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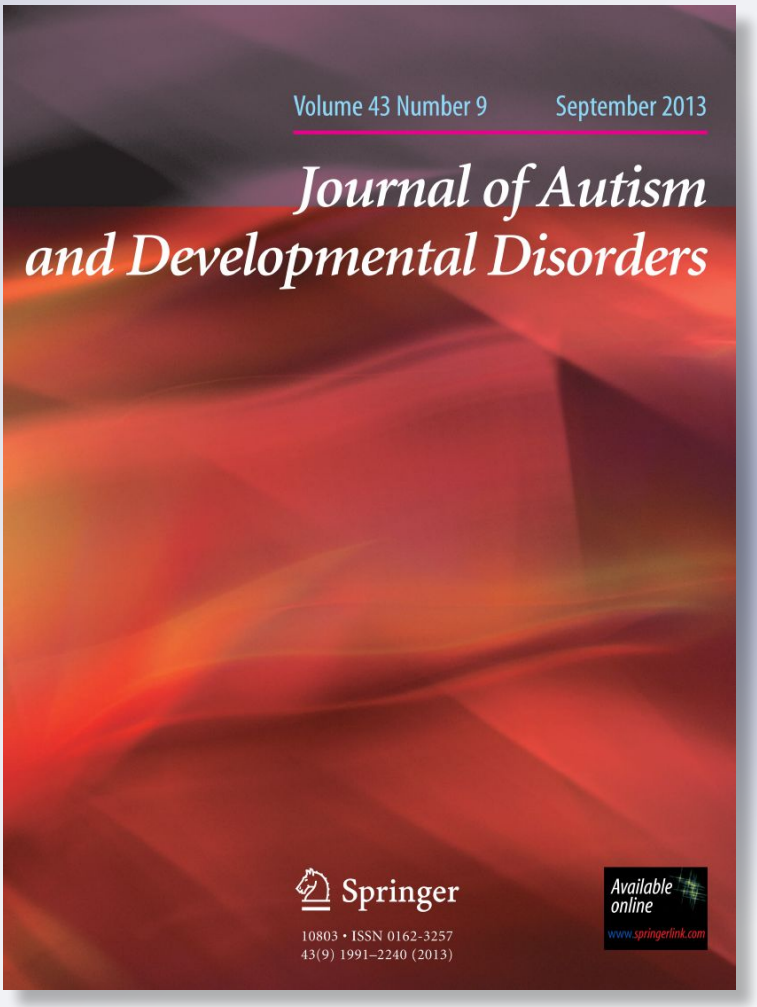

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ORIGINAL PAPER

Seeking Team Collaboration, Dialogue and Support: The Perceptions of Multidisciplinary Staff-Members Working in ASD Preschools

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Abstract
Autism spectrum disorder (ASD) impacts various developmental domains, requiring interventions by professionals from multiple disciplines. In Israel, ASD community preschools' multidisciplinary teams aim to provide each child with an integrative intervention program. The current study focused on the working experience of 21 professionals from multidisciplinary teams in ASD-preschools, with special emphasis on their perceptions of the intra-staff dialogue in their teams. Interviews were transcribed verbatim and analyzed through grounded theory. Arising themes covered: challenges characterizing the delivery of intervention to children with ASD in a community setting; challenges met by professionals when attempting to navigate multidisciplinary teamwork; and factors that facilitate multidisciplinary work. Practices that support multidisciplinary team cohesion at the team, the organizational, and the policy-making levels are discussed.

Keywords Autism spectrum disorder · Pre-school children · Policy · Education services · Health services · Qualitative research

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition, characterized by marked, pervasive and persistent impairments in social communication, and by restricted and repetitive behaviors and interests (American Psychiatric Association 2013). ASD impacts multiple developmental domains, including cognitive, motor, and self-care skills (Fournier et al. 2010; Landa et al. 2013). Hence, children with ASD need to receive treatment that targets a wide range of developmental goals (Wallace and Rogers 2010). Special education ASD settings target these goals through multidisciplinary teams, as recommended in several health-care and educational guidelines (National Institute for Health and Care Excellence 2013). The current study used a qualitative grounded theory approach to explore the attitudes of therapeutic team-members delivering services in Israeli community ASD preschools, in terms of the challenges and the opportunities they meet in their line of work in a multidisciplinary team.

Literature Review

Non-manualized treatment delivered by members of several disciplines form the common early-intervention method for children with ASD in several countries (Eldevik et al. 2012; McKeele et al. 2015; Muratori et al. 2014), including Israel (Zachor and Ben-Itzchak 2010). Such special-education and therapeutic professional team-members usually describe their work as deriving from a wide range of intervention practices, both behavioral and relationship-based, with adaptation choices being made depending on the child's profile, the practitioner's preference, and external factors (Stahmer et al. 2005, 2011).

Research among community-providers to individuals with ASD in the U.S reported various challenges encountered by professionals. Providers spoke of an experience of incompatibility between requirements posed by higher authorities, and the actual reality in community-based programs, with feelings of frustration with the "system" due to perceived lack of help given to providers (Iadarola et al. 2015). Another study has reported of professionals' need for

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more extensive training and additional ASD-related knowledge, since typical knowledge and intervention practices were perceived as ineffective when applied with children with ASD. This study also described feelings of frustration arising from the slow progress made by treated children, and the perceived lack of time to actually make a tangible developmental change (Brookman-Frazee et al. 2012). Tension and difficulties to coordinate between different elements in community practice, such as mental health and educational providers, were also described by treatment-providers (Iadarola et al. 2015).

