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Law and Psychiatry Seminar: An Advanced Intervention in Interprofessional Education for Attitudinal Improvement

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Abstract

Background: The tenuous relationship between psychiatrists and lawyers does not serve mental health patients in conflict with the law or society well. The characteristic miscommunication that occurs, though premised on differential pedagogical constructs, presents an opportunity to intervene from the pre-licensure educational stage with the hope of positively affecting future practice.

Methods: Law students and psychiatric residents were brought together to interact with each other and with instructors from the two fields through the Law and Psychiatry interprofessional seminar series. We examined the attitudes and perceived co-operation of learners in this seminar in comparison to a control group of law students (Human Rights class) who did not have any interprofessional interaction.

Findings: Learners in the interprofessional seminar series reported more positive attitudes toward members of the other profession after completing the course. Additional positive changes in the level of perception of and actual co-operation with the other profession were noted with high satisfaction among participants.

Conclusions: Learning activities that can foster positive interactions with and understanding of other professions may improve relations and collaboration in interprofessional education. The potential impact and benefit for the patient and the system are worthwhile.

Keywords: Interprofessional; Education; Law; Psychiatry; Collaboration

Background

The relationship between psychiatrists and lawyers is important on a number of fronts. The two professions share core social and ethical values [1,2], including improving the human condition and [3] seeking equal, fair, and just treatment for all. In spite of these commonalities, attitudes toward each other's professions are not generally positive [4]. Though the fields of law and psychiatry need each other and have the "requisite tools in the business of man and his troubles" [5], the relationship between the two professions is characterized by ineffective communication, lack of trust, and poor interpersonal relations plagued by egotism and arrogance [5,6].

Despite these negative relations, lawyers and psychiatrists often interact with each other. Health law, a rapidly growing area of specialization, is not only the evidence of their liaison and interdependence, it is a testimony to the defining characteristics of the two professions. Tribunals (e.g., the Not Criminally Responsible review board), organizations (e.g., Psycholegal Associates), journals (e.g., *International Journal of Law/Psychiatry*), and governmental systems (e.g., criminal justice system) all involve lawyers and psychiatrists [6]. In these law and psychiatry interfaces, it has long been known that working in professional silos fails to serve patient, professional, or socie-

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tal goals. Hence, interprofessional collaboration and education involving both lawyers and physicians is both relevant and essential.

Changing practicing professionals' firmly held attitudes [7] and dispositions is challenging, partially because these beliefs take root during formal training [8,9]. Some authors contend that the conceptual differences in education and practice explain these differences. Conflicts and relational difficulties due to misunderstanding and miscommunication are frequently encountered in court. This has led to an ambivalence on the part of lawyers toward having psychiatrists as experts in courts [10]. Interprofessional co-operation, by the nature of its instruction and outcome in other professional interfaces, has the potential to improve the relationship between lawyers and psychiatrists [10–12], but no known studies have explored this at the pre-licensure level.

Over the last decade, interprofessional education (IPE) has been applied globally to specific diagnostic learning, case-based learning [13], and evaluation of outcomes [9,14]. Collaborative team work, internationally and in the Canadian medical model [15,16], has been limited to a few related fields within health sciences [16]. This narrow focus ignores the collaboration between law and medicine and may deepen the gulf that separates them. Given the burgeoning numbers of mentally ill persons in the criminal justice system [17] and the purpose of IPE to provide efficient, effective care with beneficial outcomes in patients [18], such an omission is obvious and potentially grievous.

The University of Saskatchewan first held an interprofessional seminar course for senior law students and psychiatric residents in the late 1970s. This course ran for several years with different instructors than those presently involved. After a hiatus of several years, the course was reintroduced in 2004 and is taught by two of the authors (M.M. and G.L.). In its present form, the course has been offered yearly for 12–15 weeks between January and April with one instructor from each discipline. The formal structure of the course is separate for each profession, reflecting each college's curriculum (Law and Psychiatry 486 in law and the Forensic Psychiatry rotation, in psychiatry, respectively). The course involves initial profession-specific introductory didactic sessions given to participants according to their field of study. For the remainder of the course, both law students and psychiatric residents are grouped together for weekly sessions. Sessions are 90–120 minutes each and revolve around a selected clinical case chosen to represent topics relevant to the interface of law and psychiatry. These participatory and highly interactive sessions involve a clinical interview, discussion of the legal criteria and case law, as well as the psychiatric aspects of the case law and the clinical case in question. A law professor (G.L.) and a psychiatrist (M.M.) facilitate the joint sessions. Participants also are encouraged to attend other law and psychiatry-related activities, such as a tribunal hearing, a visit to a psychiatric hospital, and opportunities to interact with practitioners in the two fields. Many of these sessions take the students out of the regular classroom in their own college and either into the other group's college or into psychiatric or court facilities.

