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Strategies for Effective Collaboration among Multidisciplinary Teams: Integration of an ABA Professional

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Running head: EFFECTIVE COLLABORATION AMONG MULTIDISCIPLINARY TEAMS

Strategies for Effective Collaboration among Multidisciplinary Teams: Integration of an ABA Professional

May 2017

This evidence project, submitted by
Elizabeth Schroeder, Kalene Lynch, and Allison Turgeon

has been approved and accepted
in partial fulfillment of the requirements for the degree of
Master of Science in Occupational Therapy from the University of Puget Sound.

Project Chairperson: Renee Watling, PhD, OTR/L, FAOTA

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Director, Occupational Therapy Program: Yvonne Swinth, PhD, OTR/L, FAOTA

Dean of Graduate Studies: Sunil Kukreja, PhD

Key words: Collaboration, Multidisciplinary Teams, Applied Behavior Analysis
Abstract

Our collaborating practitioner (CP), Kari Tanta, PhD, OTR/L, FAOTA, manages Valley Medical Center which is a multidisciplinary pediatric outpatient therapy clinic. Dr. Tanta was seeking research to support incorporating an applied behavior analysis (ABA) professional into VMC’s practice. The focused question became, “What are strategies to promote successful collaboration when integrating a Board Certified Behavior Analyst (BCBA) into an established multidisciplinary pediatric clinic to promote best practice for clients?” From September 2016 - January 2017, 26 articles were analyzed using a critically appraised topic (CAT) table. The literature indicated effective health care team collaboration yields positive patient outcomes, provided strategies for successful collaboration, and provided information pertaining directly to BCBA professionals.

To support knowledge translation for clinicians practicing at the facility, our CP recommended an electronic resource in the form of a word document. The resource provides a quick reference guide for occupational therapists (OT) and speech language pathologists (SLP) to understand what ABA is, barriers and supports to collaboration with an ABA professional, and tips for overall effective collaboration to support best practice for clients. Resource outcome effectiveness was monitored with a peer-review survey. It is recommended that the clinicians engage in self-reflection on the usefulness of the strategies and activities provided in the resource for their future collaborative teaming efforts with BCBA professionals. Documenting these reflections will help fill a gap in the existing literature on this topic.
Executive Summary

Our project is the result of a one-year effort to support the collaborating practitioner’s (CP) original question: “What are strategies to promote successful collaboration when integrating a Board Certified Behavior Analyst (BCBA) into an established multidisciplinary pediatric clinic to promote best practice for clients?” After reviewing the literature, we discovered that there is limited research pertaining directly to collaboration among applied behavior analysis professionals and those of other disciplines. We identified several specific and general strategies for team collaboration among healthcare providers that could be generalized to our CP’s team. We also discovered several expert opinion pieces to supplement the existing literature, providing specific suggestions to collaborate with applied behavior analysis (ABA) professionals.

The literature review yielded four categories to help explain collaboration and teaming of healthcare professionals: information pertaining to the basic structure of team dynamics, discussing professional boundaries and the risk of misunderstanding between varying disciplines, facilitators and barriers to achieving effective collaboration, and specific and general strategies to promote successful team dynamics. The literature review was then focused further to specifically address incorporating a new discipline, the practice of ABA, into an already established pediatric clinic. A noted lack of evidence concerning the collaboration between the practice of ABA and occupational therapy (OT) indicates a need for further research in this topic, and several articles written by experts in the field denote a dearth of therapeutic collaboration within the curriculum provided to ABA students. Still, the existing evidence discovered in this review provides a framework of effective teaming that may hold true for all healthcare teams, including ABA.
The implications of this research support positive outcomes for clients when different disciplines collaborate together, with noted principles within the practice of ABA that can be used to support the work of other disciplines, especially in the context of autism spectrum disorder (ASD). The literature suggests implications for practitioners including key facilitating factors practitioners can use to promote effective team dynamics including effective communication and clear role expectations. Last, the literature suggests implications for researchers that acknowledge the limited research pertaining directly to the teaming and successful collaboration of ABA professionals with other disciplines even when the practice of ABA is expanding rapidly into the multidisciplinary healthcare field.

We produced an electronic resource in the form of a word document to support knowledge translation. It is recommended that if the CP move forward in the process of integrating a new team member, this resource be modified as necessary to meet the needs of the facility and shared with the team members to support successful collaboration.
THE CRITICALLY APPRAISED TOPIC (CAT) PAPER

Focused Question:
“What are strategies to promote successful collaboration when integrating a Board Certified Behavior Analyst (BCBA) into an established multidisciplinary pediatric clinic to promote best practice for clients?”

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Date Review Completed:
November 15, 2016            Edited: April 29, 2017

Clinical Scenario:
Our collaborating practitioner (CP) manages a pediatric outpatient therapy clinic within a large hospital system. The clinic includes a variety of disciplines including occupational therapists (OT), physical therapists (PT), speech-language pathologists (SLP) and several practitioners for health and wellness. Our CP has been tasked with hiring a BCBA to integrate behavioral services within their clinic. Since the clinic has already established a successful working environment with OT, PT, and SLP, she is hoping to minimize the professional challenges of integrating a new discipline by studying the research behind effective team collaboration and the BCBA scope of practice. Our research will focus on various successful team models to support a positive work environment and result in best practice for their clients.

Search Process:
Inclusion Criteria:
- Journal articles (peer-reviewed and non peer-reviewed)
- Expert opinion articles (professional magazines, journals)
- Adult or pediatric settings
- Multidisciplinary teams in healthcare
- Interdisciplinary teams in healthcare
- School setting if discuss a team that includes at least 2 of the following disciplines: OT, PT, SLP, ABA therapist, or teachers
- Discuss any or all of the following: team dynamics, collaboration techniques, barriers to successful team dynamics, how teams resolve issues, team preparation for a new discipline or reorganization
- Discuss patient outcomes to introduction of a new discipline

Exclusion Criteria:
- Articles from professional magazines outside of PT, OT, Speech, ABA
- Only discuss one discipline
- Only focus on scope of practice of a single discipline
- Teams beyond health care settings
- School-based teams that do not meet inclusion criteria
- Transdisciplinary teams only
- Only focus on BCBA funding and reimbursement
- Only focus on CBT

**Search Strategy**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Key Search Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient/Client Population:</strong></td>
<td>• Board Certified Behavior Analyst (BCBA)</td>
</tr>
<tr>
<td>The BCBA and the members of the</td>
<td>• Behavior Analy* (BA)</td>
</tr>
<tr>
<td>existing multidisciplinary team.</td>
<td>• Applied Behavior Analy* (ABA)</td>
</tr>
<tr>
<td>Note: included various spellings of</td>
<td>• Speech Language Patholog* (SLP)</td>
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<tr>
<td>key terms</td>
<td>• Occupational Therap* (OT)</td>
</tr>
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<td>*denotes truncated versions of the</td>
<td>• Physical Therap* (PT)</td>
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<td>key term/phrase</td>
<td>• Health care</td>
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<td></td>
<td>• Collaborat*</td>
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<td></td>
<td>• Successful team*</td>
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<td></td>
<td>• Integration</td>
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<td></td>
<td>• Multidisciplinary</td>
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<td></td>
<td>• Interdisciplinary</td>
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<td></td>
<td>• Team*</td>
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<td></td>
<td>• Healthcare</td>
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<td><strong>Intervention (Assessment):</strong></td>
<td>• Dynamic*</td>
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<tr>
<td>Strategies to promote successful</td>
<td>• Outcome*</td>
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<tr>
<td>collaboration between team members.</td>
<td>• Team restructur*</td>
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<tr>
<td>Note: included various spellings of</td>
<td>• Team development</td>
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<tr>
<td>key terms</td>
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<tr>
<td><strong>Comparison:</strong></td>
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<td>Compared to the team dynamics</td>
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<td>before introducing BCBA.</td>
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<td><strong>Outcomes:</strong></td>
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<tr>
<td>Outcomes for the clients and for the</td>
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<tr>
<td>team after introduction of BCBA.</td>
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</tbody>
</table>
Quality Control/Peer Review Process

We began our search process with a general broad search using Google to acquire background knowledge on behavioral analysts. This included a search of certification process, scope of practice, salary, guidelines, and programs. We also researched information about WA state insurance in regard to funding and reimbursement for ABA therapy to gain an understanding of any overlap of ABA therapy with other disciplines. Primo through the Collins Library database was also used to find textbooks about ABA for more background information.

The database search took place from September 2016-October 2016. Key search terms included: occupational therapy, multidisciplinary team, healthcare, interdisciplinary, applied behavioral analysis, team dynamics, collaboration, and interprofessional team. We then expanded our search by searching for synonyms and alternative spellings to the key terms. If needed, we also narrowed our search by referring to our exclusion criteria.

Initially, the researchers searched “multidisciplinary team” on Primo which produced 51,829 hits. The student researchers used the first article that met the inclusion and exclusion criteria, then decided to further narrow the search, rejecting the other 51,828 articles due to high volume and broadness of search. The student researchers narrowed their search terms to “multidisciplinary team healthcare” which resulted in 1,846 articles. They practiced similar strategies with the previously discussed situation and rejected 1,845 articles to further narrow their search. In total, 567 articles were reviewed. Of those articles, 559 were rejected as they did not meet the inclusion/exclusion criteria, resulting in 8 articles to use in the research. The remaining 11 articles were found using hand searching including textbooks, bound journals, and from the reference lists of the articles.