Historically, the provision of treatment to children with ASD in Israel was the responsibility of the Israeli Ministry Of Health (MOH), which delivered intervention via mental-health services. Thus, provision of treatment was in the exclusive scope of mental-health professionals, whose main training in Israel is psychodynamic. The formation of parental and professional organizations brought along changes in policy and legislation, resulting in the establishment of special-education preschools that provide comprehensive educational, rehabilitative and therapeutic services to young children with ASD, alongside the above mentioned services provided by mental health professionals (Laor et al. 2017).

Currently, the criteria set jointly by the MOH and the Ministry Of Education (MOE), offer a developmental-therapeutic package of about 17 weekly hours to children with ASD that includes the services of a speech-language pathologist (SLP), an occupational therapist (OT), and a psychologist or a social-worker. Apart from these core interventions, additional therapeutic services may be delivered by other professionals, such as physical therapists, behavior analysts, Floortime™ therapists, and creative-arts therapists (art, dance, music). Specialized ASD preschools deliver this package via a therapeutic team which operates inside the preschool-setting (Laor et al. 2017).

The Israeli MOE's Director General's Circular regarding this therapeutic package views its delivery as a holistic perspective of intervention for young children with ASD (Israeli Ministry Of Education 2016). According to this rationale, the delivery of therapies by a multidisciplinary team within the preschool setting, enables the provision of a comprehensive educational-therapeutic plan for each child, integrating the work of the pedagogical staff members (a lead teacher, an associate teacher, and paraprofessional aides) and members of the therapeutic team (Israeli Ministry Of Education 2016). This arrangement aims to form a unique therapeutic milieu consisting of a large group of professionals from various disciplines that are expected to form a cohesive team, delivering a well-integrated intervention. The team is required to meet on a weekly basis in order to facilitate its integrative work.

However, while the notion of a multidisciplinary treatment model is based on theoretical tenets and might ring true in the ears of parents, stakeholders, decision makers, and practitioners in the field—this model is dependent on a certain degree of intra-staff dialogue and cohesion, two factors which have been poorly researched in current literature. Each professional comes into the team with their own educational background, set of professional views, and individual supervisors who have limited contact with each other, if at all. Furthermore, these teams are assembled at the "high ranks" of the providing association, so that the lead teacher and treatment coordinator do not choose the members of the teams over which they preside. This renders the question regarding the extent to which such a heterogenous group of professionals can deliver an integrated treatment framework to children in ASD preschool-settings, and the factors that affect their ability to do so.

The current study aimed to explore the attitudes of therapeutic team-members delivering services in Israeli specialized ASD preschools in terms of the challenges they meet in their line of work in a multidisciplinary team. Our objective was to examine the perceived teamwork and staff cohesion of the multidisciplinary preschool staffs as experienced by those treatment providers.

Method

Participants

Twenty-one members (3 males) of the allied health professions (6 psychologists, 3 creative-arts therapists, 3 occupational therapists, 5 speech-language pathologists, 3 behavior analysts, 1 physical therapist), representing 11 Israeli specialized ASD preschools, were recruited for the current study using a convenience sample method.

The professionals interviewed are all employed and managed by a NGO providing therapeutic services to ASD-preschools, funded by the MOH and adhering to its regulations. They work inside the ASD preschools, together with educational professionals and para-professionals (teachers and aids), but are not considered preschool educational staff. All participants were working in preschools located in the center of Israel. Their ages ranged from 28 to 37 years (M = 32; SD = 2.74). All participants had an education level of a bachelor degree or higher, and 8 of them had a master's degree in their respective profession. Participants had a mean of 2.7 (SD = 2.03, range 1–9) years of experience working with children with ASD, and a mean of 2.58 years of seniority in their preschool setting (SD = 2.12, range 1–9). Participants delivered a mean of 19.17 intervention hours per week (SD = 4.90, range 12–33). Members of the preschool multidisciplinary team all receive weekly external supervision from specialized supervisors in their respective professional fields, and attend various seminars, case study

groups, and conferences, that aim to expand their professional knowledge-base.

Generally, interviewees have described themselves as combining techniques from several practical and theoretical approaches. All interviewees have referred to relationship-based and unstructured, ecological learning as their practice of choice. Participants who do not deliver psychotherapy (OT, SLP, PT, BA; 59% of the interviewees) have also mentioned that they employ more structured and behavioral practices when needed. The subgroup of psychotherapists, i.e., creative-arts therapists and psychologists (41%) have described their main approach as psychodynamic. Most participants have underlined the importance of working with parents. However, while psychologists and creative-arts therapists meet parents every fortnight, professionals from other disciplines usually meet parents about 3 times a year. Interviewees also spoke about the professional rapport with the educational staff, specifically with para-professionals. Most professionals have mentioned conducting some work with the educational staff, such as joint group activities, or counseling educational staff sporadically. Only three participants (all psychologists) were involved in routine counselling meetings with para-professionals.

Interview Development

All four authors participated in the construction of the interview probes based on research literature regarding implementation science in early-intervention, the research to practice gap, and community-based services for children with ASD and their families. Additionally, clinical experience of the authors (a psychiatrist and three psychologists), based on their work in the field of community-based ASD intervention, served as a guide for possible interview topics. Finally, a 'trial-run' of the interview guide with three therapists from community ASD preschools was conducted, in order to receive comments and suggestions from these interviewees about the interview's content and structure. Examples of the questions can be found in the Appendix.

