Interdisciplinary Collaboration: Ethical Issues and Recommendations

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ABSTRACT

Interdisciplinary collaboration is important, and often vital, to the promotion of client welfare. While counsellors frequently initiate collaboration, they are often faced with unanticipated ethical dilemmas. This article explores some of the issues and ethics of interdisciplinary care, based upon a discussion held among five established and experienced mental health professionals. In an effort to support the collaborative efforts of counsellors and other professionals, they present their perspectives about professional practice and recommendations for effective interdisciplinary work among practitioners.

RÉSUMÉ

La collaboration interdisciplinaire est importante et souvent essentielle à la promotion du bien-être des clients. Les conseillers sont fréquemment ceux qui initient la collaboration et ils font souvent face à des dilemmes éthiques inattendus. Cet article examine certaines questions et dilemmes éthiques liés aux soins interdisciplinaires, à partir d'une discussion entre cinq professionnels de la santé mentale reconnus et expérimentés. Dans un effort visant à supporter les efforts de collaboration des conseillers et de d'autres professionnels, ils présentent leurs perspectives à propos de la pratique professionnelle, ainsi que leurs recommandations pour favoriser l'efficacité du travail interdisciplinaire parmi les intervenants.

There is a widespread consensus that interdisciplinary collaboration among professionals provides competent and effective care for the client. Even so, there are no explicit guidelines on how to conduct interdisciplinary communication and collaboration. As well, collaborative communication among professionals occurs less frequently than may be ideal. In support of counsellors' efforts to collaborate with other practitioners, five professionals participated in a focussed discussion on the ethical issues of interdisciplinary collaboration. The professionals who participated were Dr. Robert Wilson, Registered Psychologist and President of Wilson & Banwell Associates International; Dr. Alan Steedman, Psychiatrist, recently retired from Simon Fraser University's Student Health and Counselling Services; Ann Geddes, recently retired Public Health Nurse and Administrator with the Capital Regional District Health Department of Victoria, B.C.; Dr. Beth Haverkamp, Associate Professor of Counselling Psychology, at the University of British Columbia; and Donna Paproski, a counsellor and educator who has worked in university, school, mental health, and governmental settings. In addition to their recent practitioner work and involvement in mental health care delivery systems, Dr. Wilson, Dr. Steedman, and Ms. Geddes have

brought an additional perspective based upon their work as colleagues in B.C. community mental health centres in the 1960's. A two-hour discussion was facilitated and tape-recorded, in which a range of issues and possible solutions were addressed.

Promoting Collaboration

In spite of the implied or explicit directives of the ethical guidelines held by the Canadian Guidance and Counselling Association (1989) and American Counseling Association (1995), collaboration and consultation between professionals has not occurred as frequently as one might expect. Yet counsellors have an opportunity to initiate and coordinate interdisciplinary work in a variety of contexts. Steedman, a psychiatrist who worked in a post-secondary setting, states that, "I like to have case discussions and share information at all levels. Until recently, there has been very little communication between me and the counsellors and psychologists with whom I work." Wilson, a registered psychologist, points out that, "In the private sector there has been very little collaboration and sharing, and it is limited by the standards and codes under which we are operating." In government mental health agencies, where better coordination of services might be expected, case management practices appear to fall short of intentions. Geddes, public health nurse and administrator, points out that in her many years with agencies, "The most difficult thing was to have a case conference or discussion with all of the participants and players . . . including having the client in attendance, often because of difficulty in coordinating people's schedules."

The need for interprofessional collaboration, however, is increasing and is beginning to be acknowledged and supported. Provincial funding bodies are promoting interdisciplinary health teams similar to those that Steedman, Geddes, and Wilson experienced in the 1960's in British Columbia. Haverkamp, counselling psychologist and counsellor educator, notes that, "UBC has created an office for interprofessional education among health and mental health programs, and our Counselling Psychology program is participating in this initiative. The Ministry of Health is interested in funding services by interdisciplinary teams, and we need to find ways to help our students be effective participants on these teams."

In coordinating work with other professionals, it is helpful for counsellors to consider some of the issues that impede collaboration. The professionals involved in the discussion have identified the following major barriers to collaboration with other professionals.

1. *Client protection* — The counsellor must obtain informed, written consent prior to sharing any information. Although this ensures client autonomy and confidentiality, it also requires time, effort, and clarity.
2. *Variation in training and professionalism* — The professionals and paraprofessionals potentially involved in collaboration may have a range of training and knowledge about practices of informed consent, appropriate use of information, and other practices that ensure a consistent standard of care.

