

Interdisciplinary Experiences From Clinic to the Classroom: Easier Than You Think!

- **Toby Treem Guerin**, Clinical Instructor, University of Maryland Francis King Carey School of Law
- **Corey Shdaimah**, Associate Professor & Academic Coordinator of the MSW/JD Dual Degree Program, University of Maryland School of Social Work
- **Negar Katirai**, Associate Clinical Professor and Director, Domestic Violence Law Clinic, University of Arizona James E. Rogers College of Law
- **Erin A. Lowry**, Director of Social Work Services, University of Arizona James E. Rogers College of Law
- **Amy G. Applegate**, Clinical Professor of Law, Ralph F. Fuchs Fellow, and Director, Viola J. Taliaferro Family and Children Mediation Clinic, Indiana University Maurer School of Law

What is Interdisciplinary?

Involvement or collaboration between two or more academic or professional disciplines in:

- *an Educational Project*
- *a Professional Collaboration, or*
- *in Providing Client Services*

Embedding Inter- Professional Education: Easier Than You Think

Presenters:

Toby Guerin, University of Maryland Carey School of Law

Corey Shdaimah University of Maryland School of Social Work

The Challenge:

- Provide an Interprofessional Education experience that:
 - Is RELEVANT across professions and interest areas
 - Minimizes faculty and student burden
 - Can be done with few additional resources
 - Can “count” toward existing course obligations
 - Creates meaningful learning opportunities

The Solution:

An Interprofessional Policy Exercise with Cross-Disciplinary Appeal

- Policy-focused assignment
- Fits within existing course requirements
- One in-person 2.5 hour class
- Joint Blackboard page for all students and faculty
- Minimal pre-class work by students (about 2-3 hours)

Course Materials

- Professional Codes of Ethics from each profession: nursing, social work and law
- 2016 IPEC Core Competencies
- Proposed bill
- Assignment

Facilitator's Guide (faculty only)

Faculty Responsibilities

- Recruit/select students
- Determine date and location of joint class
- Identify relevant legislation
- Finalize agenda and responsibilities for class
- Jointly lead class
- Distribute and collect assessment tools
- Enter and analyze assessment results

Spring 2017 Interprofessional Policy Initiative

Goal: to develop a better understanding of how different disciplines view and address a population health issues through public policy

- Before class
 - Review materials
 - Complete assessment
 - Review bill
 - Answer questions
- During class
 - Discuss questions with own profession
 - Discuss questions in interprofessional groups
 - Debrief

17 15-850.

18 (A) (1) THIS SECTION APPLIES TO:

19 (i) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
20 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR
21 BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR
22 DELIVERED IN THE STATE; AND

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



2

HOUSE BILL 887

1 (ii) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
2 COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS
3 THAT ARE ISSUED OR DELIVERED IN THE STATE.

4 (2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH
5 MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION
6 DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE
7 REQUIREMENTS OF THIS SECTION.

8 (B) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A PRIOR
9 AUTHORIZATION REQUIREMENT FOR METHADONE, BUPRENORPHINE, OR
10 INJECTABLE NALTREXONE.

Students Readiness for an IPE Experience

- Readiness for Interprofessional Learning Scale
 - 19 questions
 - Students rate statement on a likert scale
 - 1 – strongly disagree; 3 – neutral; 5 – strongly agree
 - Examples
 - Shared learning will help me to understand my own limitations
 - Communication skills should be learned with other health-care students
 - I don't want to waste my time learning with other health care students
 - Group average 80.2 (SD=9.6) out of possible 95
 - Range was 66 – 91

Interdisciplinary Education Perception Scale (pre and post)

- 18 – item Questionnaire (range of 18 – 108)
 - Students rate statement on a likert scale
 - 1 – strongly disagree; 3 – somewhat disagree; 4 – somewhat agree; 5 – strongly agree
- Increase in average score post event of 5.03 ($t(14)= 2.46$, $p=0.028$, $r=.86$)
 - Pre-score – 84.8 (SD=12.3)
 - Post score 89.8 (SD=15.5)

A few interesting responses

- Individuals in my profession make every effort to understand the capabilities and contributions of other professions.
 - Increase in average score post event of 5.03 ($t(14) = 3.16, p = 0.07$)
 - Pre-score – 4.3 (SD=1.3)
 - Post score 5.2 (SD=0.7)
- Individuals in my profession have a higher status than individuals in other professions.