Procedure

Following ethical approval, participants were invited to take part in a study exploring the subjective experience of therapists working in ASD preschools. Interviews were conducted by the first author at a time and location convenient for the interviewee, and each lasted for 60–90 min. Interviews were audio recorded for later transcription. The interviewer was a psychologist and a PhD student researching preschool-based intervention for children with ASD, with about 10 years of experience in the field of autism, including provision of treatment in ASD-preschool settings. Some of the participants were acquainted with the interviewer via professional circles. After receiving an explanation regarding the nature of the study and ensuring confidentiality of their identity to allow for open and candid descriptions, professionals were requested to describe their work at the preschool setting. This included the intensity of intervention hours they deliver, the number of children they work with, the supervision and training they receive, the practices they employ in their line of work and their work with parents. Participants were then asked to elaborate on the multidisciplinary teams they work with, and the ways that they experience the multidisciplinary intervention setting. Finally, participants were asked about any changes they would have made to improve their working experience as an intervention provider in an ASD preschool.

Data analysis

Analysis was conducted based on the grounded theory methodology (Corbin and Strauss 2014; Glaser and Strauss 1967), with the aid of the Narralizer qualitative research software (Shkedi 2014). This methodology was chosen in order to generate a theory of multidisciplinary-team dynamics and processes in ASD treatment, which are currently not well understood. Interview audio-recordings were transcribed systematically, and then reviewed by the first and last authors repeatedly, to identify recurring themes across interviewees. The analysis embraced a phenomenological approach, aiming to gain an understanding of the subjective experience and the meanings ascribed to those experiences by participants (Starks and Trinidad 2007). Analysis began from the commencement of data collection in order to update the interview guide according to the materials arising during this process. The collected interviews were first sorted out into broad categories, which were then re-read and refined, to detect emerging themes, together with a priori themes based on the questions in the original interview protocol. Disagreement in classification were resolved via discussion between the authors. Quotes were then assigned to the emerging themes to illustrate their content. Sampling continued until thematic saturation was achieved and no new themes emerged.

In order to insure credibility and authenticity of the qualitative analysis and conclusions, several measures were taken: data triangulation was attempted by analyzing interviews with participants pertaining to multidisciplinary teams from different preschools, and comparing the experiences reported by interviewees from different settings. Additionally, investigator triangulation was attempted by continuous deliberation between the authors regarding the emerging themes, and the extent to which they faithfully portray the experiences of interviewees. As all authors are also experienced in community work with young children with ASD,

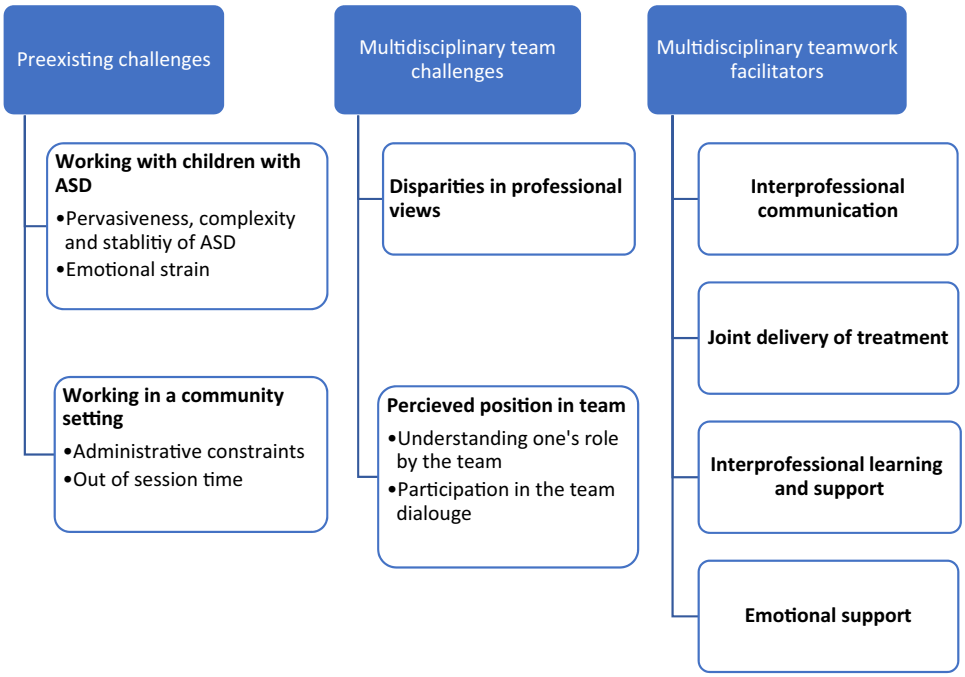

Fig. 1 A summary of categories and themes arising from team members' interviews

we attempted to maintain continuous self-reflection, in order to identify possible researcher-biases in the analysis process.

Results

We structured themes arising from the conducted interviews into three categories: (a) the challenge of working in ASD preschools; (b) the challenges individual professionals face as a result of their multidisciplinary team work; and (c) identified solutions which might moderate the influence of the challenging settings and the barriers standing in the way of fruitful team work and dialogue. These themes are detailed in Fig. 1.

Preexisting Challenges

From the collected interviews, we have identified two main preexisting challenges met by team-members in their line of work.

Working with Children with ASD

A challenge discussed by many participants is that of delivering services to children with ASD and their families. Two main subthemes were identified in this theme.

The complex, pervasive and stable nature of ASD ASD was described by participants as a complex, pervasive and stable condition. Various characteristics of the diagnosis were mentioned as difficult to manage professionally and emotionally. The pervasiveness of the difficulties that need addressing often requires professionals to seek practices that are out of the scope of their training.