3. *Time constraints* — Due to constraints in funding and resources, mental health professionals are busy and often overworked, creating practical challenges in the coordination of meetings. Other forms of communication may need to be considered.
4. *Reluctance* — Some individuals in mental health professions are reluctant to collaborate because of tensions between the professions. These tensions include territorial attitudes and stereotypes about roles, responsibilities, and abilities.
5. *Lack of knowledge and awareness* — Some professionals and paraprofessionals do not have the training or experience to know with whom they could or should collaborate. They may not know how to elicit this information from clients or how to proceed with contacting other professionals.
6. *Lack of coordination and case management* — There is little case management in many settings due to lack of a designated case manager or coordinator. On occasions where a client's family offers to coordinate meetings and communication, there is reluctance to allow the family to take on this role.

Although many of these barriers may be related to systemic issues, including government policy and funding decisions, others may be reduced through the individual and collective actions and attitudes of counsellors and other professionals. In the discussion that follows, the participants have offered some thoughtful perspectives and recommendations to increase the frequency and effectiveness of collaborative processes.

Collaborating with the Client

Involving the client in deciding who consults about their treatment can increase client self-care and resourcefulness, beyond the therapeutic context. To ensure the best possible service and care while respecting client autonomy, it is wise to involve the client in interdisciplinary planning and decision-making (Kitchener, 1984: Zipple, Langle, Spaniol, & Fisher, 1990). Most counsellors achieve this by requesting the client's permission to consult other professionals. The CGCA Ethical Guidelines (1989) and American Counseling Association Code of Ethics (1995) clearly stipulate that a client must agree to any release of information, including the details of what will be shared, for what purpose and with whom. Most professional settings require that this be done in writing. The process of informing a client and obtaining consent can promote trust and rapport, but, at the same time, client consent cannot resolve all the issues that professionals have regarding interdisciplinary collaboration.

In survey responses of 679 members of the American Psychological Association, Pope and Vetter (1992) found that the most frequent ethical dilemmas involved issues of confidentiality. Lack of clarity in this area can interfere with effective care. In one instance cited, a therapist adopted a literal interpretation of the principle and withheld information from a colleague, within the same agency, to whom a case had been transferred. Pope and Vetter (1992) emphasize that ethical codes need to be more explicit in discussing the boundaries of confidentiality when multiple caregivers or multiple clients are involved.

Paproski, counsellor, emphasizes that issues of client consent can become quite complicated in school settings, partly because of the different expectations held by people involved with children. "School teachers and administrators function on behalf of the parent and with the consent of the parent. Parents have a right to know about their children's activities at school and this can conflict with the confidentiality that a student might want with their school counsellor." Wilson, psychologist, emphasizes that with adults, "Unless the client has given permission in writing, defined the topics to be covered and with whom you can speak with . . . we are not empowered to speak with anybody, not even the family doctor or another member of the family." He adds, "Informed consent is the single most sensitive issue when we talk about collaboration between the professions."

The use of informed consent for release of information is a requirement of professional collaboration. On the other hand, the ethical requirement of informed consent may seem to slow or impede information flow. The obligation to act in ways that benefit and do not harm the client may, at times, seem to conflict with our obligation to respect client confidentiality and autonomy. This is the main ethical dilemma facing counsellors involved in communication with other professionals. Counsellors must act in ways that enable the client to exercise his or her rights, while ensuring that the client has sufficient, accurate information (Meara, Schmidt, & Day, 1996).

Geddes, public health nurse and administrator, points out that, " In BC, 75% of all parents of newborns have experienced informed consent, specifically for their infant's basic immunizations given by the public health nurses. However, other professionals involved with the parents may not be aware of the informed consent process and therefore do not build upon it. As a consequence, each professional approaches the issue as a unique event in their particular client interaction." A coordinated and collaborative approach to client care could facilitate greater interprofessional contact.

The first session with a client gives us considerable opportunity to understand the broader context of the client's life and the extent of a client's contact with other professionals. This helps us to clarify our role and any limitations in the therapeutic context. In the process of rapport building, there are some key questions that must be asked by the counsellor, about medication, previous or ongoing counselling, general health and daily functioning. As Steedman, psychiatrist, notes, "There's still a tremendous lack of public appreciation for the role of physiology in many forms of mental illness. I find that some professionals are unaware that common illnesses, like diabetes, can have psychological effects. The same thing is true for some medications, like hormone treatment. It's important to untangle what's due to illness or another condition, and not just a result of life stresses."