There were several key players throughout the research process. The student...
researchers found articles to answer the research question using various databases and hand searching methods. The faculty chair member, who met with the students on several occasions, helped to refine the research question and provide strategies for obtaining relevant information. Finally, the CP provided student researchers with the clinical scenario, the information needs, and direction of the research question.

**Results of Search:**

<table>
<thead>
<tr>
<th>Pyramid Side</th>
<th>Study Design/Methodology of Selected Articles</th>
<th>Number of Articles Selected</th>
</tr>
</thead>
</table>
| Experimental | ___Meta-Analyses of Experimental Trials  
___Individual Blinded Randomized Controlled Trials  
___Controlled Clinical Trials  
___Single Subject Studies | 0 |
| Outcome      | 2___Meta-Analyses of Related Outcome Studies  
___Individual Quasi-Experimental Studies  
3___Case-Control Studies  
___One Group Pre-Post Studies | 5 |
| Qualitative  | ___Meta-Syntheses of Related Qualitative Studies  
1___Group Qualitative Studies w/ more Rigor  
___Brief vs prolonged engagement with informants  
___Triangulation of data (multiple sources)  
___Interpretation (peer & member-checking)  
___a posteriori (exploratory) vs a  
__priori (confirmatory) interpretive scheme  
5___Group Qualitative Studies w/ less Rigor  
___Qualitative Study on a Single Person | 6 |
| Descriptive  | ___Systematic Reviews of Related Descriptive Studies  
___Association, Correlational Studies  
3___Multiple Case Studies (Series), Normative Studies, Descriptive Surveys  
___Individual Case Studies | 3 |
| Expert Opinion | | 12 |

Comments:
The “Expert Opinion” category was added in order to include information that did not fit the research pyramid. It should be noted that these articles may contain high amounts of bias due to the nature of the articles, yet they have similar themes and relevant background information that support the research question.
Table 1. Qualitative Evidence

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Study Objectives</th>
<th>Study Design/Level of Evidence</th>
<th>Participants: Sample Size, Description Inclusion and Exclusion Criteria</th>
<th>Methods for Enhancing rigor</th>
<th>Themes and Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure of Team Dynamics</strong></td>
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<tr>
<td>Nugus, Greenfield, Travaglia, Westbrook, &amp; Braithwaite (2010)</td>
<td>Discern how clinicians exercise either competitive or collab power in diff HC settings</td>
<td>Participatory action research/Q3 (b); IV</td>
<td>Sub from 5 settings in Australia: aged care and rehabilitation (N=101), community health (N=118), cancer services (N=39), mental health (N=80), and hospital (N=63)</td>
<td>Multi forms of information gathering: semi-structured interviews, focus group, informal and formal obs Theme for focus and interviews dev from lit Peer checking of interpretation of data b/w authors</td>
<td>5 themes found: sub management was a key area of negotiation of clinical roles, competitive and collab power can coexist in HC settings, tm’s power was used in diff dimensions, input from tm diff by setting, and an original model for quantification of tm’s IP interactions</td>
<td>Generalizability of conclusions to systems of care in other countries</td>
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<tr>
<td><strong>Professional Boundaries/Scope of Practice</strong></td>
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<tr>
<td>Liberati, Gorli, &amp; Scaratti (2015)</td>
<td>Examines the boundaries b/t HP when working as a MDT and discusses how boundaries affect collab</td>
<td>Ethnographic study/Q3 (a&amp;b); II</td>
<td>42 HP (6 neurologists, 8 intensivists, 8 surgeons, and 20 nurses) employed at Italian public hospital in sub-intensive stroke unit</td>
<td>Multi sub from the same disc Data collected over 6mt (2-5 days/wk) Follow-up obs 1y later Data analyzed by three authors Multi relationships considered among doctors, nurses, b/t doctors and nurses</td>
<td>Doctors and nurses of the same disc were highly collab Traditional care delivery model persisted in this setting Doctors from diff disc have diff approaches to care and may conflict Conflict may arise abt prof boundaries b/t diff disc Existing prof boundaries can be difficult to overcome</td>
<td>Limited generalizability: due to study location and sampling procedure Study also may not apply to MDT in varying stages of dev</td>
</tr>
</tbody>
</table>
### Facilitators and/or Barriers to Successful Team Dynamics

<table>
<thead>
<tr>
<th>Study</th>
<th>Research Questions</th>
<th>Methods</th>
<th>Findings</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grace, Rich, Chin, &amp; Rodriguez (2014)</td>
<td>Examine facilitators and barriers of adding two new care team members to a PCT</td>
<td>Phenomenology/Q3 (c); IV</td>
<td>Randomized selection of interviewees (6 PCPs, 5 NCMs, 5 PHCs, 6 MAs) across 5 PCTs that recently implemented sub-centered medical home program redesigns. Additional 400 team members surveyed</td>
<td>Understanding of team roles supports effective integration of new team members. Role definitions promote clear expectations of members. Team members must perceive themselves and be perceived as a social entity. Effective communication among team members and subordinates supports team success and improved sub care. Limited generalizability: opinions of key informants might not reflect those of the entire team, interviews conducted 1 year after team redesign and might not reflect teams in other stages of development.</td>
</tr>
<tr>
<td>Jorgenson, Laubscher, Lyons, &amp; Palmer (2014)</td>
<td>Evaluated the barriers and facilitators with integrating pharmacists into PCTs</td>
<td>Phenomenology/Q3 (b&amp;c); III</td>
<td>Interviews transcribed verbatim. Four research team members read and coded all transcripts. Members met to discuss themes. Member checking with interviewees to confirm results.</td>
<td>Facilitating factors: pre-existing relationships between new and existing team members, previous experience with integrating another discipline, mentorship from other pharmacists, positive personality among team members. Barriers: lack of understanding of roles, lack of support from supervisors, accessibility of team members limited, concerns about future funding. Potential pre-existing bias from three research members who have previous experience working on PCTs. Study did not focus on opinions from other PCT members.</td>
</tr>
<tr>
<td>Kelly &amp; Tincani (2013) (A)</td>
<td>To ID: 1) training in collaboration, 2) type and extent of collaboration interactions with other professionals, 3) variables that facilitate and inhibit collaboration</td>
<td>Descriptive Survey/D3; IV</td>
<td>Survey was peer checked by nine doctoral level professionals with expertise in ABA.</td>
<td>Subs did not believe that collaboration resulted in major or minor changes. BCBAs when working with other professionals with behavioral expertise are more likely to incorporate their recommendations. Lack of incorporation of collaboration in BCBA education. Subs may have responded to the survey with their own subjective definitions of collaboration. Collected information adopting recommendations but did not assess specific collaboration behaviors. Potential non-responders sampling bias.</td>
</tr>
<tr>
<td>Study</td>
<td>Methodology/Design</td>
<td>Participants</td>
<td>Data Collection</td>
<td>Findings</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Morris (2013)</td>
<td>Provides information on experiences of teachers and OT using CC specifically the interpersonal factors that affect collabor dyads</td>
<td>12 teacher and OT dyads from Massachusetts, Convenience sample</td>
<td>Triangulation occurred through an independent OT to generate broader categories Data was found through three sources: a demographic study, diary, and self-reflection follow-up</td>
<td>CC included three interpersonal themes: mutual decision making, effective com skills, and feeling respected and listened to Self-reflection themes: effective com and feeling respected and listened to</td>
</tr>
<tr>
<td>Newton, Davidson, Halcomb, &amp; Denniss (2007)</td>
<td>Document facilitators and barriers to implementation of statewide heart failure collab method at a single site</td>
<td>NSW CCC, pop 677, 870 Multisite area HC service w/in NSW; residents are highly culturally diverse, areas of considerable socioeconomic disadvantage</td>
<td>B/t methods triangulated design Stakeholder checks Monthly quantitative data audit Prolonged researcher engagement in the field and reflexivity</td>
<td>Facilitators: org factors (enough resources, strong leadership); harmony between personnel; maintain same personnel over time; strong executive support Barriers: time pressure Both facilitator and barrier: workload, time</td>
</tr>
</tbody>
</table>
Abbreviation List for Table 1:
(A) = article pertains to ABA
ABA: applied behavior analysis
ABAI: Association for behavior analysis international
abt: about
BCBA: board certified behavioral analyst
b/t: between
CC: collaborative consultation
CCC: Chronic Care Collaborative
char: characteristic(s)
collab: collaborative(tion)(ing)
com: communication
demo: demographic(s)
dev: develop(ing)(ed)(ment(al))
disc: discipline(s)
diff: differ(red)(ent)(ing)(ence)
HC: health care
HP: health professionals
inc: include, included, inclusion
ID: identit(y)(ies)(ified)
IP: interprofessional
lit: literature
MA: medical assistant(s)
maint: maintain(ed)
MDT: multidisciplinary team(s)
mo: month(s)
multi: multiple
N: sample size
NCM: nurse case manager
NSW: New South Wales
obs: observation(s)(al)
org: organiz(ed)(ation(s)(al))
PCP: primary care practitioner
PCT: primary care team(s)
PHC: patient health coach
prof: professional(s)
rep: representing(atives)
SIG: special interest group
SU: service users
sub: subject(s)
SUP: service user participation
tm: team member(s)
USD: University of San Diego
w/: with
wk: week(s)
y: year(s)
<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Study Objectives</th>
<th>Study Design/Level of Evidence</th>
<th>Number of Papers Included, Inclusion and Exclusion Criteria</th>
<th>Interventions &amp; Outcome Measures</th>
<th>Summary of Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lemieux-Charles, &amp; McGuire (2006)</td>
<td>Summarize the existing lit relating to HC team effectiveness, team redesign, team relationships and outcomes</td>
<td>Systematic review/O1: I</td>
<td>33 empirical studies pub 1985-2004 Inc: conducted in HC settings, used measures of team effectiveness Ex: examined team effectiveness in lab setting, anecdotal, not published in English, or doctoral dissertations, did not make comparisons w/ a control group or over time, focused on team processes w/out linking to effectiveness, or did not examine team effectiveness across multi settings</td>
<td>Outcomes: sub satisfaction, health-related quality of life, caregiver burden, cost, readmissions</td>
<td>Facilitating factors: collab model tailored to sub pop, care setting, type of team, and work processes Team care can lead to better clinical outcomes and sub satisfaction Higher functional status, better mental health, decreased dependence, and decreased mortality in interv tm than groups not treated by tm Some studies indicated no significant diff in sub outcomes b/t team approach and non-team approach</td>
<td>Paper did not discuss specific interv of articles assessed making it difficult to understand results of studies</td>
</tr>
<tr>
<td>Petri (2010)</td>
<td>Examine the meaning and use of IntD collab in HC</td>
<td>Systematic review/O1: I</td>
<td>89 articles analyzed pub 1996-2007 English language lit w/focus on human subjects Most articles discussed interaction b/t 3 or more disc</td>
<td>Articles org by themes: attributes, antecedents, consequences, and surrogate concepts and related terms</td>
<td>IntD collab is a process Sharing required: objectives, responsibility, decision-making, and power Working together, antecedents, and IP educ must occur Role awareness, interpersonal skills, deliberate action, support, and consequences important for success</td>
<td>Some papers focused only on perceived collab, limiting significance in practice Some studies integrated subjective measures inc body language impacting the reliability</td>
</tr>
</tbody>
</table>
Abbreviation List for Table 2:
abt: about
b/t: between
collab: collaborative(tion)(ing)
diff: differ(red)(ent)(ing)(ence)
disc: discipline(s)
educ: education(al)
ev: evidence
HC: health care
inc: include, included, inclusion
IntD: interdisciplinary team(s)
interv: intervention, interventions
IP: interprofessional
lit: literature
org: organiz(ed)(ation)(al)
pop: population
pub: publish(ed)
sub: subject(s)
tm: team member(s)
w/: with
### Table 3. Quantitative Evidence