> Every child's difficulties cover many fields, and I think that is where we have to cope with integrative issues that require the ability to adapt, and work… not only in our own field, but beyond that, said a BA.

Professionals reported they sometimes feel unfit to deal with difficulties that are not directly related to their field of expertise, as told by an SLP:

> …the complexity of the impairment. It brings me to deal with things that are not pure speech-language pathology. More of an emotional coping, or trying to overcome other difficulties like behavior problems or regulation issues

Another complex aspect in the professionals' work was having to disentangle various potential causes for a child's difficulty and ways to address it: "It is hard to pinpoint where the emotional difficulty is and where is the developmental problem" said a psychologist. An OT shared the difficulties to conduct functional-behavioral assessments in her field:

> I don't know if he didn't listen to the instruction, didn't understand it, or understood but doesn't feel like responding right now.

Dealing with these aspects of ASD can compromise the professional sense of competence, and elevate the frustration experienced by providers. Team-members implied that managing the various characteristics of ASD requires a broad

toolkit of skills which they do not necessarily possess. However, this challenge also serves as an opportunity for mutual learning and skill expansions, if well facilitated. Themes in the following categories will further explore this issue.

Emotional Strain Participants have discussed the emotional challenge in providing services to children with ASD in a public preschool setting. In her line of work, one of the SLPs said she attempts "To learn to create a balance between providing treatment, and between not taking it home… I'm really engrossed with some of the kids." The intensive contact with children with multiple difficulties, together with the emotional connections formed with children and their families, and the tight schedules in which therapists work are likely to cause tension. Additionally, the professional and personal wish to help children and their families, seems to also have an emotional influence on providers:

> There are children you can't stop thinking about. You finish your work, but you can't just close your notebook, go home and disconnect […] There's the concern, that you really just want to promote, promote and promote them, and it's…a load. And there are low-functioning children… so, it's very touching, said a SLP.

However, this aspect of work in ASD preschools can be easily overlooked with the intensive work in these settings. According to one of the BA interviewees, this can take a significant toll on the therapist, and affect their professional development and functioning:

> There is a lot of stress here, and to learn in these conditions is not easy. It brings up a lot of tension that is not always addressed at the emotional level.

Working in a Community Setting

The second challenge discussed by the participants, was that of delivering services in a public setting. Two subthemes were identified in this theme.

Administrative Constraints Community settings include the reality of administrative constraints that many times overshadow professional considerations.

> If I have a session with two children where I want to change the setting, because it turned to be ineffective, why do I have to ask if it's ok? But I can't [make the changes], because I'm bound by some regulation or other (OT).

Or, in the words of a SLP,

> I wish there was less bureaucracy… just bureaucratic constraints that [for example] you can't conduct co-therapy because it disrupts the records…[also,] dealing with reports… It has no end. [by the time you finish] it's the middle of the year, and you can finally start working somehow. So, less bureaucracy, technicalities, logistics… and more being with the kids, looking at what they need.

While aiming to developmentally promote children, therapists expect the system to support them, trust their professional judgement and offer them the means to provide high quality services. However, professional autonomy and creativity seem to be curtailed by the restrictions and requirements posed by the public system. Additionally, the need to deal with paperwork that might be experienced as tedious, and far from the job description, may hamper their experience of providing meaningful services.

Out of Session Time A recurring theme among participants was the lack of time for out-of-session professional activities, (i.e., activities that are not actual therapy sessions) and the tight schedule in which they work: "The ASD-preschool setting, the work there, is very intensive, and sometimes it's wearing, you don't have a moment to spare before moving ahead". Most participants have voiced their experience that the busy treatment schedule is centered almost exclusively on child-therapist or parent-therapist sessions, with little or no time for planning, reflection and reorganization or even respite. As one behavioral-analyst said:

> One of the hardest issues for me this year was time management. We had back-to-back 45-minute therapy sessions. I always try to take the child on time, and organize the games in advance, trying to put together games that fit the next child too, and if not, then I'll have to change the setting somehow during a session. … It's constant overlap… It's exhausting, it's wearing.

It seems, then, that the packed schedule might detract from intervention quality, when the treated child might not get the preoccupied therapist's full and undivided attention. Interviewed therapists seem to receive a clear message from the system that they are expected to keep up with their treatment schedule, and not detract from the time allocated to a specific child. One SLP related to this experience: "I would give therapists more breaks, structured in the daily schedule… not to feel like I'm stealing time".

Quite a few therapists have pointed out that the lack of time does not enable them to be involved with projects and tasks that are essential for comprehensive treatment delivery:

> I feel like there is not a lot of place for us to conduct observations… [There is place] especially at the beginning of the year, but a lot of times you need to

> do it during the year, being in the child's environment and observing them, seeing the changes, enables us to understand their objectives better. We can't always do this reevaluation. It's really lacking [BA].

Or as one OT put it:

> [I need] time to spend in the classroom, without conducting therapy, just to observe and be a part of the preschool, because that's real life, not our lab in the [therapy] room.

Out-of-session time was also seen as necessary for individual and intra-staff reflection and planning:

> I barely have time to speak with the teacher, to think things over, said one of the BAs.

Another OT commented that:

> We work in some sort of a marathon, and we have less time to process things that happen in one-on-one and group sessions, to think about a session with a colleague, and generally, time to talk and consult about children with other therapists and about what happens in their sessions.

A SLP expressed her need for:

> Time for support, for each team-member to be in the classroom, see the work, guide in real-time, sit and process… time for therapist-therapist encounters.

As shown in these vignettes, the objective of integration between staff members requires sufficient time for deliberation and planning. It seems that the participants identify the importance of these practices and relate them to the quality of service they provide, which suffers from the lack of time, characterizing their schedule.