The purpose of our evaluation was to examine student perceptions of the course and to identify any attitudinal changes that occurred after completing the seminar series.

Methods

Participants

Over two academic years, upper-year law students (N = 38) and psychiatry residents (N = 9) attending the seminar series were recruited to participate in an evaluation of the seminar series. Law students attending a human rights seminar (N = 25) served as a control group.

Law students from both courses were mostly female (53% Law and Psychiatry, 54% Human Rights) and Caucasian (79% Law and Psychiatry, 61% Human Rights). Chi square analyses indicated that there were no statistically significant differences in gender or ethnicity between the two courses. The University of Saskatchewan Ethics Review Board gave approval for the evaluation of the program. The responses were voluntary after each participant signed the voluntary consent form.

Materials and procedures

The seminar was evaluated using student surveys, case scenarios, and a focus group. Over a two-year period, the law students and psychiatric residents participating in the seminars were given a number of assessment questionnaires at the start and end of the seminar series, with approximately four months between the pre and post surveys. A control group of law students attending a human rights seminar with no interactions with psychiatric residents also completed the same questionnaires. One of the authors who was not involved in teaching the course (K.T.) met with the participants sometime just before and at the end of the seminars without the respective instructors present. This was to explain the research and voluntary participation without undue influence. The locations, days, and duration of the human rights seminar were about the same as the law and psychiatry seminar, but it was led by a single and different instructor.

Questionnaires used to collect data included

- Perception of Psychiatrists (for law students only). This tool was developed after identifying previously reported attitudes in the literature. The original items were reviewed by psychiatric residents (N = 4) and law students (N = 9), who provided suggestions for wording changes and additional items. The final tool consisted of 19 items that were answered on a scale of 1 (strongly disagree) to 6 (strongly agree). Eleven items were recorded so that higher scores reflected more positive attitudes. This scale was found to be internally consistent, with Cronbach's alpha values of .84 and .86 for pre and post surveys, respectively.
- Perception of Lawyers (for psychiatric residents only). This tool was also developed after identifying previously reported attitudes in the literature. The items were also reviewed by psychiatric residents (N = 4) and law students (N = 9), who provided suggestions for wording changes and additional items. The final tool consisted of 14

items that were answered on a scale of 1 (strongly disagree) to 6 (strongly agree). Nine items were recorded so that higher scores reflected more positive attitudes. This scale was found to be internally consistent with Cronbach's alpha values of .75 and .86 for pre and post tests, respectively. (Copies of these two are available from the authors on request.)

- Modified Interdisciplinary Education Perception Scale [19]. This validated tool measures the participants' autonomy, need for co-operation, actual co-operation, and understanding of others' value. It was modified to reflect the legal profession hitherto undesignated on the tool. All items for this tool were answered on a scale of 1 (strongly disagree) to 6 (strongly agree). Subscales were computed so possible scores were as follows: Professional Competence and Autonomy, 16–96; Need for Co-operation, 12–72; Actual Co-operation, 15–90; and Understanding Others' Value, 12–72.
- A case scenario depicting a patient traversing the criminal justice system and requiring assistance from both professionals (lawyers and psychiatrists) was developed by one of the authors (M.M.). This was designed to elicit the participants' knowledge base and comprehensiveness of approach that incorporates collaboration and co-operation. When the respondents completed their answers, individual responses were de-identified and sent to the instructors for marking. The three-part scenario was scored out of 10 marks by the instructors, blinded to each other, based on *a priori* criteria. The interrater reliability was acceptable with an Intraclass Correlation Coefficient of .67. The reliability of the scores was enhanced by joint discussions and agreement where the difference between the instructors' scores was more than two. The scores given by the instructors were then averaged to create a single score per participant for each scenario.
- Satisfaction with the seminar. All participants attending the seminar series rated their satisfaction with various aspects of the seminar (didactic, Socratic, and discussion sections) and provided open-ended comments and recommendations for qualitative analysis.