Counsellors can determine, with the client, whether consultation with other professionals and paraprofessionals would be useful. Briefly asking about school performance or discipline issues can help the counsellor explore whether or not the client might be receiving special services at the school level. Clients that are

unemployed or underemployed may have contact with career development professionals. Some clients may receive psychological medication or additional treatment from a psychiatrist and seek counselling elsewhere. Steedman adds, "It's always good if professionals can work in tandem. If I have a patient who can't function in the community without medication, I'd hope that the counsellor and other support workers would be alert to that and help the patient with their overall adjustment. Some patients are already reluctant to follow a medication regimen, but not sticking with it can really cause harm for these people."

It is important to ensure that the client is not receiving counselling for the same issue from two professionals. As Geddes, public health nurse and administrator, explains, "To omit clarifying with the client the extent of their involvement with a range of service providers becomes a practice issue of incomplete service that is potentially counter-productive or ineffective." As a registered psychologist in private practice, Wilson says, "It could be that beginning practitioners have some difficulty (asking about certain issues). I need the client and myself to have some understanding of the contract that we are entering . . . I don't have any difficulty with talking to the client about approaching another professional for a consultation. The therapeutic contract is also a contract that I have to that person not to share information or engage in behaviour that would adversely effect the client." This is clarified in the ACA Code of Ethics (1995), Section A.4. "If a client is receiving services from another mental health professional, counsellors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client."

Consultation with other professionals may help to clarify the extent of a counsellor's role. A counsellor should ask clients if they are seeing a physician for long-term or chronic illness. Steedman suggests that, " Physicians can be very supportive of their patients getting additional help for problems of living with long-term illnesses and conditions. But they need to know that you have respect for their profession and know the limits of your own knowledge." If a client has a neurological condition (e.g., advanced diabetes, AIDS neuropathy, traumatic brain injury, previous stroke), it would be potentially harmful not to consult with the client's physician and related specialist. These and other conditions may present cognitive, motor, and emotional symptoms that may be confused with the presentation of psychological issues.

To knowingly ignore one's limits and not to obtain the support of specialized professionals would potentially place the client at risk (Kitchener, 1984; Meara et al., 1996). Upon further consultation, the counsellor may determine that the client's issues and needs in a particular instance are not within her or his expertise and thus the client should be referred to a professional with the requisite expertise. For example, Wilson says, "Counsellors and psychologists need knowledge and training to conduct a standard intake assessment, or certain key areas of concern may be missed." Haverkamp, counselling psychologist, adds, "This is an area where we, as counsellor educators, can be more responsive. Many of our students have recognized and requested more information about mental illness

or the DSM-IV classifications. Students are aware that clients may have problems that require referral; they want to be able to assess for those problems."

In summary, collaboration with the client involves exploring the range of client needs, whether or not the client is working with other professionals, determining the goals of therapy, and deciding whether or not interprofessional collaboration is necessary. When counsellors involve the client in clarifying goals and processes of counselling, including any required communication or collaboration with other professionals, the benefit to the client can be maximized, while respecting client autonomy and confidentiality.

Professionalism

Promoting professionalism as we participate in collaboration contributes to the quality and degree of communication. Professionalism here refers to whether the person behaves professionally, by maintaining high and consistent standards of care, record-keeping, and ethical practice. Because of training and professional membership, counsellors, psychologists, physicians, and nurses are expected to be knowledgeable of ethics and are bound to follow certain standards, procedures, and practices. Their work is overseen and regulated by their professional bodies (Kitchener, 1984). Many counsellors seek affiliation with professional bodies, such as the Canadian Guidance and Counselling Association, but other mental health workers have no such affiliation. Because a number of provinces, including British Columbia, do not regulate use of the titles "counsellor" and "therapist" it is difficult for the public have assurance of consistent standards of practice and care.

This situation creates difficulties for professional counsellors. While licensure and registration are not a panacea or guarantee of ethical practice (Handelsman & Uhlemann, 1998), they can promote greater understanding of ethics and the extent of a professional's expertise and accountability. With the current lack of regulation, members of other mental health professions, as well as the general public, are uncertain what level of training the titles "counsellor" and "therapist" represent. Even when collaboration could be desirable, non-counselling professionals may be reluctant to initiate contact with counsellors who are unknown to them. As Haverkamp, counselling psychologist, notes, "We all continue to struggle against stereotypes and misunderstanding of each other's professional background and modes of practice, and it's awkward to confront this directly. Just as I would find it difficult to ask Alan, as a psychiatrist, 'Do you have training in psychotherapy as well as psychopharmacology?' I'm sure that others are unlikely to ask our counsellors if they have background in assessment, and whether or not they ascribe to a code of ethics. So, the stereotypes never get challenged."

