Making the Maltreatment Case Easier: the Multidisciplinary Team Approach

Challenges involved in Maltreatment Investigations

- Dynamics of abuse
- The experience and disclosure of abuse
- Inconsistent screening practices
- Poly-victimization
- Secondary trauma
- Lack of resources
- Perceived lack of prestige/status
- Others?

What is a Children’s Advocacy Center?

- Children’s Advocacy Centers (CACs) provide a non-threatening, neutral environment for alleged victims to talk about what happened in a way that minimizes their potential trauma.
- CACs work with multidisciplinary teams to prosecute offenders and to help victims heal.
- CACs serve children, adolescents and vulnerable adults.
How does a CAC work?

Please refer to your handout from the National Children’s Alliance.

Children’s Advocacy Centers can aid your departments in the pursuit of justice by:

- Coordinating the efforts of all involved parties, thereby saving time.
- Increasing the accountability for offenders.
- Improving the cooperation and satisfaction of caregivers.
- Promoting promising practices.
- Fostering recovery of victims.
- Saving money.


CAC Accreditation Standards

- CHILD-FOCUSED SETTING The child-focused setting is comfortable, private and both physically and psychologically safe for diverse populations of children and their non-offending family members.
- FORENSIC INTERVIEWS Forensic interviews are conducted in a manner that is legally sound, of a neutral, fact finding nature, and are coordinated to avoid duplicative interviewing.
- MEDICAL EVALUATION Specialized medical evaluation and treatment services are routinely made available to all CAC clients and coordinated with the multidisciplinary team response.

http://www.nationalchildrensalliance.org
CAC Accreditation Standards

• CULTURAL COMPETENCY AND DIVERSITY Culturally competent services are routinely made available to all CAC clients and coordinated with the multidisciplinary team response.

• VICTIM SUPPORT AND ADVOCACY Victim support and advocacy services are routinely made available to all CAC clients and their non-offending family members as part of the multidisciplinary team response.

• MENTAL HEALTH Specialized trauma-focused mental health services, designed to meet the unique needs of the children and non-offending family members, are routinely made available as part of the multidisciplinary team response.

http://www.nationalchildrensalliance.org

CAC Accreditation Standards

• CASE TRACKING Children’s advocacy centers must develop and implement a system for monitoring case progress and tracking case outcomes for all MDT components.

• ORGANIZATIONAL CAPACITY A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative policies and procedures.

http://www.nationalchildrensalliance.org

CAC Accreditation Standards

• MULTIDISCIPLINARY TEAM (MDT) A multidisciplinary team for response to child abuse allegations includes representation from the following:
  - Law enforcement
  - Child protective services
  - Prosecution
  - Medical
  - Mental health
  - Victim advocacy
  - Children’s advocacy center

• CASE REVIEW A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status and services needed by the child and family is to occur on a routine basis.

http://www.nationalchildrensalliance.org
Tiers of an MDT

- **Micro level**: case specific team members
- **Mezzo level**: case review with systemic team leaders
- **Macro level**: all professionals in your community whose work may overlap with yours

Importance of defining roles

- Law enforcement
- Child protection
- Medical personnel
- Mental health providers
- Victim advocates
- Forensic interviewers
- Prosecutors
- Tribal and federal officials
- School personnel
- Youth workers and day care providers
- Guardians ad litem
- Others?

Typical Goals of an MDT

- Reduce trauma of the alleged victim
  - Minimize number of interviews
- Improve efficiency and effectiveness of investigations
  - Increase communication
- Improve skills and knowledge of MDT members
  - Attend trainings together
  - Peer review
What are the Markers for a Healthy Multidisciplinary Team?

- **Common purpose** — The members share commitment to the common mission. Members create and sign a written Memorandum of Understanding outlining a team protocol.
- **Fair and Impartial Leadership** — Members demonstrate personal commitment to the mission of the MDT.
- **Trust** — The members work for each other’s success and can count upon one another.
- **Clear goals and roles** — Members know what is expected and what to expect from one another. Members hold each other accountable.
- **Open communication** — The team is characterized by continuous sharing of information.

Elton & Stewart, 2013
Wilson & McGrath, 2004

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What are the Markers for a Healthy Multidisciplinary Team?, Cont’d

- **Diversity** — Teams enjoy a mix of styles, ideas, cultures, background, and expertise.
- **Balance of tasks and relationships** — The team focuses on the mission and on the need to maintain a strong relationship among members.
- **Interdependence** — Members understand, value and respect each others' roles, understanding none of the members can accomplish alone what the group can do together.
- **External support and Recognition** — Members are allowed time and space to work collaboratively with the support of their superiors. Members are honored for their contributions.

Elton & Stewart, 2013
Wilson & McGrath, 2004
Steps for creating a healthy multidisciplinary team:
1. Identify leadership & extend invitations
2. Identify potential members & extend invitations
3. Clarify vision and goals of your MDT
4. Assess “buy-in” of local agencies; address concerns that arise
5. Provide necessary training
6. Establish team protocol with input from all members
7. Create MOU, obtain proper signatures and celebrate!

Something to consider…
CACs require MDTs, but MDTs do not require a CAC.

What is realistic in your community?