At the end of the seminar series, seven law students participated in a focus group where they discussed several aspects of the course.

Analyses

Pre and post responses were compared using paired-samples *t*-tests. Due to the small number of psychiatry residents, chi-square tests were conducted in addition to the *t*-tests. Effect sizes (Cohen's *d*) were also calculated where .2 is small, .5 is medium, and .8 is large. Univariate ANOVAs with post-hoc Tukey HSD tests were conducted to compare the responses given by law students attending the interprofessional seminar series, law students in the control groups, and psychiatry resi-

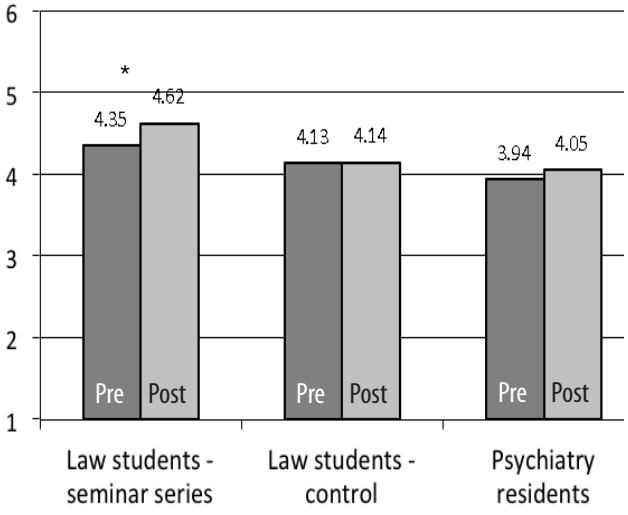
dents. Descriptive statistics (i.e., means and percentages) were calculated for the satisfaction survey. The comments following the open-ended questions as well as a summary of discussion themes from the focus group were extracted.

Findings

Attitudes toward psychiatrists and lawyers

Law students attending the Law and Psychiatry seminar series reported a significant change in attitudes toward psychiatrists from the start to end of the course, $t(23) = -3.94$, $p = .001$, $d = .51$. There was no statistically significant change for students attending the human rights seminar (see Figure 1). No statistically significant change was found when comparing psychiatry residents' pre- and post-seminar attitudes toward the law students.

Figure 1
Attitudes toward lawyers and psychiatrists



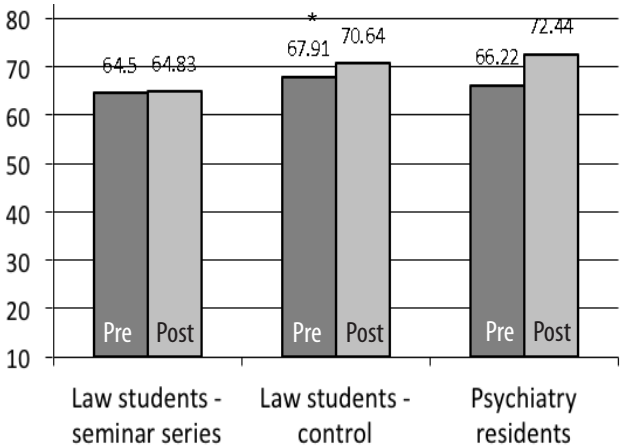
Note: * = $p = .001$

A comparison of law students attending both courses revealed that those attending the seminar series had more favorable attitudes toward psychiatrists than those in the control condition both at the start, $t(49) = 2.03$, $p = .048$, $d = .55$, and end of the courses, $t(49) = 2.59$, $p = .013$, $d = .72$.

Professional competence and autonomy

There were no statistically significant changes in perceptions of professional competence and autonomy for law students or psychiatry residents attending the seminar series. However, law students in the control group perceived the competence and autonomy of lawyers to be greater after completing the course, $t(21) = -2.45$, $p = .023$, $d = .39$ (see Figure 2). An ANOVA revealed no statisti-