The same issues pose problems for the many paraprofessional and volunteer caregivers who are also committed to professional conduct. However, there continues to be great variability among service providers and supervisors as to their awareness and adherence to professional standards. As a community health nurse and public administrator, Ann Geddes, public health nurse and administrator, indi-

cates: "I am involved with the boards of two voluntary, non-profit agencies, but the criteria for professional training for the staff hired by these agencies is not clear. The ethics are unclear in the organizations, and standards for ethical behaviour are not clear, as would be true for some professionals. There are many social services agencies and non-profit organizations, staffed by paraprofessionals, that have government contracts to provide counselling and other therapeutic services to people and families in this province. Uniform standards would be a big help."

When working with paraprofessionals and volunteers, professionals may be at risk of liability due to possible breaches in confidentiality or possible misuse or misinterpretation of information. Wilson, psychologist, points out that, "You run less of a risk if you are sharing information with another licensed professional, than if you share information with someone who is not qualified or licensed. I am far more reticent about going on the record as having spoken to someone who belongs to a group that is not registered or licensed with the provincial government, . . . and therefore doesn't have a body or a college that polices them . . . because then I'm at risk of their not following the same codes as I do. For example, a common risk for psychologists is having a written report, including test results, given to the client by a well-meaning counsellor who does not have a background in psychometrics and is therefore unable to properly help the client understand the meaning of the results." Counsellors are responsible to ensure that the information shared will be used to the benefit of the client and not misinterpreted, or possibly used in a harmful way (Eberlein, 1990; Tranel, 1994).

On the other hand, it is important for both professionals and paraprofessionals to actively demonstrate consistent ethical practices and procedures for information sharing. Geddes, public health nurse and administrator, emphasizes that, "Professional standards and ethics do not guarantee quality service to the clients but only act as safeguards and a means of recourse in the event of questionable service. Many paraprofessionals and volunteers provide excellent service and are an essential part of the client's care." In our work with agencies, we need to become familiar with service providers on an individual basis, regardless of their training, to have a better sense of their integrity in working with clients. Although there is a reluctance to share information with paraprofessionals and volunteers, it is possible to establish good working relationships with particular individuals on a case-by-case basis, once we become familiar with their work and learn how they address issues of confidentiality. Paproski, counsellor, adds, "I need to work with many different people involved with children — teachers, police, parole officers, family assistance workers, speech therapists, physicians, and so on. I want to work collaboratively and, in doing so, I need to be clear with myself and others about what can and cannot be discussed. Generally, people are quite respectful and understanding about the need for confidentiality."

As trained counsellors, we have an important role to play in informing others of ethical practices, especially in regard to informed consent and information use. We can encourage high standards of professionalism among our colleagues by modelling these standards in our own practice. "It seems incumbent on each

professional and the profession in general to have integrity and to be able to articulate to the public their vision of and adherence to that important virtue " (Meara et al., 1996 p. 43). This also suggests that to collaborate more effectively on behalf of clients, we may have to recognize the need to communicate our standards and training to other professionals, the public, and ourselves. In this way, we can become advocates for better mental health care, both as individual practitioners and through our professional associations.

Counsellors and Social Responsibility

With recent downsizing and closures of psychiatric facilities, the release of chronic mental health clients into the community has created a social challenge with ethical implications. The shortage of any form of care and support has resulted in some of these clients living on the street, without adequate medication or basic care, and little or no psychological support. In accordance with the ethical principle of fidelity, counsellors must make provisions for the continuation of treatment, support or referral for clients following the completion of a therapeutic relationship (ACA, A. 11. 1., 1995). As mental health professionals, we make a commitment to an ethical ideal of providing service to those in need (Meara et al. 1996; Pettifor, 1996), which may be difficult to do within the constraints of the system unless we have the help of paraprofessionals or volunteers.

There is a need for government to support standards of quality care and ethical practice by legislating and enforcing specific requirements for non-profit organizations and agencies. This might include adherence to codes of ethical guidelines, requiring the presence of a certain percentage of licensed staff, and providing training and supervision for paraprofessionals and volunteers. Wilson, a psychologist, says, "One way that government could help would be to pass legislation. This legislation would ensure that either you are going to be policed by, supervised by, or under the influence of someone from a group that the government legislates or controls. Unless you are, you don't run a program, you don't get funding, and you don't offer a service. That would allow some standards to be brought in. Another way would be to require groups that apply for funding to demonstrate their standards, and to ensure that the staff is knowledgeable about those standards. You have to maintain a quality control process."