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Study Objectives</th>
<th>Study Design/ Level of Evidence</th>
<th>Participants: Sample Size, Description Inclusion and Exclusion Criteria</th>
<th>Interventions &amp; Outcome Measures</th>
<th>Summary of Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamorey &amp; Ryan (1998)</td>
<td>Explore relationship b/t MDT, IntD, and TD, TD-Mix: team desc, perceptions of teaming effectiveness, comparison team practices</td>
<td>Compariso study/O2; II</td>
<td>880 Q mailed, then reminder 4-6wk later Randomized selection DEC members by state in US, N=195 OT, SLP, PT, nurses, teachers, parent trainers, and directors serving children w/dis Inc criteria: currently practicing w/sped team, US pop of above therapists in the DEC</td>
<td>Q: 25 items, Likert-like response format 4 parts: desc of teams; respondents’ perceptions of team effectiveness/ineffectiveness; team involvement in TD; demogr</td>
<td>No one pervasive model b/t them, all equally distrib All ID similar positive char of team effectiveness All have aspects of role release; util variety of settings, formats, tools; involved parents; natural env instruction; util teachers (reflection of “best practices”) Many elements TD in all, suggest hybrid may be more apparent</td>
<td>(None stated in article) Survey may not be rep of pop Does suggest areas for further study: investigate ways to enhance parent role; comparison of actual obs of team meetings across team models = perception of team effectiveness</td>
</tr>
<tr>
<td>Temkin-Greener, Gross, Kunitz, &amp; Mukamel (2004)</td>
<td>Measure perceived performance of IntD and ID areas of improvement</td>
<td>Study descriptive/ D3; IV</td>
<td>26 PACE sites; 1220 respondents in long term settings Female (88%) and white (54%) Inc criteria: Direct sub care and employee of PACE</td>
<td>Measured regression of team cohesion and effectiveness w/ leadership, com, coordination, conflict management, and mediating variables Assessed personal, team</td>
<td>Perceived team effectiveness associated w/ availabilities of resources, years of work ex, and ethnic agreement b/t sub, prof, and paraprof Team cohesion and</td>
<td>Because programs change over time the results might not reflect long term performance</td>
</tr>
<tr>
<td>Study</td>
<td>Research Questions</td>
<td>Methodology</td>
<td>Results</td>
<td>Limitations</td>
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<td>Atwal &amp; Caldwell (2002)</td>
<td>Evaluates whether ICP enhance and develop effective information access/flow across professions</td>
<td>Case study/O3; IV</td>
<td>1 ortho ward in London, reps from each major disc: med, nursing, physio, OT, care mgmt; 6 stakeholders</td>
<td>Intervention: implementation of ICP; Outcome measures: 6 stakeholder interviews, unstructured and audiotaped; 11 sets of case notes audited prior to implementation of ICP, and 11 sets post (Oct-Dec 1997); analysis of the variances of the ICP</td>
<td>Demo improved outcomes but not an overall improvement in team process; Mixed personal reviews; that ICP improve communication; Post ICP: ev of reassessment and assessment doc in IntD notes; planning D/C asap improved to 100%; hx now recorded similarly 100%</td>
<td>Researcher may have influence on success of project b/c wanted it to succeed; Researcher extremely motivated and enthusiastic, which could have influenced the sub</td>
</tr>
<tr>
<td>Landry &amp; Erwin (2015)</td>
<td>Examine HC management prof’s perceptions of MDTs</td>
<td>Cross-sectional design/D3; IV</td>
<td>492 sub Surveys were mailed to 1350 affiliate members of the American College of HC Executives</td>
<td>Perceptions of MDT experience compared w/demo of respondents</td>
<td>Response rate needs of the specific team when searching for solutions to team dev; Findings suggest that training on com, coop among disc, and conflict resolution skills may improve MDT efficacy</td>
<td>Potentially limited generalizability: sample is homogenous, mostly male and white; most respondents from hospital settings w/no clinical experience; respondents do not provide direct sub</td>
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<td>Consumer Outcomes</td>
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<tr>
<td>Hunt, Soto, Maier, &amp; Doering (2003)</td>
<td>Investigate the effectiveness of a gened/sped collab teaming process on the academic and social participation of students w/ and w/out dis</td>
<td></td>
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</tr>
<tr>
<td>Cohort study/O2; II</td>
<td>2 inc schools in SF Bay area, N=6 children (3 w/dis) Inc/exc criteria not directly stated but all sub in gened classrooms; educ teams: gened teacher, inc support teacher, parents, instructional assistant One location had SLP and AT</td>
<td></td>
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</tr>
<tr>
<td>Educ teams collab in meeting for 1hr 30min 1 time a mt to dev “UPS” = individualized listing of curricular supports for learning and peer interaction IES: each pair of students obs 1 time a wk for 2hr Open-ended interview of team perceptions 2 times throughout study</td>
<td>Baseline: non engagement levels of sub at 23%-40% above peers After UPS: non engagement levels of sub decreased to 0.2%-5%, now levels similar to peers Often more initiating interactions (from 0.7%-11% to 18%-29%) Interactions w/peers inc to levels higher than peers (0.7%-13% to 32%-53%) Educ team perspectives indicated positive patterns of change Noted barrier to collab teaming process: Lack of a fiscal model to provide financial resources: implementing UPS schoolwide would require a redesign of staff roles, reallocation of funds, est of regularly scheduled team planning meetings</td>
<td></td>
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<tr>
<td>Small sample so ability to generalize is limited Variability of performance Perspectives of tm are informative but not interpreted as ev of causality</td>
<td></td>
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</tbody>
</table>
**Abbreviation List for Table 3:**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT</td>
<td>assistive technology (specialist)</td>
</tr>
<tr>
<td>av</td>
<td>average(s)</td>
</tr>
<tr>
<td>bt</td>
<td>between</td>
</tr>
<tr>
<td>char:</td>
<td>characteristic(s)</td>
</tr>
<tr>
<td>collab:</td>
<td>collaborative(ion)(ing)</td>
</tr>
<tr>
<td>com</td>
<td>communication</td>
</tr>
<tr>
<td>coop</td>
<td>cooperation</td>
</tr>
<tr>
<td>desc</td>
<td>description(s)</td>
</tr>
<tr>
<td>D/C</td>
<td>discharge(d)</td>
</tr>
<tr>
<td>DEC</td>
<td>Division of Early Childhood</td>
</tr>
<tr>
<td>demogr:</td>
<td>demographic(s)</td>
</tr>
<tr>
<td>dev:</td>
<td>develop(ing)(ed)(ment(al))</td>
</tr>
<tr>
<td>dis</td>
<td>disability/disabilities</td>
</tr>
<tr>
<td>disc:</td>
<td>discipline(s)</td>
</tr>
<tr>
<td>distrib:</td>
<td>distribute(d)</td>
</tr>
<tr>
<td>educ:</td>
<td>education(al)</td>
</tr>
<tr>
<td>env:</td>
<td>environment</td>
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<tr>
<td>ev:</td>
<td>evidence</td>
</tr>
<tr>
<td>ex:</td>
<td>experience</td>
</tr>
<tr>
<td>gened:</td>
<td>general education</td>
</tr>
<tr>
<td>HC</td>
<td>healthcare</td>
</tr>
<tr>
<td>hr:</td>
<td>hour(s)</td>
</tr>
<tr>
<td>MDT:</td>
<td>multidisciplinary team(s)</td>
</tr>
<tr>
<td>mt</td>
<td>month(s)(ly)</td>
</tr>
<tr>
<td>ICP:</td>
<td>integrated care pathways</td>
</tr>
<tr>
<td>ID:</td>
<td>identit(y)(ies)(ified)</td>
</tr>
<tr>
<td>inc:</td>
<td>include, included, inclusion</td>
</tr>
<tr>
<td>IES:</td>
<td>Interaction and Engagement Scale</td>
</tr>
<tr>
<td>IntD:</td>
<td>interdisciplinary team(s)</td>
</tr>
<tr>
<td>IP:</td>
<td>interprofessional</td>
</tr>
<tr>
<td>N:</td>
<td>sample size</td>
</tr>
<tr>
<td>obs:</td>
<td>observation(s)(al)</td>
</tr>
<tr>
<td>org:</td>
<td>organiz(ed)(ation(s)(al))</td>
</tr>
<tr>
<td>OT:</td>
<td>occupational therapy/therapists</td>
</tr>
<tr>
<td>PACE:</td>
<td>Program of All-Inclusive Care for the Elderly</td>
</tr>
<tr>
<td>paraprof:</td>
<td>paraprofessional(s)</td>
</tr>
<tr>
<td>pop:</td>
<td>population</td>
</tr>
<tr>
<td>prof:</td>
<td>professional(s)</td>
</tr>
<tr>
<td>PT:</td>
<td>physical therapy/therapists</td>
</tr>
<tr>
<td>Q:</td>
<td>questionnaire(s)</td>
</tr>
<tr>
<td>rep:</td>
<td>representative(s)</td>
</tr>
</tbody>
</table>
### Table 4. Expert Opinion Articles