Response	Pre	Post
Strongly Disagree	0	1
Moderately Disagreed	4	1
Somewhat Disagree	4	4
Somewhat Agree	6	5
Moderately Agree	0	2
Strongly Agree	1	2

A few interesting responses

- Individuals in my profession demonstrate a great deal of autonomy.
 - Pre-event: 11/15 students responded Moderately or Strongly Agree
 - Post-event: 10/15 students responded Moderately or Strongly Agree
- Individuals in other professions often seek the advice of people in my profession.

Response	Pre	Post
Strongly Disagree		
Moderately Disagreed		
Somewhat Disagree	2	
Somewhat Agree	5	5
Moderately Agree	4	2
Strongly Agree	4	8

Student Feedback:

“At first I was skeptical about this project as the bill was focused on healthcare law and that is a topic I have very little experience with. I was apprehensive about having to explain things to nursing students who understood the medical aspects of these drugs and to social work students who understood the larger framework behind the bill and why it was so important for the state of Maryland. After careful preparation both individually and as a clinic, I went into today’s meeting feeling more confident and ultimately I think our discussions were successful. It was nice to interact with new people and hear differing views on the matter, particularly the ideas and concerns of other non-law students. Most of our interactions on a day to day basis are with lawyers or judges, thus it was refreshing to actually discuss law and social issues with people who have entirely different skill sets and bases of knowledge, separate from my own.

It is my hope that you will continue to keep this exercise a part of the clinic curriculum for any student who may be interested. In short, I think having the opportunity to work and collaborate with others is a valuable skill to have. In the future, we may very well interact with other professionals and having the chance now to see what that is like will help inform law students for their future endeavors.”

-Second year law student

Lessons Learned

Interest and Engagement:

- Students believe that they will encounter other professionals in their field sites and future practice
- They are eager for opportunities that *they* find meaningful

Hurdles:

- Many lack knowledge or harbor misconceptions about other professionals' knowledge and expertise
- They have internal and external competing priorities
- They lack opportunities or information to enable them to practice IPE