Clearly, a tension arises in the balance between ensuring good standards of care through regulation of practitioners and the costs of provision of services to those in need (Handelsman, & Uhlemann, 1998). Steedman, psychiatrist, emphasizes that, " While we question the services given by some of these non-profit programs, we know that some of these agencies really do help. We need to find out which ones are doing a good job, what in particular is working, and consider how we can support more of this kind of work and maintain some standards in the process." While government needs to provide greater funding for the adequate staffing and support of agencies and related care facilities, our organizations need to explore what role we play in providing care for those who cannot afford to pay.

In their role as advocates for those in need, our professional organizations need to make public statements to government about our positions regarding ethical practice, standards of care, and the provision of equitable care to those in need in our society. Geddes, public health nurse and administrator, says, " If we want to take a stand and influence government policy then we have to find ways to do it that will be heard. Even so, it is difficult to have an effective voice when your organization relies directly and solely on government funding." As counsellors who are members of a national association, we can voice our concerns and encourage our organizations to take a lead in addressing these concerns and supporting ideals of self-determination, distributive justice, collaboration, and democratic participation, as suggested by community psychologist Prilleltensky (1997). Paproski, counsellor, believes that "When we collaborate with other agencies to get help for children and families, we're involved in social justice. An effective referral can provide the support that a family would not otherwise have received because of lack of awareness of the resource or difficulty in approaching the service on their own."

Case Management

As a part of collaborative work, case management and consultation may be the most effective, beneficial and ethical approach for helping clients, particularly long-term chronic mental health clients (Zipple et al., 1990) and school-based clients (Fine, 1997). Case consultation allows us to share knowledge and make coordinated plans to help clients because, as Geddes, public health nurse and administrator, emphasizes, "There is lots that we don't know about mental illness and what to do with folks that have mental illness. Collaboration helps us to better serve the client." Even so, overloading and overwork of both professionals and paraprofessionals contributes to difficulty in scheduling and coordinating meetings. Steedman, psychiatrist, believes that, "The real problem in mental health in regards to professional interaction and communication is the unloading of the asylums. Because of that, there has been a massive increase in population, so all the services are completely overloaded. The doctor never has time to talk to the nurse or to any one else." In addition, there is often an absence of coordination, or identification of the person or agency that will play a coordinating role.

As counsellors and case managers, we have the opportunity to play a leadership role in initiating and fostering collaborative processes (Fine, 1997). We can coordinate the process by identifying participants, and planning for information sharing through meetings, telephone contact, and written correspondence, to include some professionals in the collaborative process. As Wynne, McDaniel, and Weber suggest, "One very important task of the consultant is to convene the system in such a way that the different and often contradictory views of "reality" are allowed to merge into some integrated, working whole (p. 377, 1986)." The case manager must be persistent, flexible, and both strategic and effective in interpersonal communication to be effective in orchestrating consultative process.

Geddes, public health nurse and administrator, agrees that collaboration, "Is a critical ethical issue. Refusal to collaborate can be and is often a hindrance to helping the client, creating a situation of multiple caregivers giving piecemeal service." The collaborative process recognizes and values the contributions of a wide range of individuals from various professional and paraprofessional backgrounds. Each person is understood to have a unique perspective about the client and share in the intervention planning through participatory decision making. A well-managed collaborative process can benefit the client and ensure ongoing monitoring and delivery of care (Fine, 1997; Zipple et al., 1990).

Geddes, as a public health nurse and administrator, feels that we must take up the challenge of, "Assisting families to play a supportive and case management role for our clients, especially children, particularly in schools where parents and counsellors have responsibility for special needs children. There are so many people involved because of the specialized needs and functions. Many professionals find it very difficult is to allow parents to play a coordinating function and to give them the support to do that." Support for Geddes' position can be found in Zipple's (1990) work that for individuals with long-term, severe mental health issues, family involvement in care has been shown to reduce the incidence of relapse.

Zipple et al. (1990) also encourage us to invite clients to participate in their case management meetings. While this level of collaboration may be seen as respectful of client autonomy, it also fosters self-care in clients who may have had some of their legal rights altered through their mental condition. Paproski feels that, "The most effective case meetings that I have experienced involve students and their families, as well as the professionals and other caregivers. When children and youth are involved in decisions affecting them, they seem much more willing to follow through with those decisions."