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Authorship of Article/Expertise</th>
<th>Original source</th>
<th>Topic of Article: Issue being Addressed</th>
<th>Themes and Conclusions</th>
<th>Article Limitations and Biases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finn, Learmonth, &amp; Reedy (2010)</td>
<td>Social Science &amp; Medicine</td>
<td>Peer-reviewed journal</td>
<td>2 ethnographic studies evaluated how team discourse in UK NHS groups defined themselves and others First study assessed how different clinical profs maintained and constructed the desired occup ID Second study assessed a hospital’s record clerks evaluating their occup ID Study 1: Teamwork became a central theme to clinical prof’s definition of self Study 2: An absence of teamwork w/in clerks’ occup ID Teamwork can both reinforce occup divisions and exc groups from participation w/in the institution</td>
<td>Study 1: Teamwork became a central theme to clinical prof’s definition of self Study 2: An absence of teamwork w/in clerks’ occup ID Teamwork can both reinforce occup divisions and exc groups from participation w/in the institution</td>
<td>No limitations stated Generalizability of studies to countries besides the UK limited Authors conducted the two original studies assessed introducing a bias</td>
</tr>
<tr>
<td>Donaldson &amp; Stahmer (2014) (A)</td>
<td>American Speech-Language-Hearing Association</td>
<td>Peer-reviewed journal</td>
<td>Introduces key ABA principles, ABA-based principles used in schools, strategies for successful collab b/t SLPs and BAs</td>
<td>Introduces key ABA principles, ABA-based principles used in schools, strategies for successful collab b/t SLPs and BAs Structured (DTT) and naturalistic (PRT) are ABA programs ABA approaches in schools are CPRT, STAR, and LEAP SLP use ABA principles: clear instructions, motivation, and ev based practice SLP and BA collab: dev level for instructions, dev social and com goals, consistency to address challenging behaviors, methods of data collection,</td>
<td>Comprehensive ABA approaches have been investigated more in home and research-based settings than in school settings</td>
</tr>
</tbody>
</table>
### General Strategies for Successful Team Dynamics

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Journal Details</th>
<th>Article Summary</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glennon &amp; Meriano (2014)</td>
<td>Both authors are OTR/L American Occupational Therapy Association Special Interest Section Quarterly (Administration &amp; Management)</td>
<td>Occupational therapy’s role in primary care and the collaborative process</td>
<td>Effective teams must include: mutual purpose, common values, positive relationships, good com, flexibility, recognition of each other’s contributions and appreciation of the input and expertise of others. Strategies include: understanding how the collaborative process evolves, knowing your team, communicating effectively, staying true to the collaborative process, fostering trusting relationships, staying mindful of time and being prepared, and flexibility. Article is written from the perspective of OT practitioners. While it can be generalized to other prof, it discusses specifically the role of OT.</td>
</tr>
<tr>
<td>Grumbach &amp; Bodenheimer (2004)</td>
<td>An article in the series “Innovations in Primary Care” by the American Medical Association Peer-reviewed journal</td>
<td>Critically examines PCT specifically focusing on how a team functions</td>
<td>5 elements of team building: clear goals w/measurable outcomes, clinical and adm systems for the practice, division of labor, training, and com. Suggested that greater team cohesion leads to better clinical outcomes and sub satisfaction. Limited generalizability through a lack of research w/diff mixtures of staff in primary care and when primary care staff delegate clinical roles to MA.</td>
</tr>
<tr>
<td>Markova, Mateo, &amp; Roth (2012)</td>
<td>Department of Family Medicine Peer-reviewed journal Wayne State University Family Medicine Center in Rochester,</td>
<td>No longer move staff b/t teams and members are</td>
<td>Transformation to PCMH is very</td>
</tr>
<tr>
<td>and Public Health Sciences</td>
<td>Michigan 1 front desk greeter, 1 LPN, 1 MA, 10 residents, 3 faculty members, floating psychology intern, MA floater  CTT: nurse educator, dietician, exercise physiologist, wellness coach (visits 1x/mt) Describes transformation to PCMH: new office systems and diff approaches to sub care</td>
<td>coached to embrace their diff  Team leadership is shared and each focuses on leadership roles that directly relate to their disc  Discuss team dynamics in their facility: effective com through daily team huddles, team meetings, clinical operations meetings, practice improvement teams</td>
<td>complex b/c redesign of the entire practice  (not directly stated in article)  Only discussing a single hospital in this article, cannot say that it is generalizable to pop</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Orentlicher, Handley-More, Ehrenberg, Frenkel &amp; Markowitz (2014)</td>
<td>2/5 authors are OTR/L.  Additional 3 authors are graduate students</td>
<td>American Occupational Therapy Association Special Interest Section Quarterly (Early Intervention &amp; School)</td>
<td>Interprofessional collab in schools  Ev shows support for collab in all stages of service provision.  Team members should be thoughtful, knowledgeable, compassionate, and effective leaders.  Successful teams include voluntary participation, mutual respect, common purpose, joint responsibility, resource sharing, and collective decision making.  Article written mainly from an OT perspective.</td>
</tr>
<tr>
<td>Scheibel &amp; Watling (2016) (A)</td>
<td>Both OTR/L, one dually certified BCBA</td>
<td>Professional practice magazine article</td>
<td>Collab among MDTs to support sub w/ASD, specifically b/t OT and BCBA  Challenges and strategies</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Tallia, Lanham, McDaniel, &amp; Crabtree (2006)</td>
<td>Family Practice Management, American Academy of Family Physicians</td>
<td>Peer-reviewed journal</td>
<td>Describes char of successful work relationships in family practice and strategies to facilitate them among staff</td>
</tr>
</tbody>
</table>