Multidisciplinary Team Challenges

Several challenges were mentioned by the interviewees, that may constitute obstacles on the way to forming integrated and cohesive teamwork:

Disparities in Professional Views

The studied multidisciplinary teams were quite heterogenous in terms of disciplines, treatment approaches, schools of thought, and professional experience. However, this large and diverse group of professionals was expected to establish a cohesive and consistent working environment, in order to promote the children's development. This was seen as a major challenge. As one of the participants put it:

> The moment everyone is attuned…does the same [kind of work]… every person in their own [field of expertise]… but a similar way of handling things, then it's much easier for the child to learn. When there is no teamwork, the child is confused, frustrated… it's very hard to make progress that way (OT).

According to the participants, achieving such team harmony was hindered by disparities in professional terminology and views:

> …the language is not uniform at all. The discrepancies between the educational and the emotional languages sometimes cause explosions… [for example,] if there is something that the child doesn't like then we respect that, whereas the educational staff might insist more (Psychologist).

From the collected data, the contrasts between the psychotherapeutic (also named "emotional" by the participants) vs. functional approaches was seen as the most striking. One SLP tried to explain this divergence between the two approaches:

> For me, the most significant tension is between the emotional field and all of the other fields, that are not emotional… that tension stems from the fact that the emotional field is less clear to others.

A creative-arts therapist elaborated on her experience of that discrepancy:

> A lot of the times I have to explain very basic things, like – why there is no chance for me to make a child I work with eat something specific… it will ruin what we've built together in the therapy room, and while others may tell me that it's not a big deal, to me - it is.

According to another creative-arts therapist,

> The encounter between therapy and education is a major area of difficulty. I think it's the general perception of the child's needs… the therapeutic staff looks deeper into the child's primary needs, while the educational staff tries to prepare them more for real life… I think that most of the time they [the educational staff] function in a 'survival mode'.

While the purpose of the incorporation of several disciplines inside a single team might be to provide holistic services that address the myriad of difficulties characterizing ASD, it seems that sometimes the different views of the child's needs might compete. Professionals come from different schools of thought originating from their training and qualification process. A specific focus of dispute is the understanding of the child's behavior and difficulties, and the 'correct' way to manage them. While psychotherapists place high importance on the free expression of the child's internal-world, as psychodynamic practice warrants, other team members

see their main goal in teaching the child visible and measurable skills. Thus, concepts of "acceptance", "empathy", and "parental grief" for instance, might clash with those of "practicality", "behavioral change", "skill acquisition" and "reinforcement".

Perceived Position in the Professional Team

Participants discussed the extent to which their professional role and unique contribution is clear to other team-members, and the extent to which they feel that their professional views are expressed and are significant in the team-work. This theme can be divided into two subthemes:

Understanding of Professionals' Roles by the Team Each member of the team is intended to be the team's designated expert in their respective field. However, participants described that the meaning of each member's expertise and profession was not always well understood by the rest of the team. In the words of one of the psychotherapists:

> I spend many hours in the therapy-room, and the others - they don't know what I do….

An OT shared her experience:

> Many children engage in severe self-stimulation, and my team members told me – take care of it, you're the OT. But it's not as simple, and not always possible […] They say, what about a sensory diet? Now, I would love to [provide one], but it's not effective.

While in some cases, expectations are based on a certain "stereotype" of a given profession which is inaccurate at best ('OTs provide sensory-diets that solve self-stimulation'), in other cases, it seems that there is a profound lack of understanding of a discipline's role in promoting children and in contributing to the team's dialogue (for example, psychotherapy).

Participation in the Team Dialogue One way through which team-members perceive themselves as significant in the multidisciplinary team is voicing one's own opinion in the team dialogue and treatment planning. Being able to voice one's opinion and to be heard by others was also seen as team-work challenge:

> I frequently wonder about the extent to which I can bring a SLP's point of view to the other team members. The emotional discourse can take over discussions and spread out, because emotional content is very intense […] (SLP).

One BA felt her unique contribution is not fully expressed:

> I really tried to bring in practical thinking and the applied meaning of each goal in the individualized educational program, but I don't think I have accomplished this sufficiently.

This feeling was also voiced by psychotherapists: "To voice my opinion, and be included in all sorts of decisions…" which sometimes required "having some audacity. If I were someone who's subtle or shy, my input wouldn't have had its place".

This theme seems to be the "flip side" of the divergence in professional views and practices, in which staff decision-making and planning might often require tipping the scales towards a single approach, leaving the others aside. The ability to create an equal, respectful, dialogue seems to also depend on the extent to which different team members are familiar with the distinct roles and intervention-goals of each other. Thus, a team member whose work is not well understood by the rest of the team, might be sometimes overlooked in decision-making processes. As it seems, individual personality differences ('audacity') are also influential in trying to deliver a significant input to the team dialogue.

Multidisciplinary Teamwork Facilitators

This category details various means, discussed in the interviews, in which multidisciplinary teamwork may be facilitated. It includes the following themes:

Interprofessional Communication

While differences of opinions and approaches in large and diverse teams are to some extent inevitable, participants described different modes of inter-professional communication in the attempt to bridge the professional gaps arising in the teams.

Some interviewees spoke about an attempt to remain open-minded towards other approaches in order to cope with the unavoidable gaps that occur in multidisciplinary teams.

> In many things – I don't agree with the psychotherapists. They speak about "enabling" and… I don't know how to speak that language… I'm more functional, I'm an OT, but… I trust that the psychotherapists have their rationale (OT).

