Teamwork Starts At The Beginning

By Susie Rehr, pt, hpcs
with contributions from Special Strides Staff
Dreams and innovation have kept Special Strides moving forward for the past 18 years. We started by offering physical therapy (PT) and occupational therapy (OT), then added adaptive riding, adaptive driving, equine-facilitated learning and now equine-facilitated psychotherapy (EFP). This meant more than adding services and programs, it meant also adding teammates. Very early on, clinical education and mentorship was a priority at Special Strides, so our newest, ever-changing teammates are our students. Recently, they have brought to light a whole new paradigm for Special Strides. We have built a team that truly allows us to treat in a holistic manner: the client, the caregiver, and the entire family unit. Adding a mental health perspective outside the obvious purview of EFP and into the team itself has brought about insight, change, and success for several of our clients and families.

**What is teamwork?**

“Teamwork involves several components: communication (essential in order to prevent confusion or disorder), sacrifice of ones’ time or opinion, and leadership.” - Sarah, a physical therapy clinical education student

“Teamwork involves a group of people working together with positive intention, creating purposeful energies. It means applying each member’s knowledge in order to obtain a solution. It means never having to feel alone when trying to achieve a goal.” - Lorie, a clinical social work student

“Teamwork is like a puzzle. Our clients are made up of many components, and each member of the team addresses a different ‘piece’ according to our area of expertise. Together, we treat the WHOLE client.” - Aly, an occupational therapy fieldwork student

“Teamwork is the joining together of multiple forces where together they are much stronger than each individual unit.” - Susie, a physical therapist

“Teamwork: several individuals, each with their own skills and strengths, working together as a unit toward a common goal.” - Jen, a registered, licensed occupational therapist

“Teamwork in the truest form allows us to reach a goal with the highest potential, a sharing of ideas in a non-judgmental manner to achieve a collective goal bringing the best out in each other.” - Laurie, a registered, licensed occupational therapist

**Where does it start?**

For a therapist, teamwork starts with clinical or fieldwork education. For a client, it might be their first day of therapy. For a struggling parent, it might be the first day they see a light at the end of the tunnel. Where and when teamwork starts is different for each individual and each situation. It might even mean starting down a new track or trying a new plan of action.

Incorporating teamwork into the rehabilitation setting is not novel, but it is often overlooked by therapists who incorporate hippotherapy in their practice. This is not due to lack of desire. Frequently, it is because of lack of opportunity, isolation of practice, dearth of other clinicians to team with, and financial or manpower challenges. This is especially true when attempting to add a mental health practitioner to the treatment team. In a “typical” rehabilitation setting, the social worker or psychologist shares insight with the team regarding the family’s coping skills and strategies, current emotional status, and pitfalls that might impact goal setting and home carryover. In the outpatient setting, this critical element is often overlooked or just not possible.

AHA, Inc. has used social media to connect practitioners with the goal of creating a large “team” in cyberspace, but nothing compares with teaming with other practitioners on a daily basis.

At Special Strides, OT and PT co-treatment is a common occurrence. Each of us review the client’s presentation from our own unique perspective and form ideas for treatment and outcome measures/goals. This results in powerful interventions for clinically complex clients. It is a model that we embrace consistently, and it has fostered depth in each clinician as we learn from each other—PTs gaining insight and expertise in the area of sensory processing, and OTs refining their assessment and handling of an individual’s gait and standing balance. We have recently added a licensed clinical social worker to our team, and the services offered and the benefits reaped by our client base have expanded exponentially. This new team member plays a role not only as a primary clinician providing EFP services, but also as a consultant to the other therapists and adaptive riding instructors.

The sounds of teaching ring out from April to December each year at Special Strides. In previous years, 2 PT students and 1-2 OT students would fill the small
desks added to our offices (one student/discipline at a time). Having students from each discipline on site at the same time creates an ideal learning experience. They have an opportunity to start with teamwork from the very beginning of their professional career. They learn essential aspects of each discipline that will shape their interactions into the future. This fall, we have broadened our clinical education to include social work. Now our clinical education palate mirrors our service model, as we currently offer OT, PT and EFP. Expanding our student team has lead to benefits for our treatment team as well.

Thus far, our 3 students have worked as a team with 2 clients. One is a very clinically complex client, and the teamwork they are able to employ in the treatment plan would have been unconceivable for our facility just one month ago. It opened many new doors. Once we decided to bring on a social work student, we were also able to consider the feasibility of restarting our defunct parent support group. With all 3 disciplines practicing at Special Strides concurrently, we could also add a body mechanics lecture to our format to help prevent injury and ease caregiver burden in a very direct manner. But first, our social work student had to be exposed to therapy, meet the clients and understand their needs, and discover firsthand what it is like to assist a child with special needs. Therefore, her first assignment was to attend a sidewalking workshop and become an active sidewalker. In this position she could gain insight into the needs of the parents and the children themselves. We never realized the other possibilities that would open up for us, our clients, and their families.

One of those doors opened up during week 3 of clinical. The PT and OT were treating a very clinically complex client while simultaneously teaching the PT and OT students about handling techniques, head control, emotional tone, therapeutic use of self, equine selection, equine movement, and equipment choice. The social work student was left to do what she does best: talk with and listen to the mother, who was watching the therapy session from a distance. What transpired from that simple interaction led to an opportunity for collaboration in a way that we have missed in our 18 years of service delivery: the chance to treat the entire family and thus provide a more integrated treatment plan then we ever thought possible.