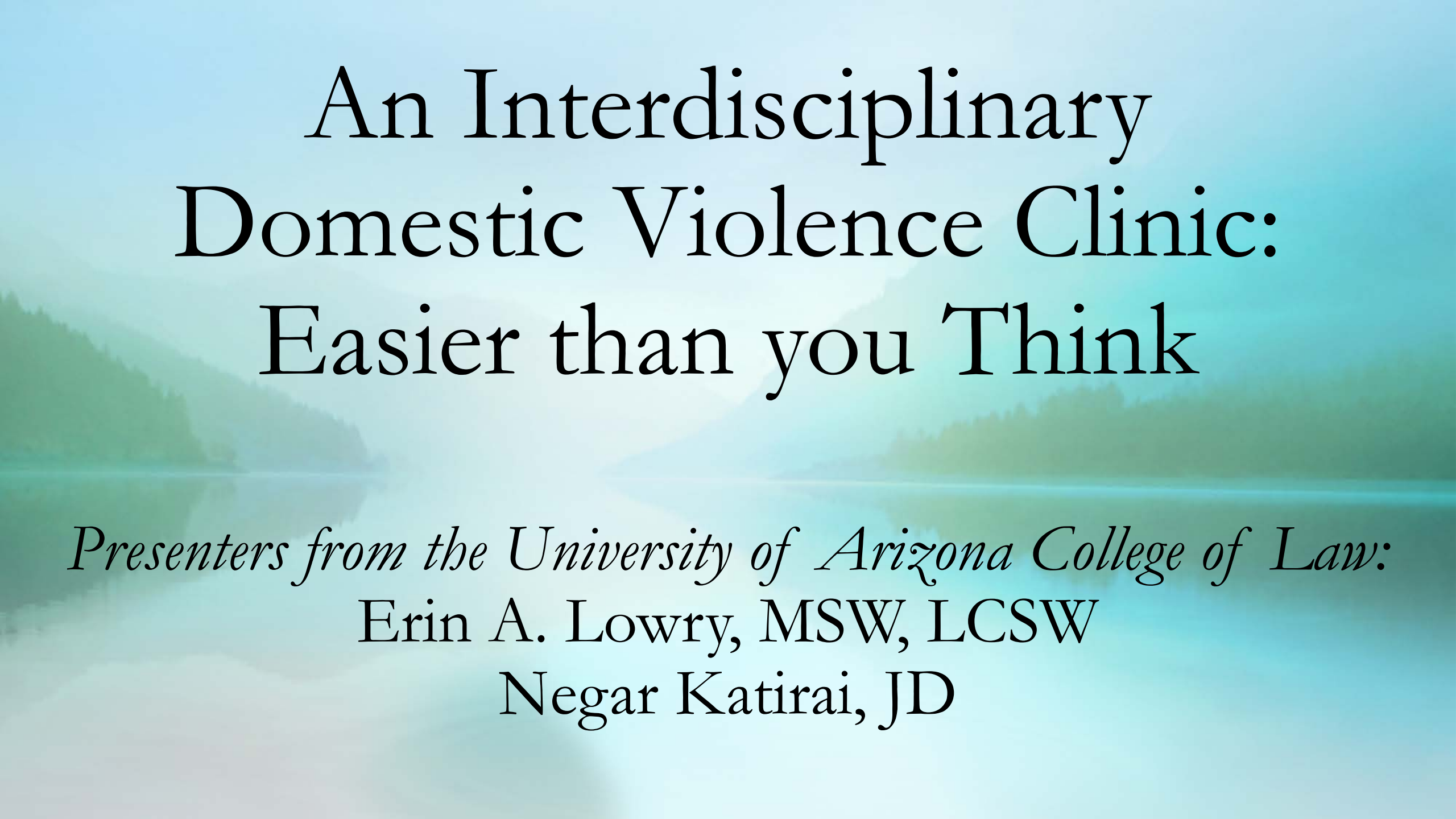
Lessons Learned

Logistics Matter:

- Timing of the exercise is crucial
- Substantive content must have potential for diverse viewpoints
- Assessment tools geared toward health care IPE may not be suitable

Lay groundwork for interprofessional engagement and understanding

- Short ice-breaker is helpful
- Basic knowledge and opportunities for peer-sharing about others' professional roles and obligations enhances communication
- Faculty sets the tone for respectful, non-hierarchical, open dialogue