This vignette portrays a sense of basic respect of the interviewee for the professional knowledge and experience of her colleagues. She acknowledges the divergence between their

approaches, but believes that her counterparts have their set of professional considerations in their work with children. Another element that seems to facilitate a positive and harmonized working environment is a clear definition of each member's role, and of the requirements from the individual member and from the team as a whole. This notion is portrayed in the words of a psychologist:

> The flow between the educational and the therapeutic parts is very good […] We're not isolated one from another. It's obvious that if we're missing an aide and someone from the therapeutic team is available, she will go over to the classroom. And it's obvious that someone from the therapeutic team won't confront a child about boundaries, it's obvious that the teacher does that.

This team has successfully negotiated areas of overlap and separation between staff-members, which suits the team, and defines the accepted set of expectations from each professional. This process has likely mitigated intra-staff discontent and controversy.

Yet another interviewee, a psychologist, spoke about a system of professional co-existence in which psychologists conduct therapy outside of the preschool setting, and are not directly involved in the preschool routine:

> Putting everyone in the same turmoil, with all the polarities won't give anything but explosions. What we can do is separate and create a sort of a bridge of communication. And that bridge is the supervision setting [that every staff member receives].

In his view, the gaps between the psychotherapeutic staff's approach and the other disciplines are quite significant and might be difficult to resolve. However, the supervision setting provided to all team members, which is conducted by psychotherapists, offers acquaintance and broader understanding of the terminology and ideas used by them. It is noteworthy that the reverse relationships, i.e., in which team members from other disciplines supervise psychologists or psychotherapists were not reported.

Joint Delivery of Treatment

The extent to which interviewees felt they can collaborate with other staff members in joint projects (e.g., therapy sessions, parent counselling) seems to influence their sense of team cohesion. Some form of collaboration usually happens in ASD preschools – typically group sessions, in which two different professionals team up to conduct a routine group activity. Due to regulations provided by the Israeli MOH, these joint meetings must include at least two children, thus somewhat limiting the degrees of freedom professionals have in determining the make-up and setting of these sessions. A SLP, has shared her positive experience from a joint-therapy process she carried out with a team member from a different discipline:

> It's not really accepted, and we had to get all kinds of permissions for it … but I can't even describe how well it works….some children are really hard to work with for an entire session… for the therapist and for the child… For example [when working together], one therapist can modulate sensory and emotional arousal while the other one manages the interaction….

Participants have described these sessions as valuable opportunities in which mutual learning and exchanges of goals and ideas occur: "I conduct group therapy with the SLP, and I notice that later on my individual work draws on her objectives", said an OT. Interviewees also felt that joint sessions also strengthen the relationships between team-members, and provide them with support and confidence, especially when working with children with more challenging behavior: "It's a very challenging group, we basically keep each other alive [laughs]" said another OT, while describing a joint group therapy session with a co-therapist. In general, participants have expressed their wish for additional opportunities for joint activities, such as joint parent-counselling sessions and joint sessions with children.

Interprofessional Learning and Support

A significant possible advantage of a multidisciplinary setting, is the option for mutual learning of practices between members from different disciplines. Some of the interviewees have mentioned the multidisciplinary team as a source of professional support. A SLP said:

> Speech-language pathology is not a comprehensive treatment model, so I rely on, for example… consultation and guidance from the preschool's BA, so I can use behavioral tools, like working with reinforcers.

As formerly stated, every participant receives external supervision from a qualified instructor from their respective profession. However, professionals have also highlighted the importance of internal, inter-disciplinary learning and support.

When asked how staff coherence can be elevated, a creative-arts therapist responded:

> Only by having personal work meetings. The more I explain myself to the teacher, and she sees that I know what I'm doing, the more can she trust me and listen to me […] she understands that she can learn from my approach.

When asked how she would structure mutual multidisciplinary support, an OT said:

> One-on-one meetings… structured, every week, every this-or-that amount of time I should meet with each therapist, fixed in the weekly schedule.

The interviewed therapists put a lot of stress on their wish for more opportunities for intra-staff support. It seems that the lack of it is perceived as a significant factor in intra-staff tension and misunderstandings. In view of the complex and pervasive nature of ASD, professionals also need each other's input in order to address children's difficulties when delivering treatment.

Emotional Support

The issue of emotional support to treatment providers in ASD preschools was discussed in many interviews. One of the SLPs said:

> ASD preschool settings need some sort of emotional support for the therapists… to talk about my feelings, the things I'm dealing with, to consult with someone….

Some preschool-settings have a formal system of emotional support for therapists, in which routine counselling and guidance meetings between staff members and experienced psychologists or creative-arts therapists take place. However, these are not always a part of the therapists' paid working hours. Interviewees who took part in these meetings have shared an overall appreciation for this arrangement: "It is a difficult population; it makes us deal with many things. These are processes that are important to think of, where someone, a professional, talks to you about these experiences", said an OT. Some of the interviewed participants referred to their team as a source of emotional support. For example, one psychologist said:

> When I return from a challenging session, I open the door, and no matter who's there, the aide or the coordinator… I could tell them, and they would make me feel better and… we would talk about it and the discourse would be very fertile. It is a very accepting team.

The significance of emotional support in the team is highlighted by another psychologist:

> To sit with someone and tell them—the day you've been through, the things you had to deal with. It's a sense of being seen, something that every team member needs.

All interviewed psychologists mentioned providing some form of emotional support, mainly to para-professionals, but sometimes to the therapeutic team as well. A compelling example can be seen in one psychologist's words:

> I received feedback of being attuned to the team's needs. I think this was due to the fact that I perceived the team as a client, and held that stand in the team.

