven to me that interconnectedness as researched by Schore and Siegel really is where our success and well-being resides.^{22,23}

Challenges: Stuck thinking can sometimes visit us, so it is important to engage in a daily transpersonal practice: meditation, guided journaling, visualisation, yoga, breathwork, to name a few. Learning to respond rather than react to a co-worker who may be difficult or in a limited mindset. Overcome relationship challenges by resolving to maintain a positive, healthy working relationship with yourself and others.

Advantages: Connectedness, direction, purpose, clear roles and responsibilities along with learning strong boundaries with others. ■

Shauna Paynter, BSc, PDPP, MA, RCC, founder and owner of Safe & Sound Therapeutics, taught high school science for 16 years then transitioned to being an RCC thanks to her sons. Shauna continues to teach and supervise, welcoming interns into her clinic.

REFERENCES

- 1 Bradshaw, J. (1988). *Healing the Shame That Binds You*. Deerfield Beach, FL, Health Communications.
- 2 Siegel, Daniel J. (1999). *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*. New York, NY: Guilford Press.
- 3 Schore, A. N. (2014). The right brain is dominant in psychotherapy. *Psychotherapy*, 51(3), 388-397.
- 4 Carnegie, D. (2009). *How To Win Friends and Influence People*. New York, NY: Simon & Schuster.
- 5 Wampold, B. E. (2001). *The Great Psychotherapy Debate: Models, Methods, and Findings*. New York, NY: Lawrence Erlbaum Associates Publishers.
- 6 McTaggart, L. (2011). *The Bond: Connecting Through the Space Between Us*. New York, NY: Free Press.
- 7 Schore (2014).
- 8 Siegel (1999).
- 9 Hayes, S. C., & Lillis, J. (2012). *Acceptance and commitment therapy*. American Psychological Association.
- 10 Miller, S.D., Duncan, B.L., Sorrel, R., Brown, G.S., & Chalk, M.B. (2006). Using outcomes to inform therapy practice. *Journal of Brief Therapy*, 5(1), 5-22.
- 11 Wampold (2001).
- 12 Rogers N. (2000). *The Creative Connection: Expressive Arts As Healing*. United Kingdom: PCCS Books.
- 13 Siegel (1999).
- 14 Schore (2014).
- 15 McTaggart (2011).
- 16 Schore (2014).
- 17 Siegel (1999).
- 18 McTaggart (2011).
- 19 Siegel, Daniel J. (2022). *IntraConnected: MWe (Me+We) as the Integration of Self*. New York, NY: Norton Professional Books.
- 20 Siegel (2022).
- 21 Fassino, S., Abbate-Daga, G., Amianto, F., Leombruni, P., Fornas, B., Garzaro, L., D'Ambrosio, G., Rovera, G.G. (2001). Outcome predictors in anorectic patients after 6 months of multimodal treatment. *Psychotherapy and Psychosomatics*, 70, 201-208.
- 22 Schore (2014).
- 23 Siegel (2022).