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**Case Study: Client RC**

- **BACKGROUND:** RC is a 5-year-old girl who sustained an anoxic brain injury secondary to delayed re-intubation after a period of critical illness due to Steven Johnsons Syndrome after antibiotic usage. Client is currently one year post onset. Parents are married but the mother is the primary caregiver. There is a 3-year-old brother in the home. The grandmother and step-grandfather are prominent figures in the care of both children. The family recently moved from Long Island to New Jersey for additional support from the grandmother. The mother appears to be overwhelmed and is noted to have difficulty carrying the child due to extensor tone; she eagerly accepts any assistance that is offered. She is also noted to remain in our office for up to an hour after treatment sessions, attempting to feed her daughter. She is eager to socialize with anyone in the office at the time.

- **CLINICAL INFORMATION:** RC receives therapy 2x/week for PT/OT co-treatment. During sessions, it is noted that she displays movement patterns that are suggestive of seizure activity, however the mother denies history of seizure. The mother is given additional contact information for a neurology consult, but appears very hesitant and is resistant to follow up. Concurrently, the social work student starts walking with session and talking therapeutically with the mother.

- **OUTCOME:** Team meeting is held with PT and OT, PT and OT students, and social work student. At this time, it was revealed that the mother is terrified of having to give her child any medication and is resisting the possibility of seizures because she does not want to have to medicate. It is obvious that she is listening, however her follow through is limited due to this fear. Without the team meeting, the mother would erroneously be assumed to be non-compliant and unconcerned about the potential for seizure. Team members reported the following:

> “During the team meeting, communication was essential. Despite understanding the client and knowing her physical needs, the rest of the team was unaware of all the challenges in the mother’s current situation.”

- Sarah, PT student
CLIENT-CENTERED TEAMWORK
Collaboration of different professionals allows all members to engage in a gestalt approach where all angles of the situation are realized and prioritized. The mental health perspective allowed me as a professional to “see the big picture” and colored my empathy with deeper understanding of the family system. It was an “a-ha” moment in recognizing the resistance of my recommendation to the parent.

"Through this meeting, we (the team) increased each person's knowledge and understanding of all areas affecting the client and family—biological, environmental, and systems.” - Lorie, social work student

"I was able to see the true value in interprofessional collaboration as we discussed RC. We were able to all bring our areas of expertise together to create the best treatment environment for the client.” - Aly, OT student

Adding a mental health practitioner to the service model gave us more flexibility and greater ability to impact current clients. It is not simply adding EFP as a service offering, it is adding another healthcare practitioner to the team. The only challenge to this therapy model is reimbursement.

In another variation of this team concept, the social work student is the sidewalker and active team member, as described in this second patient case:

CASE STUDY: CLIENT M

➤ BACKGROUND: M is a 10.9-year-old girl with diagnoses of autism spectrum disorder, mood disorder NOS, and ADHD. She presents with impairment in many areas, including sensory processing, self-regulation, hypotonia, motor planning, visual perceptual skills/spatial awareness, visual motor integration, attention, frustration tolerance, and social interactions. She also demonstrates limitations in self-confidence leading to fear/anxiety and agitation. Her mother has also identified some defiance and extreme difficulty receiving criticism of any sort.

➤ CLINICAL INFORMATION: M has been receiving OT with hippotherapy as part of an integrated treatment approach since late fall 2014. During this time, gains were made in many areas. However, progress was limited in terms of her coping skills, frustration tolerance, self-concept, self-confidence, and anxiety. During this period her mother was diagnosed with a life-threatening illness.
It was identified that M would benefit from mental-health services, so M began participating in EFP every other week. The social worker and OT collaborated and communicated regarding the case on a regular basis. However, treatment sessions themselves remained separate: either OT or EFP. It was determined after several sessions that a pure EFP session was too intense. M would often shut down and outwardly expressed that she did not want to continue EFP, inventing a different ailment (headache, stomachache) when discussing difficult topics. This may have been to avoid discussion, or perhaps these were real manifestations of her mental state. Whatever the case, progress was greatly hindered.

The arrival of new clinical students allowed for a unique experience: a transdisciplinary approach to this client. The OT, OT student, and the social work student would be able to treat this client simultaneously, collaborating, planning, and treating together within the same session. They would be a true team, working together for and with the client to achieve their goals.

**OUTCOME:** This was more than an interdisciplinary approach. It was not just half an OT session and half an EFP session. The OT and the OT student worked to use the movement of the horse and other sensory equipment to achieve organization, attention, and self-regulation, while the social work student was able to delve more deeply into feelings, emotions, underlying problems, and solutions without the shutdown that had been previously noted. In the very first session using this approach, the impact was overwhelming. The sum of the 2 parts was greater than expected. The outcome for M was not only increased ability to speak openly regarding difficult topics, but also improved coping skills, decreased anxiety, and increased confidence. She was willing to try new things that challenged her. The team has built on this success in every session since.

This transdisciplinary approach is the definition of teamwork: several individuals, each with their own skills and strengths, working together as a unit toward a common goal.

Our clinical students learn from day one that teamwork can be a powerful tool, and that working together can often facilitate achievement of goals much faster and with greater ease than attempting to work toward them separately. As these students move forward with their careers, they will take this new perspective of teamwork with them and help to shape the future of healthcare into one that can more readily embrace and appreciate the success of the transdisciplinary approach.

**Susie Rehr, PT, HPCS**

Susie Rehr, PT, HPCS is the Executive Director at Special Strides. Education is a critical element of practice for Susie both personally and professionally. In addition to teaching her clients, she has had over 25 PT clinical education students and teaches other courses throughout the year. Teamwork and education are hallmarks of the culture at Special Strides. Contributions to the article were made by Laurie Landy, OTR/L and Jen Madjolsz, OTR/L in addition to our fall 2016 physical therapy/occupational therapy/social work interns. Team work permeates all treatment sessions at Special Strides and this article highlights some of the newest contributions of our team members.