Evidently, professionals working in ASD preschools benefit from a function of emotional support—the designated space and time for sharing the difficult, tedious or stressful aspects of their work. These opportunities for emotional respite may also offer therapists the possibility to "recharge" and better deal with the challenges they face working with children, parents and each other.

To conclude, several themes were identified in the conducted interviews, which can be broadly divided into three categories: the professional and contextual challenge in ASD preschools; the challenges professionals encounter in their line of work in multidisciplinary teams; and the factors that in their views facilitate team work and cohesion.

Participants described their working environment as challenging in two main ways: the work with ASD, which is experienced as a complex, pervasive and stable set of conditions many times also leading to emotional stress, and providing services in a community setting which entails dealing with various constraints and limitations, including a significant time limitation. Several multidisciplinary challenges were discussed by interviewees. Participants discussed the divergence in professional views and practices which they encounter in their line of work, mainly between emotional and functional languages, and educational and therapeutic views. Many also spoke about a sense of confusion they or other team members have regarding their roles and responsibilities in the team.

Several factors were mentioned as facilitative of multidisciplinary team-work. Interprofessional communication included mutual respect, open mindedness, and a clear definition of roles and responsibilities inside the team. The importance of interprofessional collaboration in treatment delivery was also discussed, together with a wish for more opportunities for multidisciplinary learning and dialogue. Finally, participants discussed the significance of some form of emotional support, so as to alleviate feelings of stress and tensions involved in their line of work.

Discussion

The growing recognition of the importance of early and comprehensive treatment for ASD gives rise to attempts to provide children and their families with the widest, most efficient set of services, in the hopes of promoting child outcomes. One of these attempts is manifested in the provision of services via multidisciplinary teams of professionals. The framework of the Israeli community ASD preschool-settings is a striking example for the assembly of a wide variety of

professionals inside a single intervention team, aiming to holistically address the entire range of difficulties characterizing ASD. Our findings demonstrate the challenges these teams face when working in community preschools, and the various solutions they proposed or implemented in face of these challenges.

Opportunities and advantages notwithstanding, the current exploration exemplifies the complexities and pitfalls in multidisciplinary treatment for ASD, which were discussed in current literature. Cox (2012), presented the professional and ethical complexities of a multidisciplinary treatment model. Cox argued that a significant risk in this kind of approach is that multidisciplinary teams may become the ground for the establishment of "sub-par" programs, operating in parallel, which might lead to confusion for treated children and their parents. This issue resonated in the current data, with the gap between the psychotherapeutic and functional approaches recurring in many interviews. According to Cox, the plethora of approaches and disciplines in a single treatment team poses the almost impossible challenge of combining all disciplines, while recognizing the complex interaction between the different fields. Cox offered a multidisciplinary model in which the following principles are maintained: (1) each member must achieve a "high-amateur" expertise regarding the other disciplines; (2) staff members should maintain mutual monitoring; (3) teams should create a culture of information sharing and continuity; (4) continuous monitoring and mindedness towards the aforementioned principles should be employed (Cox 2012). In the current study, some preschool teams have made local efforts to maintain similar principles, such as attempting to create a system of mutual learning and information sharing. However, these actions were mostly sporadic. The full implementation of Cox's recommendations may require an organizational commitment and a governmental policy.

Dillenburger et al. (2014) cautioned against multidisciplinary models gone astray, with unnecessary team controversy, competition and professional jealousy being a tangible risk. They specifically advocated the introduction of behaviorally based, manualized, comprehensive treatment models (CTMs), which are the most widely researched. They argued that true teamwork can only be achieved via group work with a single, manualized approach. This suggestion should decrease the dependence of teams on the dominance of certain members, and on professionals' preferences, which are largely random and uncontrollable (Dillenburger et al. 2014). This notion is important since good team-harmony might be related to intervention effectiveness but is not a sufficient factor. Importantly, current research supports the effectiveness of early behavioral intervention, and shows that it can be successfully delivered through community settings (Vivanti et al. 2016; Zachor et al. 2007).

Although not part of the aims of the current study, some interviewees were also asked as to their opinion regarding the idea of an entire team providing CTMs in a preschool setting. While appreciating the idea of a common language that can also include paraprofessionals, concerns were raised regarding the ability to maintain a distinct professional identity in such a model. Future research might address this question when exploring attitudes of teams with multiple disciplines that provide CTMs.

Other literature in the field offers some suggestions that can facilitate cohesive work of professionals from different disciplines. For example, practices such as interdisciplinary respect and mutual perspective taking are highlighted as significant for endorsing trust and partnership between professionals from different disciplines, thus maximizing outcomes for individuals with ASD (Brodhead 2015). Brodhead (2015) also offered decision-making guidelines through which behavior analysts might assess and comment on non-behavioral practices proposed by different inter-disciplinary team-members. These guidelines include consideration of client safety, seeking information about the non-behavioral practice, translation of practice to behavioral concepts and assessment of its effectiveness. According to these guidelines, sound interprofessional relationships are of utmost importance and are in the best interests of the clients. Therefore, interdisciplinary controversy needs to be justified only if clients' outcomes might be adversely affected. Other writers propose collaboration and interprofessional education to be a part of the professional training and education process of staff members (Beverly and Wooster 2018; Brown et al. 2018).

Based on the current findings and the reviewed literature, we offer a model which details three levels of facilitators for integrated multidisciplinary teamwork: the team level, the organization level, and the policy-making level (See Fig. 2).