Figure 2
Autonomy perceived before and after seminars



Note: * = $p = .023$

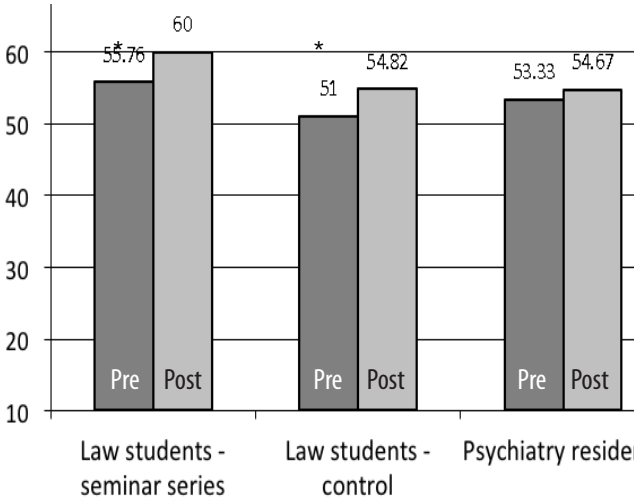
cally significant differences between law students in either course and psychiatry residents on pre- and post-autonomy scores. Thus, although law students in the control group increased their views on professional competence and autonomy throughout the semester, their responses did not differ significantly from law students and psychiatry residents attending the interprofessional seminar series.

Perceived need for co-operation

Law students attending the seminar series reported a significant increase in perceived need for co-operation, $t(23) = -2.17$, $p = .041$, $d = .58$. The law students in the control group also reported a similar increase, $t(21) = -2.63$, $p = .016$, $d = .38$. A statistically significant difference was not found for psychiatry residents (see Figure 3). A comparison of the pre and post scores of both groups of law students and psychiatry residents revealed that law students attending the seminar series reported a greater need for co-operation than law students in the control course both at the start ($p = .048$, $d = .64$) and end of the course ($p = .027$, $d = .60$).

Figure 3

Perceived need for cooperation before and after seminars



Note: * = $p < .05$

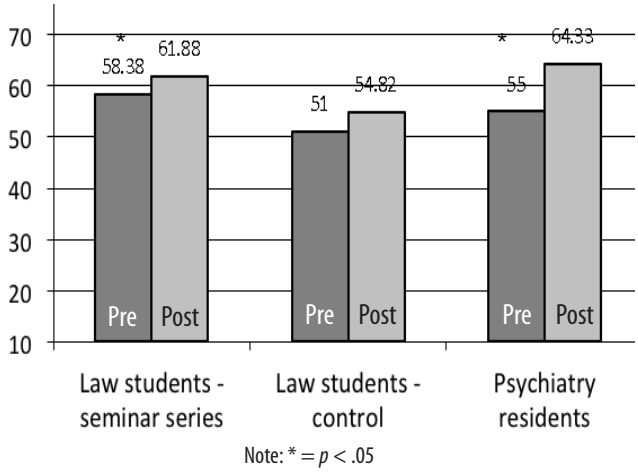
Perceived actual co-operation

The change in perceived actual co-operation was, however, only significant among law students attending the Law and Psychiatry seminar series, $t(23) = -2.47$, $p = .021$, $d = 52$, and not the control group (see Figure 4). The psychiatric residents' mean score of actual co-operation was significantly greater after completing the seminar series, $t(8) = -3.09$, $p = .015$, $d = 0.97$.

A comparison of the pre and post scores of perceived actual co-operation between the three

Figure 4

Perceived actual cooperation among participants and controls

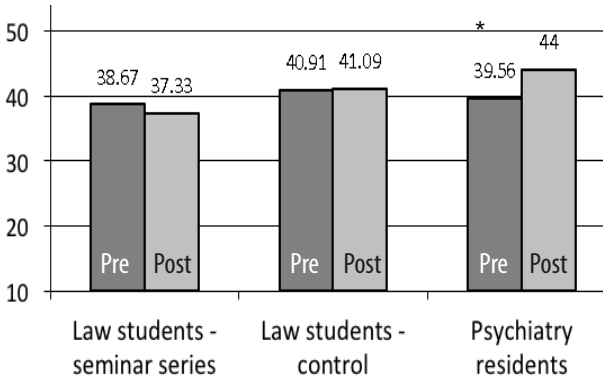


Note: * = $p < .05$

groups of participants revealed no statistically significant differences. Thus, although both the law students and residents reported significant increases in this area, law students in the control group did not, and the means for each group of participant were not significantly different.

Figure 5

Perceived actual cooperation among participants and controls



Note: * = p = .021

Understanding others' value

When participants reported their understanding of others' value, before and after the seminars, only the increase in the psychiatric residents' mean scores was statistically significant, $t(8) = -2.86$, $p = .021$, $d = 0.49$ (see Figure 5). A comparison of the pre and post scores for law students attending both courses and psychiatry residents revealed no statistically significant differences.

