Clinical Services: A Paradigm Shift

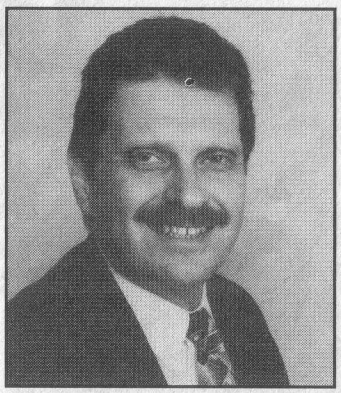
By Thomas E. Pomeranz, Ed.D.

Guest Column

In this virtual explosion of shifting paradigms that are impacting the lives of persons with Developmental Disabilities, one of the more significant, but most ignored shifts, is the dramatically altering role and status of professional clinicians. There is a very real irony in this particular shift, which I must confess, I find most intriguing. When I first recognized this particular variant in service delivery I was puzzled as to its origin and likely future. Historically, the role of clinicians, i.e. nurses, social workers, psychologists, recreational therapists, dieticians, etc., acted as the driving force which molded and shaped services to persons with developmental disabilities. Those clinical positions and others were viewed as essential in assuring that individuals received the needed "program", "treatment", "service" and "habilitation". This paradigm from which we are transitioning is one that finds its origin in the medical model.

What events have transpired over the last two to three years to alter the role of clinicians in service delivery as we have come to know it? How should we vision the roles of clinicians evolving over the next five to ten years? Who is assuming the duties and functions of the clinicians now that their role has been significantly delimited? These are a sampling of questions that arise as we grapple with the significant transition in the role of clinical staff. This and a subsequent article will attack this most important "event" in the evolution of service delivery to persons with developmental disabilities.

There appear to be multiple factors that have influenced and will continue to influence the dramatic changes relative to the function and role of clinical staff. Historically, the preponderance of individuals receiving specialized services received them in "highly regulated environments," i.e. regulated by state licensing standards, federal regulations and agency policies and procedures. In all too many instances, clinicians were employed and services were delivered not on the basis of clinical need but rather as a result of regulatory fiat. Thus, dieticians were employed to develop menus not necessarily in response to the unique dietary needs of each individual but rather in compliance to regulatory demands that perceived all individuals with developmental disabilities, residing in congregate environments or receiving services in categorical programs, as best served if their food options were selected by a dietician. Consequently, even individuals who had no requirement for a modified diet were under the continued purview of the dietician, not as a function of their dietary need but rather as a function of where they resided.



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This paradigm was pervasive (and perverse) across all disciplines. As but an example, in many instances the absurdity of the regulatory environment necessitated that the recreational and leisure pursuits of individuals be assessed, designed, implemented and monitored by professional recreation therapists. It must be emphasized that this approach, necessitating the use of a recreation therapist in the provision of recreation services, was not necessarily a result of the demanding, complex nor clinically challenging recreational needs of the individual. It is likely that the regulations which inspired this paradigm were influenced by the attitudes and values of the day which perceived individuals with developmental disabilities as inherently deficient and intrinsically flawed. Thus it was concluded that all aspects of the individual's life, i.e. spiritual, recreational, vocational, etc., required the services of highly specialized clinicians.

As we alter our attitudes and beliefs about persons with developmental disabilities so too have we seen a corresponding change in regulations and their interpretation relative to the role and function of clinicians. With greater frequency we now find a diminishing of regulation which mandates that nurses "pass meds." Alternatively, direct contact staff with appropriate training may assist individuals in taking their medication. "Behavior management plans" are no longer restricted to the jurisdiction of the psychologist, for contemporary interpretation of many regulatory standards allow, if not encourage, a broad range of staff to develop plans to assist individuals in learning more effective and appropriate ways of behaving. Social workers are no longer the sole emissary of "social services". The paradigm shift that is emerging is a recognition that unless the individual has social service needs of a clinically complex nature, requiring the specialized services of an academically trained social worker, any individual, whether paid staff or friend, may interact and relate to the individual in such a manner that their social needs are fulfilled.

Obviously, paradigm shifts of this nature are not uniform in their rate of occurrence throughout the country. This shift is influenced by technological, cultural, economic and many other considerations. Though the degree of the shift is variant, there is a shift and it is dramatic.

The concluding article will discuss the current and projected impact of this shift upon consumers, clinicians and significant others in the service system.

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