

EFFECTS OF PARENTAL PRESENCE ON ATTENDANCE AND INPUT OF INTERDISCIPLINARY TEAMS IN AN INSTITUTIONAL SETTING

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Summary.—The present study examined the effect of parental involvement in interdisciplinary team meetings in a residential institution for the mentally retarded. At random from records of annual evaluative conferences, two groups each of 55 residents were selected, one group having parents present and the other having no parents present at the staffing. Analysis of group differences was through univariate analysis of variance. When parents were present more staff members attended the staffing and more recommendations were proposed by the larger interdisciplinary team. The implications of these findings for the functioning of the interdisciplinary team were discussed.

The team approach to providing care for handicapped individuals is being implemented increasingly across a variety of settings such as psychiatric centers (Birjandi & Sclafani, 1973; Lassiter & Willet, 1973), schools (Falik, Grimm, Preston, & Konno, 1971; Hogenson, 1973), mental health centers (Cahn & Petersen, 1973), and institutions for the mentally retarded (Antwerp, 1970; Morgan, 1973). In the case of institutions for the mentally retarded, the Accreditation Council for Facilities for the Mentally Retarded (1975), in its regulations concerning programming for residents, has specifically advocated an interdisciplinary team approach to program development. Part of this approach recognizes the importance of parental participation in the interdisciplinary staffing of residents. Thus far studies involving the role of parents in the team approach to treatment have been carried out primarily in psychiatric facilities and focused on either parental involvement in the initial diagnosis (Drabman, *et al.*, 1973; Morgan, 1973) or in later implementation of adopted treatment plans (Botovnik, 1973). However, they have not investigated the effects of parental presence on team functioning during the staffing. It seems that parents, who hold moral and legal responsibility for their children, would influence team behaviors related to the staff meeting. Since it is during the team staffing that program planning and development are actually accomplished, it would be important to determine whether parents' presence affects team functioning. The present study attempted to determine whether or not the presence of parents of institutionalized retardates at interdisciplinary staffings has an effect on the functioning of the interdisciplinary team and, if so, to look at some of the ways in which such functioning might be affected.

In the particular institution investigated comprehensive annual evaluations are conducted on each resident by staff members from a variety of disciplines,

such as psychology, medicine, speech pathology, social work, and nutrition, as well as by living unit care staff who work with the resident on a day-to-day basis. The staffing is generally chaired by either the unit psychologist, social worker, or program coordinator. Since the institution provides services for over a thousand residents, staff members are unable to attend the annual evaluation of each resident and therefore must determine, on some basis, those meetings in which they will personally take part. When a staff member is unable to attend a team meeting, he submits a report of his evaluation to the staffing's chairperson. Parents of residents are notified of the time of the evaluation, and staff members are subsequently informed as to whether or not the parents will attend the staffing.

METHOD

Subjects

The 110 subjects were randomly selected from the central record files of a large midwestern institution for the mentally retarded. These files contained diagnostic and programmatic information on all residents. From this source records were selected until 55 records of patients whose parents attended and 55 records of those patients whose parents did not attend the last annual evaluation had been accumulated.

Procedure

The data concerning interdisciplinary team functioning were selected from the interdisciplinary annual evaluations conducted on residents during 1976-77. The two dependent variables employed in the analysis were the number of staff members attending the annual team meeting and the total number of recommendations made by the team. The investigators could not determine whether or not parents were present at the staffing until after having recorded the above information, since signatures of those individuals attending the evaluation were given on a separate page at the conclusion of the report. The two variables were selected because it was believed they would constitute a display of accountability by staff to parents. With increased pressure on institutions for demonstration of their productivity and public usefulness there is likely to be an increased effort to convince residents' parents of these qualities in face-to-face meetings.

RESULTS AND DISCUSSION

Means and standard deviations for the "parent present" and "parent not present" conditions are presented in Table 1. A one-way analysis of variance was performed separately for the number of staff present and for the number of recommendations. The results indicated that there were more staff members attending the staffing ($F_{1,108} = 15.41, p < .001$) and more recommendations proposed by staff ($F_{1,108} = 3.71, p < .05$) when parents were present than when they were not present at the conference.

TABLE 1
MEANS AND STANDARD DEVIATIONS OF DEPENDENT VARIABLES FOR GROUPS
WITH PARENT PRESENT AND PARENT NOT PRESENT

Dependent variable	Parent present		Parent not present	
	M	SD	M	SD
N Recommendations	21.93	11.96	18.07	8.80
N Staff members	6.38	2.11	5.04	1.41

The results indicate that parental presence has a clear differential effect on the functioning of the interdisciplinary team in an institution for the mentally retarded. The finding that there are more staff and more recommendations proposed when parents attend such meetings has important implications for residents, parents, and staff. It is likely that personal input by staff on the development of programs for residents increases the probability of a staff member's recommendations being included in the interdisciplinary report, thereby benefiting the resident. Direct staff participation in the development of the program is also likely to result in the greater involvement of each attending member in the implementation of the program, as he will have had an active role in its formulation. Again the resident would ultimately benefit. Such benefits are more likely to occur when parents attend the interdisciplinary staffing than when they do not. The greater number of recommendations offered when parents are present may reflect the greater number of staff present and/or the proposal of recommendations by parents as well. This observation might also have been related to staff members attempting to appear in a more favorable light, i.e., demonstrate accountability. It may be more useful to examine other behaviors occurring during evaluative conferences such as the quality of verbalizations of different staff members. Taping the sessions would provide more direct measures of events and eliminate distortions in later recall. It would be interesting to examine whether the presence or absence of other staff members affects functioning of the interdisciplinary team. Performing similar studies in a variety of settings which currently employ team programming approaches would provide information as to the generalizability of such observations.

REFERENCES

- ACCREDITATION COUNCIL FOR FACILITIES FOR THE MENTALLY RETARDED. *Standards for Residential Facilities for the Mentally Retarded*. (5th print.) Chicago: Joint Commission on Accreditation of Hospitals, 1975.
- ANTWERP, M. An interdisciplinary approach to functional mental retardation. *Mental Retardation*, 1970, 2, 24-26.
- BIRJANDI, P., & SCLAFANI, R. An interdisciplinary team approach to geriatric patient care. *Hospital & Community Psychiatry*, 1973, 24, 777-778.
- BOTOVNIK, G. Consultation, symptoms, listening. *Revue de Neuropsychiatrie Infantile et d'Hygiene Mentale de l'Enfance*, 1973, 21, 517-528.
- CAHN, L., & PETERSEN, R. Education and mental health: a need for interdisciplinary involvement. *Journal of School Health*, 1973, 43, 218-220.

- DRABMAN, R., SPITALNIK, R., HAYAMEN, M., & VAN WHITSEN, B. The five-two program: an integrated approach to treating severely disturbed children. *Hospital & Community Psychiatry*, 1973, 24, 33-36.
- FALIK, L., GRIMM, M., PRESTON, F., & KONNO, T. Evaluating the impact of the counseling-learning team on the elementary school. *School Counselor*, 1971, 19, 25-37.
- HOGENSON, D. A multidisciplinary approach to the inschool management of acutely anxious and depressed students in a large urban senior high school setting. *Pupil Personnel Services Journal*, 1973, 3, 29-31.
- LASSITER, R., & WILLET, A. Interaction of group cotherapists in the multidisciplinary team treatment of obesity. *International Journal of Group Psychotherapy*, 1973, 23, 82-92.
- MORGAN, S. Team interpretation of MR to parents. *Mental Retardation*, 1973, 11, 10-13.

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