**Specific Strategies for Successful Team Dynamics**

<p>| Brodhead (2015) (A) | Association for Behavior Analysis International | Peer-reviewed journal | Outline a decision-making model to assist BCBA in assessing nonbehavioral tx for ASD while maint prof relationships w/other disc | Contradicting guidelines in BACB: ethically obligated to promote science of BA but also operate in best interest of clients even if that means tx from other disc Recommend that BCBAs advocate but only after thorough appraisal of a nonbehavioral tx Goal is maint prof relationships w/ nonbehavioral colleagues | Has not been systematically evaluated, so unclear if it will have a noticeable impact on the professional behavior of BCBAs This proposed model represents the values of the (single) author Only considers ASD dx so unsure if generalizable to other dx |</p>
<table>
<thead>
<tr>
<th>Reference</th>
<th>Institution/Author Information</th>
<th>Journal/Specialty</th>
<th>Description</th>
<th>Unifying language and code of ethics needed to promote MDT success, facilitating program success.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cox (2012) (A)</td>
<td>STE Consultants (behavioral service provider)</td>
<td>Peer-reviewed journal</td>
<td>MDT approaches for teams servicing sub w/ASD</td>
<td>IntD professional for ASD code of ethics inc: informed consent, confidentiality, beneficence, nonmaleficence, respect for autonomy, clinical justice, professional competence, fiduciary responsibility, peer com, non-judgemental regard.</td>
</tr>
<tr>
<td>Dillenburger, Rottgers, Dounavi, Sparkman, Keenan, Thyer, &amp; Nikopoulos (2014) (A)</td>
<td>Australian Educ and Dev Psychological Society</td>
<td>Peer-reviewed journal</td>
<td>MDT: Collab for ASD, focus on how the science of BA as a common ground can enhance collab across diff prof disc w/out reifying theories</td>
<td>Dif prof rec diff disc-specific interv ABA is main approach to interv of ASD and intellectual dis, yet lack of knowledge of ABA across disc Case study example to explain how ABA can be used as a scientific basis for all disc to target generalized skills in children w/ASD</td>
</tr>
<tr>
<td>Welch &amp; Polatajko (2016) (A)</td>
<td>Welch OT/R PhD student and Polatajko Editor-in-Chief of CJOT,</td>
<td>Peer-reviewed journal</td>
<td>Lit-based argument for use of ABA in OT practice</td>
<td>ABA is broadly preferred tx approach to interv of ASD OT approaches to ASD</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Other disc would have to adopt the BA framework, unsure if feasible to ask all disc at VMC to adopt BA framework for one incoming BA Mostly written by individuals w/ experience in BA, so could be biased toward using this approach in tx</td>
</tr>
<tr>
<td>PhD, OT/R, OT(C), FCAOT, FCAHS</td>
<td>are SP, SI, Dev, so OT diverges from main approach of ABA ABA lit notes misperceptions yet the practice is supported by strong ev Understand the relationship b/t OT and ABA approaches to ASD especially SLP</td>
<td></td>
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</table>
Abbreviation List for Table 4:

- (A) = article pertains to ABA
- ABA: applied behavior analysis
- adm: administration(tive)
- ASD: Autism Spectrum Disorder, autism
- BA: behavioral analysis(analyst(s))
- BCBA: board certified behavioral analyst
- b/t: between
- CCTT: Community Care Travel Team
- char: characteristic(s)
- collab: collaboration(tive)
- com: communication
- CPRT: Classroom Pivotal Response Training
- dev: develop(ing)(ed)(ment(al))
- diff: differ(red)(ent)(ing)(ence)
- dis: disability(ies)
- disc: discipline(s)
- DTT: discrete trial training
- dx: diagnosis(es)
- educ: education(al)
- exc: exclu(de)(ded)(sion)
- ev: evidence
- ID: ident(y)(ies)(ified)
- IntD: interdisciplinary team
- inc: include, included, inclusion
- interv: intervention(s)
- LEAP: Learning Experiences, an Alternative Program for Preschoolers and Their Parents
- LPN: Licensed Practical Nurse(s)
- MA: medical assistant(s)
- maint: maintain(ed)
- MDT: multidisciplinary team(s)
- occup: occupational
- OT: occupational therapy(ists)
- PCMH: patient-centered medical home
- PCT: primary care team(s)
- pop: population
- prof: professional(s)
- PRT: pivotal response training
Summary of Key Findings:

Summary of the Structure of Team Dynamics

Three articles discussed the structure of team dynamics, none of which specifically addressed the practice of applied behavior analysis (ABA). Authors argued that teamwork can exist with varying viewpoints so that input can be utilized from various angles (Nugus et al., 2010; Finn et al., 2010; Lamorey & Ryan, 1998). Each angle is managed through role release and subject management to provide best practice for clients.

Summary of Professional Boundaries or Scope of Practice

Two articles discussed the professional boundaries between varying disciplines, one of which specifically addressed the practice of ABA. Authors suggested that conflict may arise because of the different professional approaches to care as well as the overlapping boundaries of practice of different disciplines (Liberati et al., 2015). Donaldson & Stahmer (2014) discuss the scope of practice for speech language pathologists and ABA professionals, then provide ideas for collaboration between the two disciplines that include consistency in communication and approach to practice.

Summary of Facilitators and/or Barriers

Five articles discussed the facilitators and/or barriers to effective collaboration between healthcare workers, one of which specifically addressed the practice of ABA. Authors argued that teaming within multidisciplinary healthcare settings can be greatly impacted through different facilitating factors and barriers. Role definitions of team members can be either a facilitating factor (Grace, Rich, Chin, & Rodriguez, 2014) or a barrier (Jorgenson, Laubscher, Lyon, & Palmer, 2014). Effective communication between team members was identified as a promoting factor of team dynamics (Kelly & Tincani, 2013; Morris, 2013; Grace et al., 2014; Temkin-Greener, Gross, Kunitz, & Mukamel, 2004). Leadership was seen to be a promoting factor of team dynamics (Newton, Davidson, Halcomb, & Denniss, 2007; Temkin-Greener et al., 2004) and lack of support from leadership was a barrier (Jorgenson et al., 2014). Perceived access to availabilities of the resources within the organizations was found to be a promoting factor of team effectiveness (Newton et al., 2007; Temkin-Greener et al., 2004) while the lack of accessibility to resources was a barrier (Jorgenson et al., 2014). Other factors that promoted team dynamics were: having previous experience integrating another discipline, having positive personality qualities, receiving mentorship from other professionals (Jorgenson et al., 2014), feeling respected and listened to by collaborating team members (Morris, 2013), receiving support from management and maintaining personnel that harmonize (Newton et al., 2007), and having ethnic agreement between the staff and the patients and previous work experience (Temkin-Greener et al., 2004). When incorporating a new member into existing team dynamics, facilitating factors were understanding each member’s team role (Kelly & Tincani, 2013; Grace et al., 2014) and pre-existing relationships between new and existing team members (Jorgenson et al., 2014).
### Summary of Strategies for Successful Team Dynamics

#### General Strategies
Eight articles discussed general strategies for successful team dynamics, one of which specifically addressed the practice of ABA. Lemieux-Charles & McGuire (2006) found general strategies for success, stating that teaming models should be specific to each setting and consider the clients served, type of team, and individual work processes. Petri (2010) found that responsibility, decision-making, and power are related to interdisciplinary collaboration. The preceding themes were also consistent with those discussed by Orentlicher, Handley-More, Ehrenberg, Frekel, & Markowitz (2014). In addition, general strategies for success include working together, interpersonal skills, support, and consequences (Petri, 2010). Sharing responsibilities was a strategy to promote successful team dynamics noted both by Petri (2010) and Markova, Mateo, & Roth (2012). Tallia, Lanham, McDaniel, & Crabtree (2006) also acknowledge the preceding strategy, stating that each team member is responsible for team dynamics. Similarly, Grumbach & Bodenheimer (2004) state that successful collaboration requires division of labor. Successful team dynamics may also positively influence patient outcomes (Grumbach & Bodenheimer, 2014; Lemieux-Charles & McGuire, 2006). Scheibel & Watling (2016) state that misunderstanding of roles may lead to confusion and role awareness and clarification can help promote successful team dynamics (Scheibel & Watling, 2016; Petri, 2010). Other strategies for occupational therapists suggested by Scheibel & Watling (2016) include collecting and providing data, self-evaluation, educating others, speaking with clarity, and building respect and understanding (2016). Glennon & Meriano (2014) also note that recognizing the unique contributions of others and appreciating any specialized input is also necessary for successful team dynamics (2014). Finally, trust, diversity, mindfulness, interrelatedness, respect, varied interaction, and effective communication foster positive work relationships (Tallia, Lanham, McDaniel, & Crabtree, 2006).

#### Specific Strategies
Four articles discussed specific strategies for successful team dynamics, two of which specifically addressed the practice of ABA. A survey conducted by Landry & Erwin (2015) indicated that training focusing on communication, cooperation among disciplines, and conflict resolution may improve multidisciplinary team (MDT) efficacy. Using a case study method to examine multidisciplinary integrated care in a hospital ward, implementation of an integrated care pathway was found to promote better patient outcomes, but did not improve team process (Atwal & Caldwell, 2002). Two expert opinion articles pertaining directly to the practice of ABA discussed ethics among professionals on a service delivery team. Brodhead (2015) stated that BCBAs face an ethical challenge because of contradictory guidelines in their practice framework that may have an impact on team dynamics. Cox (2012) proposed use of unifying language and a code of ethics for therapists who participate on MDTs who service clients with ASD. Both of the preceding articles discuss resolution of these ethical issues to promote team success.
Summary of Consumer Outcomes

Three articles discussed consumer outcomes, two of which specifically addressed the practice ABA. Hunt et al. (2003) found positive results from interprofessional teaming for their clients through strategic collaboration. Dillenburger et al. (2014) and Welch & Polatajko (2016) mentioned the need to focus on the practice of ABA because it is the main intervention for children with autism. Additionally, both sources encourage the integration of various ABA principles to support other disciplines while working with that population.

Implications:

Implications for Consumers

The research supports positive outcomes when different disciplines collaborate together for the common goal of providing best practice for their clients. When healthcare professionals use an effective teaming model, consumers may see effective communication between the practitioners as a part of the successful team process (Cox, 2012; Grace et al., 2014; Landry & Erwin, 2015; Markova et al., 2012; Morris, 2013; Tallia et al., 2006; Temkin-Greener et al., 2004). There are principles within the practice of ABA that can be used to support the work of other disciplines, especially in the context of ASD (Donaldson & Stahmer, 2014; Dillenburger et al., 2014; Welch & Polatajko, 2016). This research indicates that successful collaboration may improve client outcomes, so it may be beneficial for clients to pursue facilities that incorporate interprofessional collaboration.

