

The Social Worker on the Medical Transdisciplinary Team

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Providing services to the poor and underserved is a gift. The best kept secret is that it is work that most of us are unable to leave, work that allows the practitioner to live out his or her beliefs in a world that may seem increasingly hostile to them. Work with the underserved means being able to value every individual no matter how different she or he is from you and to fight for basic human rights, including health care for all. It also means meeting many fascinating people, each with his or her own touching, funny, and brave story to tell, and getting to work with providers and staff with similar views. Today, there is a new approach to teamwork known as *transdisciplinary care*. This new approach has been adapted from research and business team models and transformed to respond to the many challenges of providing the best health care to the underserved.

Fortunately, the clinic setting lends itself to this model, which is more efficient and cost effective than traditional staffing models and, more importantly, improves patient health and increases provider satisfaction (see Ruddy, this issue, and references therein). Transdisciplinary care involves a team of professionals who work together to share knowledge and skills across disciplines.¹ Transdisciplinary teamwork improves communication and cooperation, and provides integrated care to the clinic's patients. The aspect of transdisciplinary care that distinguishes it from all other team models is its emphasis on cross-training. The three goals of transdisciplinary staff development are "(1) sharing general information; (2) teaching others to make specific judgments; and (3) teaching others to perform specific actions."² The team is made up of medical providers and other professionals, including social workers, physical therapists, and patient educators. The patient, and sometimes his or her family, is also a member of the team.

On a transdisciplinary team, members of different disciplines are not only proficient in their own specialties but also, through cross-training and working on the team, become knowledgeable in other specialties as well, making team members' skills overlap. Transdisciplinary training and teamwork not only allow the provider to see a more complete picture of each patient, but also allow a single provider to assess and, in some cases, treat patients in an area other than his or her own. For example, the Association of Clinicians for the Underserved's (ACU's) Early Childhood Caries Prevention Project shows how a pediatrician can be trained to

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evaluate an infant's teeth for emerging dental problems and, if needed, administer a prophylactic sealing of the teeth.*

Of all of the disciplines represented on the transdisciplinary team, social work is arguably the most oriented to teamwork. Social workers† study families, group dynamics, and systems. They are trained to collaborate with others because so much of their work involves team interventions. On a transdisciplinary team, the social worker evaluates the patient's psychosocial status to determine the individual's strengths and weaknesses and the vitality of his or her social support, information that the social worker subsequently brings to the rest of the team as it develops the patient's care plan. The social worker also works with the patient's family and support network to maximize their ability to support the patient emotionally and to provide assistance at home. The social worker provides individual and family counseling to deal with immediate emotional issues and stresses that affect the patient; the social worker refers the patient, family, or both for long-term therapy, if needed. Of course, the social worker also links the patient with other services by making phone calls, filling out forms, and obtaining entitlements.

The Social Work Code of Ethics,⁴ which emphasizes patient rights and empowerment, guides professional social workers. It requires the social worker to identify a patient's strengths as well as his or her weaknesses before writing a care plan. It also charges the social worker to look at the whole picture of the patient and how she or he interacts with her or his environment. The social worker's job on the team is to keep the patient's social, psychological, and cultural profile at the forefront of team discussions and planning. Presenting the whole patient can improve the team's efficiency, make the patient more vivid and interesting to members of the team, improve care, and therefore improve patient outcomes and job satisfaction for the staff.

The Patient as the Center of the Work

The social worker sees the patient as the center of the work, with the patient's well-being and interests taking precedence over all else. The patient has the right to be clearly informed about all elements of his or her illness and to make decisions about his or her treatment.

On a transdisciplinary team, the patient is a member of the team and takes part in decision-making.‡ The patient's decisions may sometimes mystify the providers and this is one place the social worker steps in. In doing a thorough evaluation of a patient's history and environment, the social worker gains insight into the patient's

* For more information on the ACU Early Childhood Caries Prevention Project, see the Report by Wessel et al. in this issue.

† *Social worker* refers to a professional social worker. As Elson notes, "Acquiring a professional self entails graduate training in a school leading to the Master's degree. It encompasses study of the person in a social context brewed of interaction of psychological, familial, economic and cultural factors".³

‡ In social work, there are several names for the person that medical providers call the *patient*. Until recently it was *client*, a term that has given way to *consumer*. Because this is an article about providing medical care the person will be identified as patient.

reasons for his or her decisions. This allows the social worker to assist the patient in explaining the decision and then to help advocate for it. For example, a woman may not want to take a certain medication because she is afraid that it will make her too sleepy to care for her young children. Learning about such concerns encourages team members to develop other options, possibly deciding to try a lower dose or another medication or to look for someone to help the patient with her children while she is taking the medicine. Because the patient's environment and responsibilities (about which the social worker is likely to be well informed) may have a profound effect on his or her treatment, the treatment plan must take them into account if the treatment is to succeed.

In some cases, the patient's right to refuse treatment is superseded by concerns for his or her safety or the safety of others. In these cases, the social worker makes every effort to gain the patient's consent. If that is unsuccessful, she or he works with the team to obtain treatment for the patient without her or his consent.