Public Education

Mental health professionals, such as counsellors, have an opportunity and a responsibility to educate the public through individual communication, public workshops and presentations, and through professional organizations (Meara et al., 1996). All five interviewees feel strongly that public education programs, initiated by government and/or professional bodies, are needed to reduce the stigma associated with mental health issues. As professional counsellors, we can join other professionals in making public presentations, attending support groups, or participating in panel discussions that help to increase awareness and understanding of mental health issues, while modelling a collaborative approach.

Secondly, the public needs accurate information. Bob Wilson, psychologist, believes that, "The public has to be better educated, in terms of what resources are available and what qualifications exist." We can provide unbiased, accurate information to our clients about available services, the roles of different professionals, and the training of those professionals and paraprofessionals. Wilson also points out, "All of a sudden the layperson is much more knowledgeable and able

to read recent information on particular areas of personal interest. The responsibility of the disciplines will be to give accurate information."

Professional development, continuing education, and training

The ACA Code of Ethics (1995), Section C.6. expects counsellors to be "respectful of approaches to professional counselling that differ from their own" and "to take into account the traditions and practice of other professional group with which they work." Professionals involved in counselling need to be well informed about which other professionals may be involved with their clients. This knowledge includes knowing who those professionals are, what their particular skills and expertise include, and a reduction of the stereotyping of professionals. Haverkamp, counselling psychologist, says that, "Some of the paraprofessionals who come into the university for Master's training have a real suspicion of more established professions. I think that's partly because they don't know or understand what they do." Bob Wilson, psychologist, feels that collaboration has been limited because, " There's still a lot of territoriality between the professions that impedes collaboration." Both Ann Geddes, public health nurse and administrator, and Alan Steedman, psychiatrist, agree, adding that misconceptions about the roles and abilities of various caregivers can perpetuate barriers. Paproski, counsellor, adds, "There are a lot of stereotypes out there — But I feel that I have a responsibility to accurately inform both clients and professionals about the roles of other caregivers. I want people to see the benefits of working together."

Training programs for counsellors, social workers, psychiatrists, and psychologists, as well as related professionals potentially involved with mental health clients, could endeavour to present a positive perspective of the roles of other professionals. Alan Steedman, psychiatrists, points out that, "It would be good if training programs and universities presented psychiatrists, psychiatric nurses, occupational therapists and others in a more positive light. At some universities there are stereotypes maintained about what psychiatrists do. There could be more camaraderie." Training and education programs could provide more opportunities for inter-professional contact. Wilson, psychologist, suggests, "One way to reduce stereotypes is to have mingling through interdisciplinary courses. Psychologists would also benefit from attending psychiatry courses, and psychiatrists might benefit from some of our training. It is important to get a perspective of the client's problems in the broader context. Nursing, social work and counselling should also have that opportunity."

Collaboration can also be fostered through more interdisciplinary professional contact among counsellors and other professionals. Steedman, psychiatrist, points out that, over the past few years, he has increased his contact with academic departments of psychology and criminology, "There are so many areas of common concern . . . I get re-energized about my own work, and I can alert them to a few things that, hopefully, increases their effectiveness when dealing with psychiatric matters or their ability to recognize when those issues are coming into play." Paproski agrees, "Informal and formal contact with other professionals

contributes to my knowledge and ability to help others." Conferences on a variety of mental health issues and related professional development programs could include a wide range of professionals, paraprofessionals, and volunteers. This could contribute to collegial discussion and collaboration among those involved in client care and has the potential of reducing tensions, stereotyping, and professional biases. Geddes, public health nurse and administrator, points out that, "One of the reasons we all worked well together in the 1960's is that we had an opportunity to get to know each other's skills and strengths, . . . and we appreciated each other as people who were caring and respectful outside of our specified roles."

Summary of Recommendations

In summary, there are several ethical considerations facing counsellors in the processes of interdisciplinary collaboration: ensuring that the client has given informed consent, maintaining client confidentiality, and involving professionals, paraprofessionals, and family in appropriate and coordinated processes that benefit the client. In light of the emerging need for integrated service, we, as counsellors, need to explore how to initiate and create effective interdisciplinary work in our individual, agency or school-based settings. A facilitative and ethical approach to collaborative, interdisciplinary work will demonstrate and ensure our commitment to effective and respectful service for our clients.

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