At the team level, teams should keep mutual respect and open-mindedness as guides for multidisciplinary work. The basic working premise must be that all team-members aim to promote children with ASD and their families, and that this is the source for their actions and suggestions. Thus, the resolution of any disagreement that arises can be based on the shared goal of making the most fitting decisions on a given question. A clear definition of each team-member's roles and areas of responsibility should take place when the team is assembled and continue throughout the intervention process. Thus, each team member can be sure that their input will receive its place in the team-dialogue. Furthermore, baseline principles in decision making should be agreed upon—does majority rule? Does the lead teacher consider members' suggestions but still make the final decision? Is evidence-based practice always prioritized? Finally, interprofessional collaboration and discourse should occur regularly: in treatment-planning, co-therapy, observations

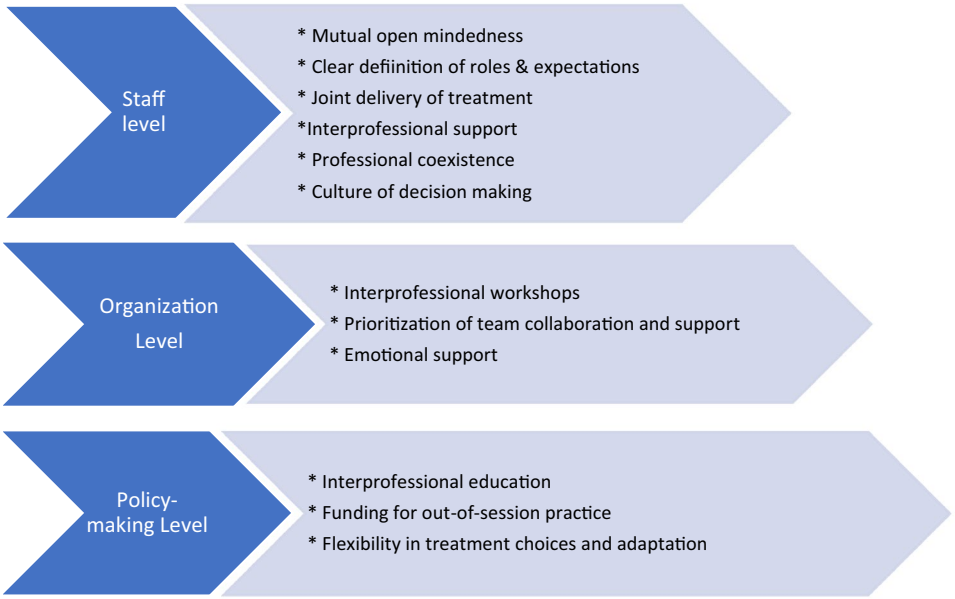

Fig. 2 Three levels of facilitators for integrated multidisciplinary teamwork

and goal setting. This way, mutual learning can occur, and children and their families can receive more coherent and consistent services.

At the organizational level, more time should be allocated to regular interprofessional discussions and planning, in order to facilitate interprofessional learning and prioritize dialogue. Furthermore, interprofessional workshops and complementary programs for workers can offer team-members deeper understanding of each of the members' qualifications and roles, and tackle any misconceptions they have regarding different disciplines. Finally, emotional support should be formally provided to team-members as they deal with complex and stressful issues in their line of work.

At the policy-making level, interprofessional education needs to begin at the professional qualification process (e.g., as part of academic training; (Beverly and Wooster 2018)), thus providing students with the basic background and readiness for multidisciplinary work. Furthermore, the importance of "out of session" practices such as planning, conducting observations and managing bureaucratic requirements should be recognized and funded accordingly. Finally, more flexibility is warranted for professionals to adapt intervention choices and settings to clients' needs.

The current study consisted of a modest sample of interviewees. It is thus important to bear in mind that the discussed narratives represent solely the experiences of the study participants. Furthermore, the current sample did not include members of the educational team, a highly significant element in ASD-specific community settings. Importantly, our group of interviewees was quite homogenous in terms of professional age, thus limiting our ability to derive conclusions regarding the views of more senior treatment providers. Future research should expand the exploration to these groups of professionals. Additionally, views of parents to children who receive services from these settings need to be studied in order to give a comprehensive account of multidisciplinary service provision for children with ASD. Furthermore, while focusing on multidisciplinary teamwork as experienced by treatment-providers at the time of the interview, this study did not explore the unfolding of multidisciplinary teamwork through time. Future research should explore these processes and the factors that possibly affect them. Finally, the relation between different views and attitudes regarding multidisciplinary team-work, and actual gains of children receiving intervention should be studied, in order to ground subjective experience in behavioral outcome data.

To conclude, the current study sheds light on the experiences of multidisciplinary therapeutic team members, working in community ASD preschools. Our findings support the employment of practices at the team, the organization and the policy-making levels, which could contribute to the formation of productive and effective models of multidisciplinary community interventions for children with ASD.

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Author Contributions YSG, OG, TG and IMS designed the study, YSG collected the data and analyzed it with OG. YSG and OG wrote the manuscript. All authors commented on the manuscript and approved it.

Compliance with Ethical Standards

Conflict of interest All authors declare they have no conflict of interest.

Appendix: Example of interview questions

1. What are the main challenges you meet when working in your preschool setting?
2. Describe the techniques and practices you employ in your work.
3. How do you decide which treatment objectives you will work on with a specific child?
4. Describe the supervision you receive in your line of work.
5. What are your experiences of the internal dialogue between different members of your team?
6. If you had the opportunity, what changes would you make in your work in order to feel more satisfied with your work, or the setting? Feel free to speak about any changes that come to mind.

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