Case scenario

No statistically significant differences were found when comparing the pre and post scores of the case scenarios for law students attending the seminar series, law students in the control group, and psychiatry residents. Furthermore, no statistically significant differences were found when comparing the scores given to learners from the three groups.

Satisfaction with the Interprofessional seminar series

Overall, students were very satisfied with the seminar series. On a scale of 1–6, with higher scores reflecting greater satisfaction, law students reported mean values greater than 5 on the overall course ($M = 5.46$, $SD = 0.75$), the didactic components ($M = 5.04$, $SD = 0.72$), and the interprofessional seminars with psychiatry residents ($M = 5.15$, $SD = 0.78$). Psychiatry residents were also satisfied with the overall course ($M = 5.33$, $SD = 0.71$), didactic components ($M = 4.89$, $SD = 0.78$), and interprofessional seminars with law students ($M = 5.00$, $SD = 1.22$).

Focus group and open-ended comments

Participants of the Law and Psychiatry seminars were highly satisfied with the seminar series and felt it was beneficial for their future career. Psychiatric residents indicated that the seminar series was valuable for learning about criminal law. They also noted that they learned a lot and felt more connected to the legal community.

Law student participants indicated that this course helped them learn about the role of psychiatrists and felt that it helped psychiatry residents learn about the role of lawyers. They also thought that having a psychiatrist as one of the course instruc-

tors helped legitimize the course. They also liked the way the two instructors (lawyer and psychiatrist) worked well together.

Suggestions included options for allowing the psychiatric residents and law students to get to know each other better (i.e., having a buddy system or submitting journal articles in interprofessional pairs).

Discussion

Those who attended the Law and Psychiatry interprofessional seminars reported high levels of satisfaction with the seminars and felt that the seminars helped them learn about the role of the other profession. This is supported by the significant changes in the attitudes of those attending the seminar series. The law students who participated in the Law and Psychiatry seminars had more positive perceptions of psychiatric residents after the seminar whereas the perceptions of the control group did not change. At the end of the seminars, the reported perceived need for co-operation was statistically significantly higher in the seminar participants compared to the control group of law students. Only the seminar participants experienced an increase in perceived interprofessional co-operation after the seminars. The control group, on the other hand, experienced an increased perception of autonomy after their seminars whereas the participants did not.

Although we cannot exclude the influence of other factors, the interprofessional interaction during the seminar is a plausible explanation for the change observed in the participants. By defining and focusing on collaborative competencies, adopting a team approach, and using reflective thinking methods and facilitation by the instructors, the seminars embraced IPE methods and principles used in previous research [20]. Facilitation also ensured the creation of a non-threatening environment consistent with self-expression. These elements guided the Law and Psychiatry seminar development and method of delivery. Not only have they been proposed as part of the learner, educator, and learning context considerations in IPE, they form the basis of positive outcomes reported in previous IPE studies [21,22]. This is due to an atmosphere of understanding with improved communication, thus breaking down old myths about the other profession, supporting previous research on IPE [9,12,23] which showed that improved attitudes toward other professions have been attributed to increases in understanding of other professions' knowledge, skills, roles, and duties [23]. The Law and Psychiatry participants reported similar changes.

Improved attitudes toward each other are further supported by an increased perceived need for co-operation as well as perceived actual co-operation. The control group of law students, on the other hand, reported a significant increase in the need for co-operation but did not report a significant increase in actual co-operation. The increase in the perception of autonomy reported in the control group is evidence for the lack of actual co-operation, as they were used to working on their own. The Law and Psychiatry participants not only showed an increase in perceived and actual co-operation, they did not show a decrease in perceived competence and autonomy of those in their profession. The interplay of stable professional auton-

omy, improved perception of, and actual co-operation in the interprofessional seminar participants may be due to the interprofessional learning experience. This experience may have given rise to conceptions of collaboration between the two professionals, thereby weakening the drift and inclination toward autonomy. The participants were highly satisfied with the seminars and recommended buddy systems and collaborative tasks. There are reported examples of interprofessional seminars that produced similar findings through improved awareness of others' roles and contribution [23]. Similar to the process of developing collaborative competencies [15,24], this learning context can promote empathy and genuine understanding with the change of attitude [25,26].