Implications for Practitioners

Working in MDTs and using collaborative techniques are common expectations for professionals in the healthcare setting. Some of the key facilitating factors practitioners can use to promote effective team dynamics are effective communication (Cox, 2012; Grace et al., 2014; Landry & Erwin, 2015; Markova et al., 2012; Tallia et al., 2006; Temkin-Greener et al., 2004; Newton et al., 2007) and understanding the role of the team members (Grace et al., 2014; Markova et al., 2012; Nugus et al., 2010; Petri, 2010; Lamorey & Ryan, 1998). When there was a lack of accessibility to other team members, it created a barrier for team success (Jorgenson et al., 2014; Finn et al., 2010). Clinicians should be aware when practicing that problems concerning professional boundaries, clinician roles, or leadership confusion were found to be barriers to effective team relationships (Liberati et al., 2015; Jorgenson et al., 2014; Newton et al., 2007; Nugus et al., 2010; Scheibel & Watling, 2016). Although common themes exist among all MDTs, it is important for practitioners to consider that all teams are unique and techniques should be tailored to the specific setting (Lemieux-Charles & McGuire, 2006). Practitioners may also consider the potential strain or confusion consumers are challenged with when faced with multidisciplinary service delivery teams (Scheibel & Watling, 2016).
Implications for Researchers

Existing literature acknowledges that there is limited research pertaining directly to the teaming and successful collaboration of ABA professionals with other disciplines (Welch & Polatajko, 2016). The practice of ABA is expanding rapidly into the healthcare field where BAs are expected to work on multi-disciplinary healthcare teams. Further research might examine MDT dynamics specifically related to behavior analysts/BCBA integration into the team. Future research may also include patient outcomes under MDTs that include a BCBA, with a particular focus on clients with autism or severe behavioral challenges as ABA professionals are frequently included in service delivery teams who serve this population (Cox, 2012; Dillenburger et al., 2014; Welch & Polatajko, 2016). Future research may also include examination of barriers to successful MDTs due to conflicting philosophical beliefs between disciplines (Welch & Polatajko, 2016).

Bottom Line for Occupational Therapy Practice/ Recommendations for Best Practice

Although each MDT is different, communication and clear understanding of professional roles were common facilitators of successful MDTs. Evidence was found to help support the integration of a new ABA professional into an already established therapy clinic, but it is also recommended that future OT practices heed their clinical and professional experience to supplement the findings.

OTs in particular can apply this research to gain a better understanding of how to collaborate with ABA professionals, especially when working with individuals with autism. Common themes such as effective communication, motivated team members and leaders, and data collection can support collaboration between disciplines (Scheibel & Watling, 2016) and some research has provided strategies for effective team dynamics (Lemieux-Charles & McGuire, 2006; Petri, 2010; Atwal & Caldwell, 2002; Landry & Erwin, 2015; Grumbach & Bodenheimer, 2004; Markova et al., 2012; Scheibel & Watling, 2016; Tallia et al., 2006; Brodhead, 2015; Cox, 2012). Occupational therapists should use the facilitative strategies found in the research to better support collaborative team relationships. Since there is a lack of research concerning the collaboration of ABA professionals with OT, it is recommended that research into this particular area be implemented to better understand the best collaborative methods. This research will provide a better understanding of team collaboration and help practitioners adopt strategies that will help them in order to provide best practice for clients.
References


Involvement Plan

Our collaborating practitioner (CP) is the manager of a pediatric outpatient therapy clinic within a large hospital system. The clinic includes a variety of disciplines including occupational therapists (OT), physical therapists (PT), speech-language pathologists (SLP) and several practitioners for health and wellness. Our CP was tasked with hiring an Applied Behavior Analysis (ABA) professional to integrate behavioral services within the clinic. Since the clinic already established a successful working environment with the existing practitioners, our CP was seeking evidence to minimize the professional challenges of integrating a new discipline by examining the research behind effective team collaboration and the ABA professional’s scope of practice. Our literature review focused on successful teaming in order to support a positive work environment that would result in best practice for their clients.

We collaborated with our CP to discover the best way to translate the knowledge into practice. Some project ideas included creating an informational binder as a resource for the practitioners the facility, constructing a brochure for families describing the positive benefits of successful collaboration, or assisting our CP in the hiring process by creating a job description for an ABA professional. Together, we decided that a resource for the practitioners describing effective collaboration with an ABA professional would be the most practical choice for translation of the research, and our CP suggested we pursue an electronic rather than paper resource. She noted that her employees would be much more likely to incorporate this into practice. So, our research of teaming and collaboration was translated into practice through creating an electronic resource named Collaboration with
ABA Professionals for the site’s practitioners to use as needed to support the professional relationships between disciplines for the benefit of clients.

Our CP’s facility had no practice guidelines regarding collaboration with an ABA professional. Our role was to provide an electronic instructional resource including clinical practice guidelines to support successful collaboration with ABA professionals. This included useful background information concerning ABA services with links and strategies for clinicians to better understand the benefits and challenges to successful team collaboration. We also included information about scope of practice for each profession (i.e., OT, PT, SLP) to further promote successful collaboration.

Although our CP did not anticipate any challenges directly related to our project, some contextual factors were considered by the researchers. Systematic policies and procedures governing the facility’s issuance of information could have created a barrier to creating an outside resource for the staff or clients at the facility. The marketing staff may have needed time to review the information before approving it. Another factor to consider was the type of file that we would create for our CP to use as a resource. Our CP stated that an electronic copy of our work would be most useful. However, the information also needed to be presented in a way that allowed our CP to make future edits or copy and paste the information elsewhere. A facilitator of this project was that the CP was supportive of our research and looking forward to the results of the project. We had proposed the use of Prezi as a format for the electronic resource, but practitioners would need internet access to view the information and would not be able to download the file themselves without registering with the site. We had also proposed the use of a website platform as a format for the electronic resource, but our CP noted the website would not
be an appropriate platform for her facility’s use because a website would need to be maintained and updated for future use which is not feasible for her clinic at this time.

Palinkas and Soydan (2011) discussed various aspects of innovation including relative advantage, compatibility, complexity, trialability, observability, reinvention, fuzzy boundaries, risk, task relevance, and knowledge to use an innovation. We aimed to produce a simple electronic resource to minimize complexity, increasing the likelihood that it would be adopted. Reinvention was another characteristic of innovation that we took into consideration, as this was a priority for our collaborating practitioner. Our knowledge translation product was formatted in a word document so that our CP can make changes as needed and tailor the information to her facility. We also believe our project demonstrates task relevance. According to Palinkas and Soydan (2011), “if an intervention is pertinent to the task of the potential user, it will be adopted more easily” (p. 57). The content of our knowledge translation is compatible to the norms and values of our setting, as they are a highly collaborative setting.

The project was originally divided into five main tasks that were to be completed in two and a half months. The project supported the clinical practice guidelines as an electronic resource for our CP’s colleagues to delineate the barriers and supports for successful collaboration between each discipline. The main page was an overview of the resource itself. It introduced the need for successful collaboration to benefit the facility’s employees, and provided links to a page for facts and tips specific to each discipline. The main page also included information about ABA professionals and described the benefits of this new addition. The specific disciplines (i.e., ABA, OT, SLP, PT) were each on their own page with framework descriptions, links, and video examples to assist other disciplines in understanding the scope of practice. Further, there was to
be a page listing potential barriers and strategies to successful collaboration between each discipline.

Based on the needs of our CP, it was decided that the pages based on ABA professionals, collaboration between ABA professionals and OTs, collaboration between ABA professionals and SLPs, and some links and resources would be the only items contained in the document. This would provide her colleagues with a resource that was more concise and therefore lessen the time taken to read the document. Collaboration between PTs and ABA professionals was removed due to the lack of literature based on the subject. Below is a table describing our product with original proposed deadline dates for each task. Original items not used in the final product are marked with an (*):

**Tasks/Products and Target Dates:**

<table>
<thead>
<tr>
<th>Task/Product</th>
<th>Deadline Date</th>
<th>Steps to complete KT and Proposed Due Dates</th>
<th>Actual Dates Tasks were Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Page*</td>
<td>04/26/17</td>
<td>02/22/17 - Practice working in Prezi, begin rough draft of main page. 02/26/17 - Rough draft of main page 3/1/17 - Draft of main page due but continue editing as needed until final product is complete</td>
<td>2/22/17 - CP decided not to use Prezi, preferred word doc as electronic resource. Elizabeth started a website platform. 2/24/17 - Skeleton of website and electronic resource word doc created. Also, CP requested no website, but group decided to pursue as supplementary to word doc for final presentation.</td>
</tr>
</tbody>
</table>
| What is ABA Page and Collaboration: ABA Page | 03/22/17 | 3/1/17 - Begin rough draft ABA info page  
3/5/17 - Links with description to ABA homepage and framework, video examples, coverage info  
3/8/17 - List potential barriers and strategies for collaboration between OT, SLP, PT  
3/22/17 - Draft ABA page due but continue to edit as needed | 3/9/17 - Draft of main page on word doc completed. Midpoint project update with Chair, Elizabeth spoke with Chair and decided not to continue the website.  
3/20/17 - edited CAT revision, continued edits on main page, began constructing ABA, OT, SLP, PT pages with links to their respective organizations; decided only to focus on collaboration with ABA |
| Collaboration: OT page | 03/29/17 | 3/8/17 8pm - Begin rough draft OT info page  
3/22/17 6pm - Links with description to OT homepage and framework, video examples, coverage info  
3/26/17 - List of potential barriers and strategies for collaboration between SLP, ABA, PT  
3/29/17 - Draft OT page due but continue to edit as needed | 3/22/17 - turned in CAT revision, continued edits on main page, decided not to include video examples in final resource. Began including links and activities in each section. |
| Collaboration: SLP page | 04/05/17 | 3/26/17 8pm - Begin rough draft SLP info page  
3/29/17 6pm - Links with description to SLP homepage and framework, video examples, coverage info  
4/2/17 - List of potential barriers and strategies for collaboration between OT, ABA, PT  
4/5/17 - Draft of SLP page due but continue to edit as needed | AOTA conference pushed our due dates back for this week, so we caught up on 4/7/17. |
### Collaboration:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/12/17</td>
<td>Begin rough draft PT info page</td>
</tr>
<tr>
<td>04/17</td>
<td>Update PT homepage and framework. Video examples, coverage info.</td>
</tr>
<tr>
<td>04/9/17</td>
<td>List of potential barriers and strategies for collaboration between OT, ABA, SLP</td>
</tr>
<tr>
<td>04/12/17</td>
<td>Draft of PT page due but continue to edit as needed</td>
</tr>
</tbody>
</table>