An Interdisciplinary Domestic Violence Clinic: Easier than you Think

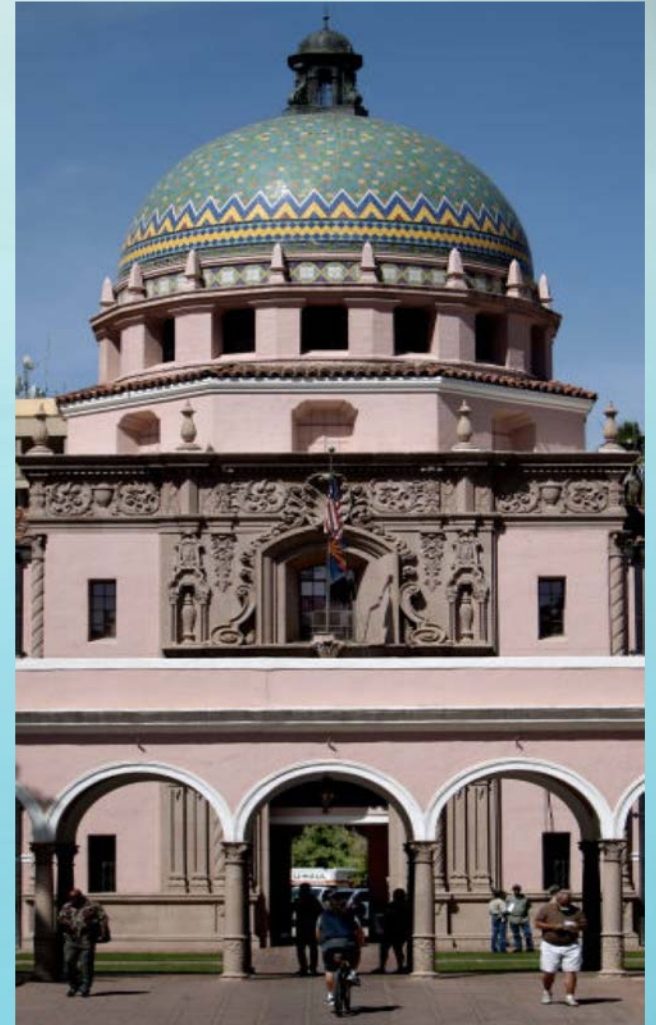
Presenters from the University of Arizona College of Law:

Erin A. Lowry, MSW, LCSW

Negar Katirai, JD

DVLC Clinic Design

- Orders of Protection
- Legal Advice & Referrals
- Non-Legal Services



Why Integrate Law & Social Work?

- Clients Have Additional, *Non-Legal Needs*
- Social Workers are trained to develop and use *Empathy* to *Build Rapport*



*Putting the realities of the
clients' trauma experiences
at the **forefront***

Systems Theory

concepts that emphasize

- reciprocal relationships between the elements that constitute a whole
- relationships among individuals, groups, organizations, or communities & mutually influencing factors in the environment

Time/Chronosystem: sociohistorical conditions and time since life events



Examples of Social Work Roles

- Interviewing
- Evaluation of Needs
- Crisis intervention
- Short-term casework
- Negotiation
- Referral
- Reviewing recommendations from other behavioral health or social service agencies
- Providing emotional support
- Teaching skills to reduce distress surrounding court procedures
- Teaching self care

Client Stories



Teaching & Supervision Strategies

- Seminar
- Experiential Learning
- Weekly Supervision & Clinic Rounds





Obstacles & Strategies for Overcoming Them



Our Approach: Informed Consent

- Each profession works within their own Code of Ethics/Model for Professional Conduct
- Informed Consent for Social Work Services
- Law & Social Work students are both expected to review the limits of confidentiality

