

MULTIDISCIPLINARY TEAM MEETINGS IN PSYCHIATRY: DISCURSIVE RESOURCES IN THE ELABORATION OF A “PROBLEM”

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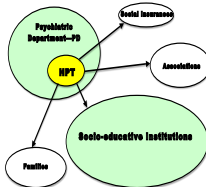
1. AIM OF THE STUDY

- To describe the modalities of **team collaboration**
- To understand the **socio-cognitive processes** through which a team **solves problems** that emerge during discussion of a patient's case.

2. CONTEXT — A MULTIDISCIPLINARY TEAM: “THE HANDICAP AND PSYCHIATRY TEAM” (HPT)

Historical context

80's: Lack of collaboration between psychiatric institutions and socio-educative institutions
90's: Creation of the HPT



Mission of the HPT

- To provide care for persons with both **mental disabilities** and **psychiatric disorders**;
- To link together two professional worlds, that of **psychiatric institutions** and that of **socio-educative institutions**, by:
 - a) enabling persons with mental disabilities to have access to **psychiatric care**, and providing socio-educative institutions with **psychiatric expertise**, so as to avoid hospitalizations;
 - b) fostering **research** and **teaching** in the field of mental handicap;
 - c) providing **support** and **counselling** to both psychiatric and socio-educative teams that face difficulties or are in crisis.

3. THEORETICAL FRAMEWORK

In this study, **group work** and **team collaboration**, i.e., classic research objects in social psychology, are investigated from a **socio-cultural** and **dialogical** approach to work, inspired by **workplace studies** (Engeström & Middleton, 1996 ; Wenger, 1998). By using various methods (ethnographic observations, interviews, analyses of team meetings), we focus on the **socio-cognitive processes** at work in **multidisciplinary team meetings** in which the team members discuss a “case” and have to decide what support should be provided to a patient or another team. More specifically, we focus on **discourse** as a **resource** that teams use to **define** and **solve problems** (Engeström, 2008 ; Mäkitalo & Säljö, 2002).

4. RESEARCH QUESTIONS

- How do the team members **collaborate** and what **discursive resources** do they use?
- How do practitioners **define the problem** for which a patient was referred?
- Can we identify some **routines** that team members use in talking about a case in team meetings?
- What **socio-cognitive processes** are at work in solving a problem and making a decision?
- How do team members **orient their actions and according to which institutional constraints**?
- How do they **position** themselves within the broader **professional arena** in which they participate?

5. DATA

- 33 hours of video recordings** and transcripts of weekly team meetings, collected from April 2010 to March 2011
- 6 to 15 practitioners** from different professions: nurses, psychiatrists, psychologists and educators.

6. METHOD OF ANALYSIS

- Identifications of **problem-solving sequences**, that is, sequences in which the team members discussed specific difficulties.
- Within these sequences, we identified:
 - Excerpts in which **position markers referring to the practitioners' position within the professional arena** (for example: “As professionals of the mentally handicapped, **we** should get involved in this situation”) were numerous and very heterogeneous;
 - Excerpts in which the participants discussed a **particular case vs. generic cases** assumed to present some similarities with the case under discussion. The analysis focused on discursive moves signalling a shift from statements on the particular case to generic statements, and vice versa.
- Our assumption was that these excerpts could be considered as relevant indicators of a **rupture in the conversational routines** of these team meetings, and of participants' socio-cognitive mobilisation on a “problem”.

7. RESULTS

THE ANALYSIS SHOWED THREE MAIN RESULTS

1. Defining the case under discussion was achieved through a categorisation process that shifted from **generalisation** (going from a particular case to generic cases) to **particularisation** (going from a generic case to a particular case), and vice versa (Billig, 1985).

Example 1: From particularisation to generalisation

Man 202 so it I think it would be something to think about er well it is the ppcc ((psychiatric and psychotherapeutic counselling centre)) that contacted us **for this intake**

Man 203 [I wonder to which extent] **in cases like that** we shouldn't keep in touch with them and say “maybe we contribute to help YOU with regard to a mental handicap situation or with regard to”

Example 2: From generalisation to particularisation

Man 205 well not getting totally involved in it because then it is clear that err, **anyway it's getting way too far beyond our resources**: well- I'm asking you a question, I am still [naive in this respect]

2. The team members' discourse on the case goes together with a questioning of their own competence as a team, shown by the fact that they regularly position themselves in relation to other practitioners or teams (“us”/“them”). The practitioners **positioned and defined their competence with regard to other teams in the professional arena**. This self-defining process is part of the decision to take charge of the case under discussion, or not.

Example 3: Definition of the team's competence and decision-making

Pri 206 [I have a] question I may be a projective paranoid etc it's true that we notified the ppcc ((psychiatric and psychotherapeutic counselling centre)) **that we would not take care of cases with slight mental retardation** and that it was- up to them to look after them, keep them, take care of them

Pri 207 **and here::** then I do see it as an evaluation of a middle mental retardation

3. This self-definition process also goes together with a questioning about the **identity and mission** of the team with respect to other existing teams in the professional arena. Thus, team activity consists not only of defining whether the case is, or is not, a case “for themselves”, but also whether it is a case, or not, for other teams.

Example 4: Definition of a team's identity and mission, and decision-making

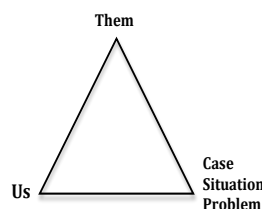
Pri 206 [I have a] question I may be a projective paranoid etc it is true that we had a discussion with the ppcc ((psychiatric and psychotherapeutic counselling centre)) that we would not take care of cases of slight mental retardation and that **it was- their responsibility** to keep them, maintain them, to take care of them

IN BRIEF, DISCUSSING A CASE AND MAKING DECISIONS ON THE TYPE OF CARE TO GIVE TO THE PATIENT SEEM TO BE GUIDED BY THREE UNDERLYING QUESTIONS:

- (1) **How to categorise the case under discussion?**
- (2) **How to define the team's identity and competence?**
- (3) **How to define the team's mission with respect to that of other teams?**

CONCLUSION

These results showed that, from a socio-cultural and dialogical standpoint, the activity of discussing a case and solving a problem that is related to it **implies negotiating the team's identity, and positioning the team's identity, as well as that of other teams within a broader professional arena**.



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