Creating a Sustainable Multidisciplinary Team

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What is the National Structure for CAC’s?
Regional CAC Training & Technical Assistance Centers

- **MRCAC**
  - St. Paul, MN
- **NRCAC**
  - Philadelphia, PA
- **SRCAC**
  - Huntsville, AL
- **WRCAC**
  - Colorado Springs, CO
Who are we?

- Southern Regional Children’s Advocacy Center (SRCAC) is a project of NCAC funded through the Department of Justice to provide training and technical assistance to communities in the southeastern states and DC working to provide a coordinated, collaborative response to child abuse.

- In 2014 SRCAC provided training to:
  - 173 CAC’s and MDT’s in the region
  - 6,664 CAC staff, MDT’s and Board of Directors
The OLD Way-
The Agency Centered Approach

What do I need from this child and family for my case/agency?
How can we do our jobs without causing further trauma for this family?

How can complete our investigations without stepping on each other’s case?

What does this child and family need from this community – from this group of committed professionals - to survive and thrive in light of this allegation?
Changing the Child Abuse System

WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE

Typical Case—Robin, Age 5

Who talks to Robin?
Nurse, Social Worker, Doctor
Who examines Robin?
Doctor

Tells her teacher she is being hurt at home.

At School...Who talks to Robin?
her Teacher, her Principal,
a School Nurse, who also
examines her.

Police Officer talks to Robin.

School calls Hotline
and Police

Detective is assigned and
brings Robin to a specialized
Hospital—where another Nurse,
Social Worker, Doctor talks to her and
is examined by another Doctor.

A Counselor needs to talk to Robin.

A Child Protection Investigator needs to
talk to Robin.

A Lawyer needs to talk to Robin.

Robin had to talk to 15 people, but now . . .
(turn over)
Changing the Child Abuse System

WHAT HAPPENS TODAY WHEN KIDS NEED HELP FOR ABUSE

Robin tells her story, while a detective, CPS worker, and District Attorney listen as a team.

"This Place is Great"

Robin can see a doctor.

Robin is referred to a counselor, who will help her heal.

Robin’s mom talks to an advocate to help her understand the system.

Robin comes to the Advocacy Center with her mom.

Tells her teacher that she is being hurt by her mom’s new boyfriend at home.

... Robin talks to 3 people

Start Here
The Model

Mission Purpose

Law Enforcement
Child Protection
Prosecution
Medical
CAC
Forensic Interviewer
Victim Advocacy
Mental Health
Get the Bad Guy & Help the Child
WHY DOES THIS HAVE TO BE SO HARD????

We are just trying to help some kids!!!
Definition of a Team

- A group of people who are necessary to accomplish a task that requires the continuous integration of expertise, resources, and authority distributed among them in order to reach a desired outcome.
MDT is about collaboration – not abdication.

-Kenneth Lanning
This is not Rocket Science
It is HARDER
and
More COMPLEX!
The Parable of the Blind Men and the Elephant
By John Godfrey Saxe
Barriers to Doing This Work This Way

Are they real or artificial barriers?
Misperceptions of the MDT Model and the Relationship of the CAC


- Service provision vs. coordinating, nurturing, and training of the MDT.
Getting to WHY
WHY?
Why does your MDT exist?
It *is* more time consuming for the professionals
CHANGE AHEAD
The Whole Multidisciplinary Thing!
The Whole Multidisciplinary Thing!

- Different agencies
- Different cultures of the disciplines
- Inter-agency politics & Intra-agency politics
- Different (and ever changing) policies/procedures/timelines
- Different levels of expertise
- Little/no control over who is assigned to the MDT
Competing Agendas: What is the goal?

- **Forensic Interviewer**: What can I get in a legally defensible manner while caring for the child?
- **Law Enforcement**: Has a crime been committed?
- **CPS**: Is the child safe?
- **Prosecutor**: Can I make a case?
- **Medical**: Does the child need medical care?
- **CAC**: What can we do to help this child/family?
- **Victim Advocate**: What can we do to support everyone?
- **Mental Health**: How do we help the healing begin?
Where Do You Start??
Start By Asking Yourself Some Important Questions

• Why have you chosen to do this work?

• Do you really believe in the MDT model?

• What are your strengths?

• What are your challenges?
Start By Asking Yourself Some Important Questions

• How do you really feel about your MDT members?

• How do you view the relationship between the MDT & CAC?

• What assumptions are you making about your team members?
What does Your Model Look Like?
Some Questions About Your MDT

• What is the history with and between the agencies?
• Which discipline carries the most weight on your team?
• Which team member is the most influential?
• How do people get assigned to the team? Do they have a choice?
• How do the partner agencies view the relationship between the CAC and the MDT?
Some Questions About Your MDT

• Are your team members familiar with the MDT protocols?

• What is the shared mission for the MDT? Do you have a purpose statement for the team? Do the members know what it is?