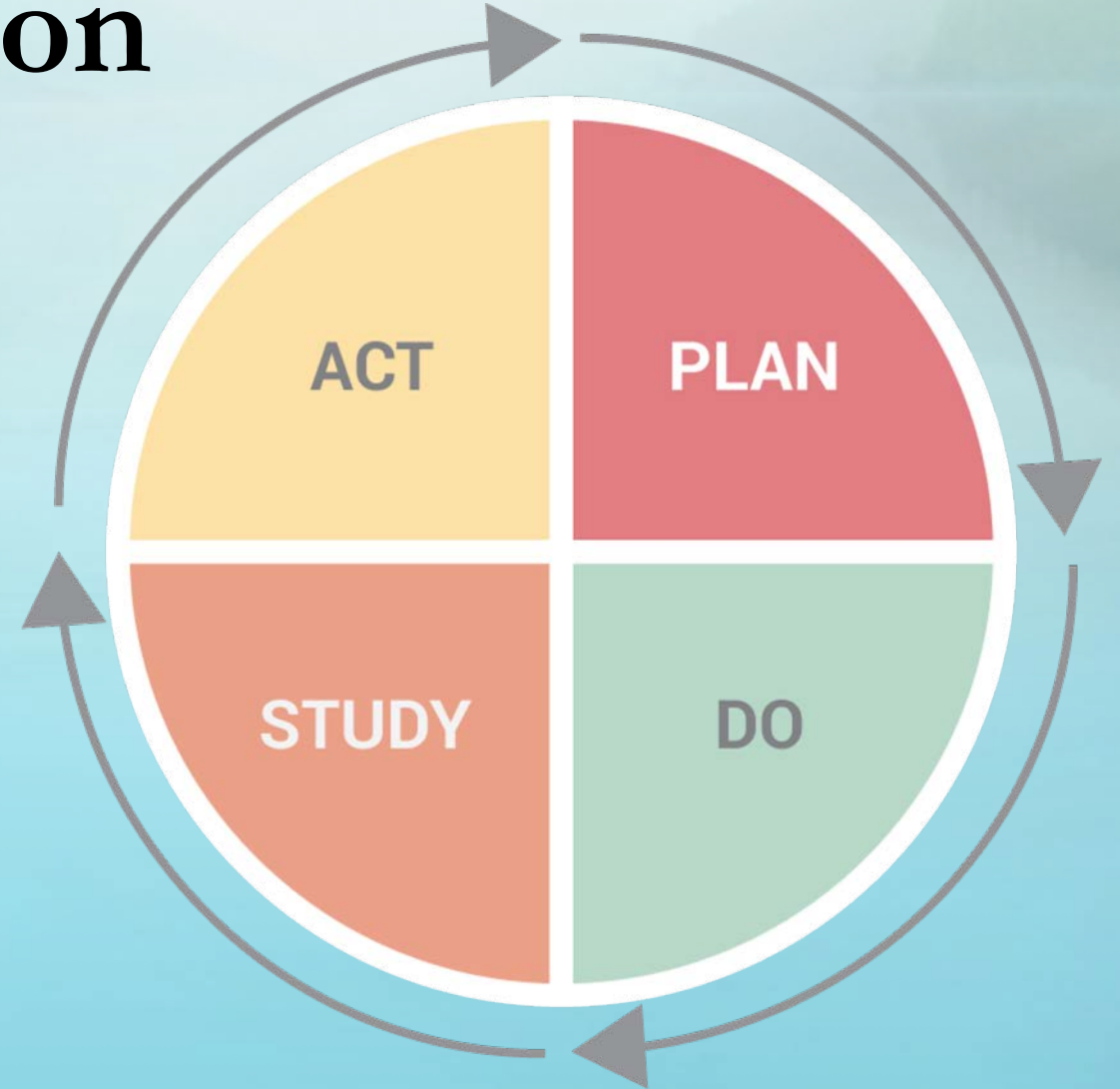
Our Approach: Confidentiality Wall

Social Workers are part of the legal team

- access to limited information re client's cases
- send either memos or e-mails to law students

Evaluation

- Client Experience
- Student Experience



Expansion of the Model Across University of Arizona Clinics

- Juvenile Law
- Immigration
- Worker's Rights
- Veteran's Advocacy



References

Galowitz, P. (1999). *Collaboration Between Lawyers and Social Workers: Re-examining the Nature and Potential of the Relationship*, 67 Fordham L. Rev. 2123

Available at: <http://ir.lawnet.fordham.edu/flr/vol67/iss5/16>

Boys, S., Hagan, C., Volland, V. (2011). Lawyers are Counselors, Too: Social Workers can Train Lawyers to More Effectively Counsel Clients, *Advances in Social Work* Vol. 12 No. 2 (Fall 2011), 241-254

Andreae, D. (2011). General systems theory: Contributions to social work theory and practice. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5th ed., pp. 242-254). New York: Oxford University Press.