Similar educational techniques used in psychiatric resident training have been found to be universally acceptable and have contributed to positive patient outcomes [27]. New frontiers in training methods help equip psychiatrists with the essential competencies for dealing with complex and multifaceted needs of children, youth, and families. This is a core principle of a movement in governmental and nongovernmental initiatives for interprofessional education [28]. Complexity is clearly the norm in those with mental illness traversing the legal system. This finds a good match with similar principles of collaboration and teamwork. Health Canada prescribes the tenets for collaborative patient-focused relationships with improved patient outcome and benefit in mind [29]. By conducting an Interprofessional Education for Collaborative Patient-Centered Practice (IECPCP) research workshop, the government sought to improve understanding and communication among those who work in healthcare [21]. Workshop participants discussed interprofessional strategies that could benefit healthcare workers, the system in which they work, and ultimately the patient.

Although IPE may be defined differently by different professions, the context is related to collaborative cross pollination of ideas involving two or more professional bodies in the course of their interprofessional training. This is the assumption on which the Law and Psychiatry seminars were based. Including law students as interprofessional team members is an extension of the themes developed by the IECPCP workshop participants. These expounded themes and desired outcomes are strikingly similar in most IPE paradigms [15,16,27,29]. In psychiatric training terms, the seminars should enhance the CANMEDs roles of communication, collaboration, and advocacy at the very least [30,31]. Knowledge and awareness of the legislation and the legal perspective of mental illness have been suggested as the firm footing for developing a broad perspective of the complex nature of practice [32]. The Law and Psychiatry seminar's mode of experiential learning, by joining the learner's experience and theory, may improve real-world task performance and enhance professionalism [33]. In recent years, psychiatry as a profession has embraced experiential learning and mentoring as methods of enhancing competencies of trainees [27,33].

The finding that only law students in the interprofessional seminar series had significant improvements in their attitudes toward psychiatrists may be related to the course content but more significantly the interaction and relational context of the

instruction method. The potential outcomes align well with providing promotive, preventive, curative, rehabilitative, and other health-related benefits [14,18] and with improving the quality of care and service [9]. By developing a less autonomous attitude and focusing on interprofessional co-operation, the law students attending this course, more than the control group, are likely to embrace a more co-operative stance in practice. Evaluation of the direct and indirect impact on patients' and clients' care will assist in exploring this further. And, by removing some of the mystery around the other profession, there is, we suggest, a tendency to better understand what is happening in the other's profession, which results in less fear and more understanding of the other.

It is also likely that students' positive attitudes and perceptions could have been enhanced further by their observations of the two instructors. Comments from the focus groups to the effect that they "worked well together" are reminiscent of similar injunctions made about a duo of psychiatrist/lawyer instructors of a fellowship program. It was suggested that the collaboration between the two instructors then was a helpful role modelling [34,35]. Such a vicarious learning paradigm has been suggested as a prerequisite for the effective clinical exposure of law students and for interprofessionalism [36-38]. While these findings hold promise for the benefits of IPE being applied in post-licensure practice, further research will be needed to examine the direct benefits of the application of the seminar's tenets and practice. Perhaps subsequent studies can test the independent variables, such as the interaction of learners and the modelling provided by the instructors, using a factorial design.

The role of other non-instructional factors and environment cannot be ruled out completely in explaining our findings. We found, in focus groups and anecdotally, that in some participants many common factors, family experience of mental illness, fascination about the mind, and career development and choice informed the decision to enroll in the Law and Psychiatry seminar. This rather enhanced interest may contribute to the favorable seminar experience and resulting positive attitudes of the participants toward psychiatric residents. There is no reason to suspect that students in the control group lacked such factors, but opportunities for interactions with practitioners and other non-seminar experiences like tribunal attendances were almost exclusive to participants. Further research that includes a control group of psychiatric residents will help to provide additional evidence for our findings.