### Final Product:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/26/17</td>
<td>All items previously listed completed</td>
</tr>
<tr>
<td>04/18/17</td>
<td>Received feedback from BCBA professional to edit the summary of ABA scope of practice.</td>
</tr>
<tr>
<td>04/22/17</td>
<td>Created survey to monitor outcome and effectiveness of resource. Continued edits on resource.</td>
</tr>
<tr>
<td>04/24/17</td>
<td>Provide electronic resource and accompanying survey to peers and CP.</td>
</tr>
<tr>
<td>04/25/17</td>
<td>Received 11 peer responses to the survey including quantitative and qualitative constructive feedback; completed edits to the final paper.</td>
</tr>
<tr>
<td>04/26/17</td>
<td>Final paper draft 1 submitted to chair.</td>
</tr>
<tr>
<td>05/9/17</td>
<td>Final paper draft 2 submitted to chair.</td>
</tr>
</tbody>
</table>

### Poster presentation

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/11/17</td>
<td></td>
</tr>
</tbody>
</table>

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Our project was monitored through two meetings with our chair mentor to track our success in completing the different aspects of our product. One meeting was scheduled at midpoint on March 9, 2017 and the other was scheduled on April 26, 2017. In the meantime, we
monitored our progression through the project by either meeting each sub-task target date listed above or postponing to a date that was more convenient for the group.

To measure the outcome of the product, we submitted the electronic resource for peer review through an anonymous survey. The survey consisted components of the electronic resource including content, accessibility, aesthetics, and usefulness for practice. The results of the survey were analyzed for constructive feedback. With the provided feedback, the electronic resource was edited to better support the translation of knowledge to clinicians. Due to changes at our CP’s facility, the original plan of providing a one-year follow up outcome survey to assess the usefulness of the electronic resource was deemed unnecessary.

**Activities and Products Completed**

Our final knowledge translation (KT) product, “Strategies for Effective Collaboration among Multidisciplinary Teams: Integration of an ABA Professional,” evolved over several conversations with the group, our chair, and our CP. Our CP suggested an electronic resource for easy access to effective teaming and collaboration strategies that would support the clinicians at her facility with the transition to incorporate an ABA practitioner into their workplace. We first discussed a resource on prezi.com, which is an online presentation platform that is similar to Powerpoint that can include links and videos. Our CP noted her workplace electronic account would not support a platform like this, so we decided not to use this format. Next, we created the skeleton of a website on wordpress.com that conveyed the same information but on an online platform. Our CP decided this would also not be an appropriate resource for her site and suggested we create the resource in the form of a Word document. At the time, we focused our main energies on the Word document platform, but also kept the website in mind to supplement the final presentation of the knowledge translation. In the end, after speaking with our chair about the logistics of maintaining a website, we
decided not to pursue that option either. Our final knowledge translation product was a Word document that had been peer-reviewed through surveys and edited through several revisions with our chair and our CP.

The final layout of our KT electronic resource provided our CP with information regarding ABA professionals, collaboration between ABA professionals and OTs, collaboration between ABA professionals and SLPs, and some links and resources in an appendix. The ABA page provided information on what ABA is and lists the types of ABA professionals. The page on collaboration between ABA professional and OTs provided insight into how ABA professionals and OTs’ scope of practice overlaps in ways that support collaboration and what some barriers are that may hinder collaboration between the professionals. The page concerning SLPs and ABA professionals is similar to that of the OT page that included ways to facilitate collaboration between the practitioners. At the end of our product some resources and links were provided for the therapists. We began with a chapter summarizing the overall positive attributes of effective collaboration, and provided information from the evidence that supported positive patient outcomes with effective multidisciplinary healthcare teams. Then we took this a step further to focus on the evidence surrounding collaboration with an ABA professional with other disciplines including OT, SLP, and PT. Unfortunately, due to a lack of research evidence addressing collaboration of an ABA professional with PT, this page was not included in the final knowledge translation document. Originally, we had included graphics to focus the reader on content related directly to ABA professionals and activities they could do within their facility to practice effective teaming skills, but our CP noted this actually made the document more difficult to read so the graphics were redacted for the final version of the document.
To evaluate our KT outcome, we first sought feedback from an ABA professional to review our summary of the field of Behavioral Analysis that had been developed to describe the scope of practice and philosophy of the profession. Next we sought feedback from our CP to assure clarity and usability of the KT product for the employees in her clinic. Because hiring of the BCBA at our CP’s clinic was kept confidential at the time, the KT product could not be shared with the clinicians for peer review. Instead, we sought peer feedback from our fellow occupational therapy classmates through an online survey. Please see appendix A for a copy of the KT product.

**Monitoring Outcomes of the KT Product**

According to Palinkas and Soydan (2011), “if an intervention is pertinent to the task of the potential user, it will be adopted more easily” (p. 57), thus we were interested in how pertinent our resource would be to occupational therapists. To test the relevance of our electronic resource, we created a short electronic survey to monitor the efficacy of the KT document. The survey contained ten questions that covered components of the electronic resource including content, accessibility, aesthetics, and usefulness for practice. Two questions were formatted to assess knowledge of collaborative strategies before and after reading the resource using a 1-10 Likert-type scale with values from (1) least knowledgeable to (10) most knowledgeable.

Palinkas and Soydan (2011) also discuss various aspects of knowledge translation including compatibility, complexity, trialability, and observability. To test these aspects of our work, we created several questions in our survey regarding the aesthetics, layout, content engagement, ease of content navigation, and ease of content timeliness for our resource. These questions were formatted using a 5 point Likert-type scale from strongly disagree to strongly agree. One multiple choice question was provided to assess which chapter was most informative.
Lastly, two qualitative questions were included to collect feedback on what information was most valuable from the resource and what suggestions reviewers had to improve the quality of the resource. The feedback will be compiled and considered for a final revision to better support the translation of knowledge to clinicians. After submitting the final resource to the CP, a one-year follow up outcome survey will be provided to her for use in assessing the usefulness of the electronic resource in that setting.

**Evaluating Overall Effectiveness of the KT Product**

A peer review process was used to evaluate the overall effectiveness of our Collaboration with ABA Professionals document. The survey was sent on 04/24/17 to the 42 students in the University of Puget Sound Master of Science in Occupational Therapy class of 2017. Due to timing, the survey was available for only 2 days. Fourteen of 42 possible respondents provided feedback on the original KT product. In addition, our CP assessed the KT product through verbal feedback. As forced response was not required for this survey the respondents were allowed to skip the survey items as they so chose. Of the 10 questions on the survey one respondent skipped one of the design questions, two respondents skipped the questions “What area of the document was most informative?” and “After reading our document on interdisciplinary practice please rate, on a 1-10 rating scale, how knowledgeable do you feel in strategies for collaborating in an interdisciplinary practice?”, and roughly half of the respondents did not respond to the questions “What was the most valuable thing you learned through this document?” and “Please provide any suggestions to improve our document”. The results of the peer-review survey sent on 04/24/17 indicated an increase in perceived knowledge of effective collaborative strategies from *somewhat knowledgeable* (5.3/10) to *very knowledgeable* (7.8/10) after skimming through our resource. Scores ranged from *neutral* to *strongly agree* in rating the document as easy to
navigate, containing engaging content, and being easy to understand. Scores ranged from disagree to strongly agree for layout and ability to read in a timely manner. Our peers rated what section they believed was most important in the KT document. 58% selected Chapter 3 Collaboration between OT and ABA, 33% selected Chapter 1 Collaboration in the Workplace, and 8% selected Chapter 2 Applied Behavior Analysis.

A summary of subjective feedback from the survey included strengths and weaknesses to the KT product. Strengths for the KT product included: becoming more aware of how to approach OT and ABA collaboration by comparing each discipline’s scope of practice to investigate potential areas of conflict and create strategies for collaborative success; a better understanding that collaboration strategies are supported by current research and that teamwork is a large factor in patient outcomes; and becoming more aware of the ways that ABA and OT can support each other in practice. Constructive criticism for the KT product included: editing the format and layout to make the product more intuitive; editing typographical errors in the reference section; and a need to ensure consistency of bullet points and indentation.