Interdisciplinary Research and Practice in the Law Clinic Setting: Easier than you Think

A Collaboration between Law and Psychology

Presenter:

Amy G. Applegate, J.D.

Clinical Professor of Law, Ralph F. Fuchs Faculty Fellow,
Director, Viola J. Taliaferro Family and Children Mediation Clinic
IU Maurer School of Law
aga@indiana.edu

Co-Author:

Amy Holtzworth-Munroe, Ph.D.

Professor, Department of Psychological and Brain Sciences

IU Family and Children Mediation Clinic

- 40+ hour Domestic Relations (DR) Mediation Course pre-requisite, leading to DR mediator registration (professional license) in Indiana
- Co-mediation model in Mediation Clinic – student mediators mediate pro bono family law cases (divorce, unmarried parents, guardianship, parental termination, etc.)
- Separate intake session (with IPV screening) and negotiation session
- Many mediation clients unrepresented; some have attorneys
- Field work supervised by Clinic director

Law and Psychology Collaboration

- Introduction through clinical psychology faculty colleague interested in effects of divorce on children
- Guest lectures and interdisciplinary training
- International conference at IU (November 2007)
- Research on effectiveness of detection of Intimate Partner Violence (IPV) in Mediation Clinic
- Ongoing research and teaching collaborations
- *****Shared interest in how to help families experiencing parental divorce or separation***



Part I: Screening for IPV in Family Mediation



IPV Screening in Mediation

IPV Screening recommended in Wingspread Report (2008)

- Association of Family and Conciliation Courts (AFCC)
- National Council of Juvenile and Family Court Judges (NCJFCJ)

But still not always done...

One side:

- Need to detect IPV to consider whether/how to address IPV and safety in mediation
- Need systematic screening or will under-detect IPV

Other side:

- Do not believe that IPV is a frequent problem for their clients
- Believe they are already adequately screening for violence
- Concerned re impact of false allegations of IPV on cases in legal system
- Limited time, so not a good use time

We examined IPV Screening in Two RCTs... One of these was done at the IU Family and Children Mediation Clinic

Detecting intimate partner violence in family and divorce mediation: A randomized trial of intimate partner violence screening

Ballard, Holtzworth-Munroe,
Applegate, & Beck (2011)
Psychology, Public Policy, and Law

*Study Goal: Compare a standardized, behaviorally specific screening
instrument vs. more informal clinic methods of detecting IPV*

Ballard et al. (2011)

Our 1st Study on Detection of IPV



- IU Family and Child Mediation Clinic
- Before study: Clinic mediators trained to detect IPV in various ways but *no systematic IPV screen*
- We hypothesized that the mediators were under-detecting violence
 - Recommended systematic use of a behaviorally specific screen
- Relationship Behavior Rating Scale (RBRS; Beck et al.)
 - Behaviorally specific IPV screen

Ballard et al. (2011)



- Consent of both parties required (intake)
- Random assignment of cases:
 - Standard IU Mediation Clinic intake procedures
 - $n = 31$ cases
 - OR***
 - Standard procedures ***AND*** RBRS IPV screen (administered by researchers)
 - $n = 30$ cases
- IPV Screen (RBRS) results not shared with mediators
- At end of mediation, mediators reported whether or not they thought the case involved violence

Ballard et al. (2011)

- Mediators:
 - Violence in Case:
 - Yes: 20%
 - Unsure: 17%
- However, on RBRS IPV screen:
 - 67% reported physical violence
 - 59% reported moderate/severe violence
 - 47% reported fear of partner
- Mediators reported IPV in *< 1/2 of the cases* in which one or both parties reported partner violence on the RBRS