There were no statistically significant differences in the knowledge base demonstrated through the case scenario when comparing pre and post responses as well as responses of students in the interprofessional seminar and control group. This finding is puzzling, especially when participants improved in attitudinal disposition. Either the instruction was ineffective or the instrument was not valid or accurate. We tend to think that the test was weak. The cognitive base test using a voluntary scenario question and answers may not be the best method for evaluating the participants. The absence of strict instructions and criteria laid out for the frame of responses may have resulted in disparity between the instructors' a priori answers and the respondents' knowledge base. We used the same standard for law and psychiatric participants. In particular, learners may have rendered half-hearted responses

since the test did not count at all toward the course grades. Brief, incomprehensible responses were commonplace. They were academically correct but failed the standard of comprehensiveness, a significant component of the scenario-marking scheme. The high quality papers submitted on topics unrelated to the scenario case are at variance with the overall performance of the participant law students. The best approach for testing the cognitive base of the seminar may not be through a single scenario on a single portion of the many topics available. It may be better to use existing examinations, as was shown in a forensic fellowship program in which instruction had a positive impact on their examination pass rates [39]. Alternatively, multiple scenarios on the many topics of the seminar could be added to the existing assessment regimen. The psychiatric residents in our study have only one important area of formal knowledge testing, their final Royal College examinations. It seems that pre-final examination testing prompts insufficient effort.

Finally, we feel that the wider implication of the findings can be the gradual change in the rancor and animosity that has bedeviled the two professions over the years. If 71% of physicians in a survey did not regard lawyers as professionally trustworthy and 60% of lawyers had similar views about physicians, a new way forward is to "catch them young," before these attitudes take hold [2, 40]. With levels of trust toward each other significantly low, it is difficult to envisage common goals for the benefit of those patients and clients the professions serve. Simply acknowledging the intelligence, knowledge, and positive contribution of each other [40,41] has not translated into better attitudes toward each other's profession, as evidenced through past research. Due to the divergent worldviews of lawyers and doctors, anchored in educational processes, unique languages, and contrasting views about the definition of truth [8], the authors did not hold out much hope for changing the system [41]. Changes in the relationship between these two high-status professions will come slowly and painfully [8,41]. Little change in entrenched attitudes can be expected with physicians and lawyers both adopting rigid positions. Addressing the educational system early enough to correct the misunderstandings and to foster a climate of trust is the main purpose and goal of the seminars. The positive attitudinal changes we found provide hope for eventual pervasive change and long-term benefits.

Strengths and weaknesses of this study

This study has the strengths and weaknesses of its quasi-experimental design. Although this evaluation indicates that students and residents benefited from attending an interprofessional seminar series, there were several weaknesses. First, we did not have a corresponding focus group organized for the control group to estimate any comparison or themes related to the uni-professional nature of their seminar. As well, we were not able to obtain a control group of psychiatric residents since all residents were either enrolled in the seminar series or had previously taken it. A focus group could not be arranged with psychiatric residents to better understand their perceptions of the course. The small number of psychiatric residents is also a weakness, reflecting the number of residents enrolled in the course. Furthermore, we were not able to obtain a control group of a course teaching simi-

lar content to one discipline only. Doing so would have helped us identify benefits resulting from interprofessional interaction above and beyond those gained through course content.

Another weakness of this study is the lack of demographic information collected from participants. Although gender and ethnicity were comparable between the two groups of law students, participants were not asked to provide their age or identify any previous interprofessional experience. However, the law instructor for the seminar series, who knows both groups of students, estimated that students in the two courses were similar in age. Although there are no formal opportunities for law students to engage in interprofessional work, it is possible that they had done so either prior to entering law school or through extracurricular activities. Psychiatry residents may have engaged in prior interprofessional work during medical school, but this would have been with other health professionals rather than lawyers.

Although case scenarios were de-identified in terms of names and order, some responses still contained identifying information. In a few cases, respondents identified their professions, for example, "I am just a law student and I will learn that when I start practicing." These identifying statements could lead to bias in allocating marks or at least diminish the blinding process. The tools measuring attitudes toward lawyers and psychiatrists have not been validated in samples large enough to clarify their respective psychometric properties. The markers of the case scenario may have injected their differential professional position into their analysis of the responses.

Conclusion

Our results reveal that participants were highly satisfied with the seminar series and perceptions of collaboration increased, as demonstrated through improved communication, attitudes, and perceptions toward each other, in comparison to the control group. By promoting the tenets of IPE—understanding of professional roles, communication and negotiation skills, and enhanced patient/client-centered care—the seminar potentially could influence future collaborative practice. Overall, these are encouraging findings for the education of lawyers and psychiatrists. The participants felt more comfortable with the others' roles and responsibilities. With respondents indicating in the open-ended responses that they felt the seminars will be beneficial for their future careers, such affirmative regard for the other profession holds promise for collaborative post-licensure practice. This could have beneficial outcomes on patients and clients as well as the entire medico-legal system.

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