Cultural Competence

An individual's culture shapes his or her world view and how he or she interacts with members of his or her own group and with outsiders. As Cross and colleagues write, "These dynamics must be acknowledged, adjusted to and accepted."⁵ Generally, a practitioner is considered culturally competent if she or he is able to speak the patient's language and is knowledgeable enough about the patient's culture to relate to the patient in ways that are familiar and comfortable to him or her. Being able to be understood and to understand are very important to the medical provider-patient relationship. The social worker can help the rest of the team to develop these abilities.

The disadvantage of second-hand knowledge of a culture is that it increases the danger of stereotyping patients.⁶ When a man presents with a stomach ailment, a quick hypothesis of alcoholism on the basis of the man's race or ethnicity is not only offensive, it is bad health care. Such a diagnosis in advance of an examination may lead to mistrust between the provider and the patient, and poor treatment.

So, what makes an individual culturally competent? If nothing else, the culturally competent practitioner must understand that everyone (including the practitioner him- or herself) acts from an ethnocentric perspective, and that one can lose sight of a patient's individuality by becoming too caught up in awareness of a patient's culture.⁷ The social worker can assist the team in working with patients from different cultures by interviewing the patient, finding out as much as possible about his or her background and cultural and individual traits and beliefs. She or he may need to seek help from other members of the patient's family or to do some research. She or he then brings this information to the team to assist in diagnosis and treatment planning. Ideally, if the clinic is in an area where there is a dominant culture other than English-speaking American, the social worker speaks the language (even better, belongs to the culture), works with other members of the team to find culturally congruent artwork and furnishings, and makes sure that pamphlets and fliers are in the primary language of the community.

Even with everyone's best efforts, misunderstandings and conflicts between cultures sometimes affect the course of a patient's illness. In cases like these, it may

be necessary for the team to seek the assistance of a culture broker. This is an individual who by his or her understanding of both cultures and both languages can improve cooperation and trust between the patient and the medical team.⁸ The social worker's role here is to call on the medical providers to be open to ideas and interventions that, while doing no harm, may seem pointless to them. This inclusion of the patient's beliefs and rituals affects everyone and may lead to the increased comfort for the patient and to greater trust of the medical providers.

There are groups that may seem foreign to medical providers in the clinic whose differences have little to do with racial, ethnic, or linguistic issues. One of these groups comprises individuals who have been the victims of abuse and neglect. Posttraumatic stress disorder is not an adequate diagnosis for their condition. These are individuals who have suffered "...severe, prolonged, massive psychological trauma."⁹ They are men and women who were abused by parents and caregivers and are likely still suffering abuse and trauma from family members and partners or random acquaintances. Their trauma has stretched across their entire lives and continues to have an effect on their medical and psychological health. They are often frequent users of clinics and emergency rooms; their complaints are many and varied. As Herman writes, "They may collect a virtual pharmacopoeia of remedies: one for headaches, another for insomnia, another for depression, but nothing seems to work to resolve their symptoms."⁹ The patient is in distress but the treatment does not work well because "the underlying issue of trauma is not addressed."⁹

Medical providers may become frustrated at their inability to help such a patient. The clinic staff may dread the patient's appointments, thinking of him or her as the problem patient. This patient is a survivor; the behaviors and attitudes (such as aggressiveness, dissociation, and rage) that allowed the patient to survive the abuse in his or her past are now seen as symptoms of mental illness and work against his or her attempt to live well in the present. Treating the underlying issues for these patients requires a great deal of special training and a great deal of time, two things that are in short supply in clinics for the underserved. The social worker's role here is to work with the patient to accept treatment for trauma and then to provide a referral for further treatment. The social worker on the team can also relieve some of the patient's and the team's discomfort by helping the entire staff to avoid retraumatization of the patient by being trauma-informed. The transdisciplinary team, by definition, offers one aspect of trauma-informed services to all patients, in that it makes all patients members of the treatment team and gives them a good deal of control over their medical care. Another important characteristic of trauma-informed services is that the services are provided in a way that "accommodates the vulnerabilities of trauma survivors."¹⁰ For example, having a patient come in when the clinic is less busy, so she or he does not have to wait a long time, avoiding power struggles with the patient, allowing him or her to take a break to walk outside, and being willing to understand some of the patient's needs, so that disagreements and anger are avoided.

Another specialized group is those who are homeless. Although each homeless person is unique, some presentations and behaviors manifest themselves time and

time again. Many people who are homeless are also mentally ill, abusing substances, or both; their behaviors are sometimes bizarre or frightening. A homeless person may not be able to shower or change clothes very often and so may be dirty and smelly. Some staff and other patients may react to such a patient in a way that triggers disruptive behavior. These are folks who are easily seen through the lens of stereotype. The social worker can work with staff and providers to become less judgmental toward homeless patients, to look for strengths as well as weaknesses, and to appreciate their resourcefulness and their adaptability. As is true for everyone else, treating people who are homeless with respect and kindness can greatly improve everyone's experience in the clinic. Access to showers, clean clothes, and some food may help, too.

Responsibility to Colleagues

On a transdisciplinary team, mutual respect and trust are crucial; the social worker interacts with the team in ways that demonstrate these qualities. It is acceptable to disagree with another member of the team, but not to criticize that person in front of others. The social worker's training helps the team lend support effectively to colleagues with difficult cases and in crises.

The social worker on a transdisciplinary team contributes to the team most effectively when she or he actively participates in team discussions and decisions, basing contributions on the values, traditions, and training of the social work profession.

Notes

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