Ballard et al. (2011) Summary

- *Systematic* IPV screen led to more party reports of IPV
- IU Mediation Clinic began systematic IPV screening of all mediation parties – change in Clinic practice
- Which IPV screening instrument to use?
 - Other measures available, but difficult to use or not behaviorally specific or copyrighted with fee
 - Wanted *a behaviorally specific screen*
 - Like RBRS, but RBRS is copyrighted with fee
- After experimenting with different at IPV screens in the Mediation Clinic, developed an IPV screen for mediation settings



Mediator's Assessment of Safety Issues and Concerns (MASIC)

Holtzworth-Munroe, Beck, & Applegate (2010)

Family Court Review

- Behaviorally-specific IPV screen
- Initial evidence of reliability, validity, and subscales
 - Pokman, V., Rossi, F.S., Holtzworth-Munroe, A., Beck, C.J.A., Applegate, A.G., & D'Onofrio, B.M. (2014). MASIC: Reliability and validity of a new intimate partner violence screen. *Assessment [included research conducted at the IU mediation clinic (after we implemented the MASIC) and at venues in Australia]*
- Conducted as interview during intake with parties separately
- Each party's report of the other party's IPV perpetration
 - No self-incrimination
- In the public domain, no extensive training needed, etc.



MASIC

Multi-Dimensional:

- Psychological abuse
- Coercive controlling behaviors
- Threats of severe violence
- Physical violence
- Severe physical violence
- Sexual violence
- Stalking
- Injury (severe injury)
- Fear



Research on the MASIC continued for years at the Mediation Clinic (with law students part of the research)

See also **Detection of intimate partner violence and recommendation for joint family mediation: A randomized controlled trial of two screening measures.** Rossi, Holtzworth-Munroe, Applegate, Beck, Adams, & Hale (2015) *Psychology, Public Policy, and Law*

Part II: How Can We Improve Mediation for Better Family Outcomes?



Family Mediation

- Family law litigation (in court) believed to exacerbate inter-parental conflict
- *Family mediation* developed as an alternative to decrease inter-parental conflict and improve child functioning
- Despite limited data regarding its effectiveness, family mediation widespread in U.S. – frequently required before case will be heard in court
- Reviews of mediation have shown that not all families benefit or are helped...
 - Can we improve effectiveness?
 - Are newer forms of mediation effective?
- Research needed to answer these questions – interdisciplinary research conducted at IU Mediation Clinic



Indiana University (IU)

Child Informed Mediation Study (CIMS)

- Ballard, Holtzworth-Munroe, Applegate, D'Onofrio, & Bates (2013). A randomized controlled trial of child-informed mediation. *Psychology, Public Policy, and Law*.
- Rudd, Ogle, Holtzworth-Munroe, Applegate, & D'Onofrio (2015). Child-informed mediation study follow up: Comparing the frequency of re-litigation following different types of mediation. *Psychology, Public Policy, and Law*.

New Forms of Mediation: McIntosh's Child Informed Mediation (CIM)

- Jenn McIntosh (Deakin University, Australia)
- Focus on children's rights, best interests, and voice in the process
- Approaches to expand mediation to include child's voice...



Child Informed Mediation (CIM) Approaches

- As part of mediation process (in session with mediators after intake but before negotiations begin):
 - *Child consultant (e.g., psychologist)*
provides parents with information about conflict and children:
 - General
 - Child Focused (CF)
or
 - Specific to family
 - Child Inclusive (CI)
- Together: CI and CF = Child Informed Mediation (CIM)



Child Focused Mediation (CF)

- For child(ren) of any age
- Parents approached at intake; if both consent, brief interview by child consultant
- Child consultant does not meet child but gets information about child from each parent
- **Before negotiations in mediation:** In meeting with the mediators, child consultant provides parents with information on:
 - *Impact of parental separation and conflict on children*
 - *Individualizes* to their children
- Mediators incorporate messages from child consultant into negotiations



Child Inclusive Mediation (CI)