• What kind of training/orientation do they get from their agency regarding their role on the MDT?

• Does your team have a formal orientation process for new members?
Now I Have Asked All the Right Questions – What Are the Answers?
What Is In It For Them?
Impact on Prosecution Rates

• Significant use of the CAC approach for all cases:
  • **Dramatic increase in number of felony prosecutions** of child sexual abuse
    • District 1 – 196% increase
    • District 2 - 1% decrease

— Despite increased prosecutions, the **conviction rate did not change** significantly between the districts over this time period.

Other MDT Partner Benefits

• Cases less likely to fall through the cracks.
• Provides avenues for investigators to gain more information about a case.
• Provides opportunities to coordinate investigative duties reducing the chance of one agency inadvertently impeding the investigation for another agency.
• MDT can provide the opportunity for professionals to find support for the difficult aspects of these cases.
The OOOPS Factor!
Missteps That Can Impact Your Relationship With Your Team

• Not respecting the expertise of MDT members.
• Assuming MDT members don’t care about kids.
• Not realizing the professional implications for MDT members.
• Underestimating the importance of relationships on the MDT
• Underestimating the importance of TRUST on the MDT
Missteps That Can Impact Your Relationship With Your Team

- Not creating the opportunity for MDT members to buy into the model.
- Not constantly reminding every level of the MDT why we do this - Why is this way better?
- Helping team members understand what’s in it for them.
- Underestimating the effects of doing this work on MDT functioning.
- Knowing what is within your sphere of influence.
Intentionally Create MDT Specific Culture

• Organizational Culture:

“Arises spontaneously whenever groups of people come together for any length of time and focus on tasks long enough to create common traditions, rites and history. ...it is binding in that it determines how people enter the organization, survive within it and learn to solve problems.” p. 13

Destroying Sanctuary
Sandra L. Bloom & Brian Farragher
Strategies to Help Create Buy-In

• Think beyond resistance: What are the specific reasons that a person/agency is not bought-in?

• Most important thing to communicate is “Why”
  • “Communication is what is received – not what is being sent.”
    

• Find different ways to say the same thing
• Consider the culture of the disciplines

• Identify “early adopters” & change agents. Invest in them.
Strategies to Help Create Buy-In

Roger’s Innovation Adoption Curve

Trying to convince the mass of a new idea is useless. Convince innovators and early adopters first.
Strategies to Help Create Buy-In

- Invest in relationships
- Spend time seeking to understand the other professionals on your MDT
- Create space for MDT partners at your center
- Shadow them for a day
- Feed them
- Host a MDT retreat
Strategies to Help Create and Maintain Buy-In

- Discuss what the MDT values
- Create ground rules based on identified values.
- Involve the MDT in creating a purpose statement and then plaster that statement all over the place!
- Involve MDT members in creating/updating protocols.
- Have an formal orientation process into the MDT. Include information such as, values of the MDT, ground rules, and purpose statement.
Sustaining Buy-In

- Involve MDT in updating protocols annually.
- Survey MDT members annually to ensure that meeting are meeting their needs.
Sustaining Buy-In

• Annual MDT retreats/trainings to attend to the health of the MDT.
  • Are we still living into our stated values?
  • Are we working within our purpose statement?
  • Does every member feel valued? Like they have a voice?
  • Are members holding each other accountable to the purpose?
  • What is the level of trust among our MDT?
  • What are our training needs as a MDT?
Sustaining Buy-In

• STS/VT are MDT killers
  • Provide training and strategies for organizational wellness.
Qualities of Facilitative Leadership

You believe in the process. You realize that collaborative investigations are harder for the relevant professionals but are better for the children and families we serve. You acknowledge the complexity but hold the purpose before the team as a reminder of why we keep working at it!
Qualities of Facilitative Leadership

You’re Facilitation vs. Directive – Facilitative leaders know that they’re not here to “fix” anyone. While they may be the “designated” leader, they understand that they don’t always need to have all the answers. As a facilitative leader you see your job as one where you help your team members expand the horizons of their awareness, and facilitate them taking responsibility for their actions, past, present and future.
Qualities of Facilitative Leadership

**You’re transparent.** You don’t withhold relevant thoughts and feelings to try to look good to the team. You accept yourself, flaws and all. You practice good functional behavior. You engender trust by telling the truth and doing what you say you will do. You accept constructive feedback from your team. When you make mistakes, you own them, correct them and move on.
Qualities of Facilitative Leadership

You’re not a “know it all”. Being leader doesn’t necessarily mean that you have to the “authority” on the subject at hand. The amount of brilliance unleashed in your team depends on how well you let go of your need to know more than anyone else! You acknowledge that the wisdom is in the room and in collaborative process.
When you step here you are really loved when you step here you are not afraid when you step here you have hope when you step here you have faith
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