Advantages of the CAC model
• Neutral, non-threatening facility
• Dedicated interviewers (no dual role) who can provide expert testimony
• Visibility of services
  – CACs can act as a beacon of hope
• Ease of MDT collaboration
## Children’s Advocacy Centers Serving MN

(http://www.mnac.org/statechapter/minnesota/)

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<tr>
<th>Number</th>
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<th>Location</th>
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<tr>
<td>1</td>
<td>Minnesota Children’s Alliance</td>
<td>Stillwater, MN</td>
<td>Marcia Milliken, Executive Director</td>
<td>612/615-4605</td>
</tr>
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<td>2</td>
<td>Family Advocacy Center of Northern Minnesota</td>
<td>Bemidji, MN</td>
<td>Ari Trudell, Director</td>
<td>218/333-9311</td>
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<td>3</td>
<td>First Witness Child Abuse Resource Center</td>
<td>Duluth, MN</td>
<td>Beth Olson, Executive Director</td>
<td>218/727-8253</td>
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<tr>
<td>4</td>
<td>Red River Child Advocacy</td>
<td>Fargo, ND</td>
<td>Anna Frissel</td>
<td>701/234-4560</td>
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<td>5</td>
<td>CornerHouse</td>
<td>Minneapolis, MN</td>
<td>Patricia Harmon, Executive Director</td>
<td>612/813-8300</td>
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<td>6</td>
<td>Mayo Clinic (Associate)</td>
<td>Rochester, MN</td>
<td>Karen Schmidt</td>
<td>507/266-0443</td>
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<td>7</td>
<td>Midwest Children’s Resource Center (Accredited)</td>
<td>St. Paul, MN</td>
<td>Dr. Mark Hudson, Executive Director</td>
<td>651/220-6750</td>
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<td>8</td>
<td>Matty’s Place</td>
<td>Winona, MN</td>
<td>Carrie McVera, Executive Director</td>
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### What if there isn’t a CAC in my community?

- Is travel to the nearest CAC feasible?
- What parts of the CAC model can you implement with your own MDT?
- Consider establishing a CAC in your community, perhaps co-located with existing services.

➢ **Remember:** A separate facility is not required for effective MDT collaboration.
Steps to establishing a CAC:
1. Establish an MDT process
2. Consult with nearest CAC personnel
3. Consult with Marcia Milliken, MN Children’s Alliance
4. Consider becoming an
   - “Affiliate” CAC
   - “Associate/Developing” CAC
   - “Satellite” CAC
5. Apply to National Children’s Alliance

Affiliate CAC
- a functioning MDT with representation from Law Enforcement, Child Protective Services, and Prosecution. (NCA strongly encourages the representation and participation of all disciplines, including Medical, Mental Health and Victim Advocacy);
- a signed interagency agreement and MDT protocols;
- a letter of recommendation from the Chapter in their jurisdiction (if applicable);
- MDT case review which is conducted on a regularly scheduled basis, and attended by all MDT representative disciplines;
- child forensic interviews are conducted in a neutral and child-focused setting.

http://www.nationalchildrensalliance.org/affiliate-membership-requirements

Associate/Developing CAC
- a functioning MDT with representation from Law Enforcement, Child Protective Services, Prosecution, Medical, Mental Health and Victim Advocacy;
- a signed interagency agreement and MDT protocols;
- a facility designated for interviews of children
- working toward implementing all standards for Accreditation;
- MDT case review which is conducted on a regularly scheduled basis, and attended by all MDT representative disciplines;
- a letter of recommendation from the Chapter in their jurisdiction (if applicable);

http://www.nationalchildrensalliance.org/associate-developing-member-requirements
Satellite CAC

- The Host CAC (holding NCA Accreditation) must be accredited prior to satellite application. And, the Host CAC is responsible for the application process of any satellite. (Applications for satellite membership status will be accepted on a rolling basis from Host CACs - upon submission the satellite will be linked in all NCA records to the Host CAC, including the Host CAC’s accreditation cycle.)
- The Host CAC must demonstrate coordination with its Chapter during the planning process. (For example, this may be demonstrated through letters of support to the application and/or involvement in community needs assessment and/or feasibility studies.)
- The Host CAC must demonstrate technical assistance to the Host CAC during the planning process.
- The Host CAC must demonstrate how the satellite links to their NCA-approved chapter growth plan and does not duplicate service coverage of any existing Accredited or Developing/Associate Center.
- The Host CAC must conduct a needs assessment and feasibility survey which must demonstrate local support and outcomes.
- The Host CAC must demonstrate governance of the satellite site.
- The Satellite must have a child-focused setting/facility, and provide onsite forensic interviews and advocacy services. These three requirements must meet the NCA standards for accreditation as listed in this excerpt.
- The Satellite CAC must have the capacity for the provision of medical and mental health services on-site or through linkage in the local community.
- The Host CAC must demonstrate agreements (MOUs) with partner agency representatives from the Satellite CAC service area.
- The Host CAC must demonstrate case review and tracking systems that identify children specific to the Satellite location.
- The Satellite must demonstrate designated staff that coordinates the response and provision of services.
- The Host CAC must remain in good standing with NCA, inclusive of its Satellite.

http://www.nationalchildrensalliance.org/satellite-membership-requirements

Potential Pitfalls

- Turn to a partner and identify one or more challenges you anticipate (or are experiencing) as you develop a multidisciplinary team approach to maltreatment investigations in your community.
Potential Benefits

- improved treatment of victims throughout the criminal justice system;
- different views that enhance the investigative and prosecutive stages;
- accountability through case tracking and action plans;
- improved coordination including civil, criminal, tribal, state, and federal entities;
- increased access to records and information;
- greater investment from team members, which fosters more effective and efficient investigations;
- the ability to avoid investigative and prosecutorial duplication of efforts;
- streamlined evidence preparation;
- more effective witness and evidence preparation;
- and access to federal expertise and resources.

Elton & Stewart, 2013
The takeaway…

• Turn to a partner and identify at least one new step that you will take to implement an more effective MDT response in your own community.

Questions?
References