- For child(ren) ages 5 - 17
- Parents approached at intake; if both consent, child consultant does brief developmental history (regarding children) with each parent
- Child consultant *interviews child(ren) – privately*
- **Before negotiations in mediation:** In meeting with the mediators, child consultant provides parents with:
 - *Feedback about their child(ren)*
- Mediators incorporate feedback from child consultant into negotiations
- *Note: Child is not present in mediation*



Child Interview



- Explanation:
 - Understand what its been like for you
 - Not asked to make decisions
 - Will share messages with parents (confidentiality)
- Age appropriate assessment of:
 - Experience of separation and conflict
 - Attachment to each parent and others
 - Current needs
 - Other relevant information

Information/Feedback to Parents

- With parents...Most important messages selected, e.g.:
- Focus on inter-parental conflict and family relationship issues
 - Impact on child
 - Need to decrease conflict
 - In general and in front of child
 - Types of parenting styles
 - Business-like relationship



Child Informed Mediation Study (CIMS)

Ballard et al. (2013), Psychology, Public Policy, and Law

- First Randomized Control Trial

(RCT) of CIMS

- IU *Family and Children*

Mediation Clinic

- Participation only if both parents agreed

- Randomly assigned to one of three conditions:

MAU (N=22) or *CI or CF* (combined N=47)



CIMS

- Collaboration:

- Law student (registered) mediators
- Clinical psychology graduate student child consultants
- Trained and supervised by faculty

- Parties/Parents:

- Lower income
- Mostly white
- Mix of divorcing and unmarried parents
- Mix of initial and returning cases (modifications)



Sample Key Results: Coded Content of Mediation Agreements



Mediation Agreement Content: Child-Centered Provisions

	MAU (% yes)	CIM (% yes)	Sign. Test
Aspirational language about parent-child relationship* (e.g., It is important for [child] to have a strong relationship with both parents)	10.5%	47.4%	**
Aspirational language about co-parent communication* (e.g., Business-like relationship; maintain civility with each other)	10.5%	60.5%	***
Communication between parents addressed*	57.9%	89.5%	**
Agreement not to disparage or insult each other	10.5%	55.3%	***
Agreement to cease conflict or not to fight	10.5%	68.4%	***

CIMS One-Year Follow-Up

Rudd et al. (2015) Psychology, Public Policy, and Law

- Coded for *re-litigation* one year following the final resolution of all mediation issues for *divorce cases only* (n=47)
- Based on number of substantive (i.e., relating to child arrangements):
 - Motions
 - Hearings
 - Orders



Child Informed Mediation Study: One-Year Follow Up

Rudd et al. (2015) Psychology, Public Policy, and Law

Coded for re-litigation one year following the final resolution of all mediation issues			
Type of Re-litigation	MAU Mean # of	CF Mean # of	CI Mean # of
Motions	4.54	2.30	.64
Hearings	.92	.57	.09
Orders	2.31	1.43	.36

CI and CF < MAU (not always statistically significant)

CI < CF (statistically significant)

CIMS: Summary

- Initially:
 - CI and CF led to more child-centered provisions in mediation agreements
- Follow-up data (only divorce cases) suggests:
 - CI and CF had less re-litigation than MAU
 - CI appears more effective than CF at reducing re-litigation
- Findings not limited to these results, e.g., mediators preferred CI and CF
- Limits:
 - Need to study other measures of family functioning
 - Study participants were volunteers, so findings may not apply to others
- Effect on Mediation Clinic – incorporated some child informed mediation techniques into Clinic practice

Q&A

- What professionals do you regularly interact with in your clinics?
- What obstacles do you see to an interdisciplinary project or collaboration?
- What scares you about an interdisciplinary collaboration or project?



Thank You!

aga@indiana.edu

tguerin@law.umaryland.edu

ealowry@email.arizona.edu

nkatirai@email.arizona.edu

cshdaimah@ssw.umaryland.edu