It should be noted that the low respondent rate on the surveys may reflect a nonresponse bias. To reduce the likelihood of this bias, we kept our survey open for an additional seven days and but did not receive any further feedback. Feedback from our chair and CP was also considered for the final revision of the electronic resource, which was completed on May 9, 2017. We had also planned to send a one-year follow up survey to discover the usefulness of the KT, but discovered the clinic is postponing the plan to hire an ABA professional at this time so a follow up survey will not be provided for our CP.
Analysis and Reflection of the Overall Project

Participating in this year-long master’s thesis project provided opportunities to learn about the research process, collaboration, time management, knowledge translation, and the importance of evidence based practice. The opportunity to answer a needed question by a real practitioner in the field was both a unique and meaningful experience for entry-level therapists. We chose the topic based on the phrase “applied behavior analysis,” thinking the research would apply to comparing specific treatments for children with autism. Only when speaking with our CP did we realize the research would go a different direction: more to understanding effective teaming and collaboration when integrating a new discipline, the practice of ABA, into an already established pediatric clinic. The CP initially sought information regarding a BCBA’s scope of practice, funding, and legislative policies but for the purposes of our research class, we focused on effective collaboration and teaming skills.

Wading through the literature provided us with very little research pertaining to ABA specific teaming and collaboration with other healthcare professionals. Therefore, we expanded our search to include general strategies for team collaboration among healthcare providers that could be generalized to our CP’s team and organized our research from our CAT document into four categories of information pertaining to the basic structure of team dynamics, discussing professional boundaries and the risk of misunderstanding between varying disciplines, noted facilitators and barriers to achieving effective collaboration, and noted specific and general strategies to promote successful team dynamics. From this information we created an electronic resource as a Word document for our CP for the practitioners at her facility to use as a quick reference guide to effective collaboration with an ABA professional.
The final product came together after some bumps along the way. Miscommunication, procrastination, outside commitments, and misunderstanding of role delineations created challenging detours that were eventually overcome together as a team to complete the final product. The irony is not lost on us that the very research we were conducting was not wholly followed throughout the creation of the product. This leads us to believe it may be useful for future project groups to practice these collaboration strategies among themselves in order to best support each other throughout the process.

**Recommendations for Future Follow-Up Projects**

The student researchers have several recommendations to promote a continuum of knowledge translation pertaining to this area of research. It is recommended that future students work with their collaborating practitioner to measure team members’ perceptions on integrating a new discipline and perceived collaboration competencies. It is also recommended that future teams measure and track efficacy of the strategies proposed by the current literature. Future teams may record additional strategies and their efficacy to document which strategies are most effective in facilitating collaboration among multidisciplinary teams. The student researchers suggest the CP’s facility work with future teams to monitor effective collaboration between APA professionals and other professionals to fill a gap in the existing literature on this topic. This research could serve as a key resource and promote evidence based practice among other facilities. It could also promote workplace cohesiveness, satisfaction, and potentially positively impact patient outcomes.
Reference

Acknowledgements

The student research team would like to acknowledge our collaborating practitioner, Kari Tanta, PhD, OTR/L, FAOTA, for providing the research question and assisting us throughout the process. The team also acknowledges Renee Watling, the team mentor and chair for her guidance over the duration of the project.
Appendix A

Created for Kari Tanta, PhD, OTR/L, FAOTA

Collaboration with ABA Professionals

A Quick Reference Guide for Occupational Therapists and Speech Language Pathologists

Elizabeth Schroeder, OTS, Kalene Lynch, OTS, & Allison Turgeon, OTS
5-9-2017
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Applied Behavioral Analysis

What is ABA?

Behavior analysis is the scientific study of learning and behavior focusing on two main areas: Experimental analysis of behavior and applied behavior analysis (ABA). Experimental analysis of behavior uses knowledge gained over time through scientific research on behavior including how it is learned and changes over time. Using knowledge gained through the experimental analysis of behavior, ABA focuses on modifying human behavior to further improve quality of life. Like experimental analysis, ABA is a scientifically-based discipline that developed from B.F. Skinner’s research on behavior dating back to the 1930’s. According to Heron et al., ABA practice in a clinical setting relies on several tactics such as modeling, parent training, positive and negative reinforcement, shaping, stimulus fading, and token economy systems (2015, pp. 51).

The practice of ABA is a systematic profession that aims to understand and change a targeted, socially important behavior. The systematic process is outlined by Heron et al. as follows:

1. Assessment data is first collected to determine if a behavior is in need of change. If so, collection of baseline data follows until a stable trend with in the target behavior can be discerned;
2. an intervention is introduced;
3. data continue to be collected to evaluate the effects of the treatment(s); and
4. probes are taken to assess maintenance and generalization effects (p. 54-55).

Types of ABA Professionals

- **BCBA** - Board Certified Behavior Analyst
- **BCBA-D** - Board Certified Behavior Analyst-Doctoral
- **BCaBA** - Board Certified Assistant Behavior Analyst
- **RBT** - Registered Behavior Technician
Collaboration for Occupational Therapy and Applied Behavior Analysis Professionals

“Common themes such as effective communication, motivated team members and leaders, and data collection can be found between disciplines.”

Overlap Existing Between OT and ABA Professionals that Supports Collaboration

- Both are skilled in analytical observation to help support clients
  - OTs trained in activity analysis
  - ABA professionals trained in behavior analysis
- Evidence informed practice
  - OTs value and are ethically bound to use evidence-based practice
  - ABA professionals make data based decisions that can be tracked over time. This enhances rigor and strengthens evidence.
- Both value and understand the importance of routine and consistency for their clients.
- Aversive behaviors can occur because of sensory processing issues.
  - OTs can address sensory processing issues.
  - ABA professionals focus on problem behaviors.
- Both professions consider the environmental context and how it shapes people.
  - OT utilizes the person environment occupation model to consider to the fit of environment with the person
  - ABA considers the environmental factors that influence behavior
- Literature from both professions emphasize collaboration and a client-centered approach.
- “Occupational therapy practice can augment ABA outcomes because it offers features not typically considered in ABA.”
  - OT understands sensory responses and reflex patterns.
  - ABA professional promotes behavior development through reinforcement.
  - Together, they may choose the most effective behavior to reinforce for the individual.
- “Principles of ABA can be applied for more effective and evidence-based implementation of sensory-based strategies.”
  - ABA principles suggest that timing of sensory input strategies is critical. They are trained to realize the unintended reinforcement in a client’s environment and provide consistency with therapy.

Issues that May Hinder Successful Collaboration

- Some ABA therapists may not understand the appropriateness of therapeutic activities utilizing sensory processing strategies.
Since sensory strategies are well-understood and widely used by OTs, OTs may need to advocate this form of therapy to the ABA professional when is deemed appropriate for the client.

- Misunderstanding of roles, different philosophies, and overlap of scope of practice.  
  - Especially highlighted when families must prioritize services. If clinicians cannot effectively communicate the collaborative potential to clients, families may choose one type of service over the other rather than a combined approach.

**Strategies for success:** clarify role, collect and provide data, self-evaluation, educate others, speak with clarity, build respect and understanding.
Collaboration for Speech Therapy and Applied Behavior Analysis Professionals

One of the major differences between the two professions: different terminology for similar concepts

**Reasons to support collaboration**

- Minimizes confusion for the consumer (different terminologies)
- SLPs have less training in behavior management strategies (compared to ABA professionals)
- ABA professionals have limited training on linguistic components (compared to SLPs)

**Ways to Facilitate Successful Collaboration**

Specific suggestions by Koenig & Gerenser 5 (2006) to promote collaboration between speech language pathologists and ABA therapists:

1. “Share treatment efficacy data” (p. 6).
2. “Share innovative teaching procedures” (p. 6).
3. Share basic information about your area of expertise.
4. Share your stories of successful collaboration with other professionals.
5. Read journal articles from the other profession to gain a greater understanding of scope of practice potential overlaps.
6. Share concerns about unsuccessful collaboration efforts.
7. Discuss and define roles with each other over lunch. Share information about scope of practice and discuss similarities and differences between roles.
Summary of the Existing Literature

Donaldson and Stahmer discussed the scope of practice for speech language pathologists and ABA professionals, then provided ideas for collaboration between the two disciplines that include consistency in communication and approach to practice.

- SLPs and ABA professionals overlap in using:
  - Clear instructions
  - Varying task demands to sustain the child’s motivation
  - Evidence based practices
- Additional areas of collaboration:
  - Determining the appropriate developmental level for instructions.
  - Assisting in the development of program targets.
  - Consistency in addressing behavioral challenges.
  - Assessing goal progress.
Supporting Literature


Additional Literature


doi:10.1097/01.mlr.0000124306.28397.e2
Appendix: Links and Resources

**BCBA code of ethics:**

**Description ABA professionals :**
https://bacb.com/credentials/

**Speech Pathology and Applied Behavior Analysis Special Interest Group:**
http://www.behavioralspeech.com/
Permission for Scholarly Use of Thesis

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Name: ________________________________________________  Date: ______________________

Signature of MSOT Student

Name: ________________________________________________  Date: ______________________

Signature of MSOT Student

Name: ________________________________________________  Date: ______________________

Signature of MSOT Student

Name: ________________________________________________  Date: ______________________

Signature of MSOT Student