

A workbook for improving MDT investigations

- Sample Protocol for Adolescent Abuse and Neglect Cases
- Evaluation Tool
- Model Policies

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September 2007

This project funded by a grant from Oregon's Children's
Justice Act Task Force, Department of Human Services.



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Sample Protocol for Adolescent Abuse and Neglect Cases

INTRODUCTION

The Importance of the MDT Process in Investigating and Assessing Abuse

An MDT is a group of professionals, working together in a coordinated and collaborative manner, to ensure effective investigation and response to child abuse and neglect.¹ The MDT approach caught on in the 1950s amid concerns that coordination among the many different parties involved in child abuse investigation was necessary to ensure a successful conclusion to the investigation while minimizing trauma to the child victim.² The benefits of the MDT approach are well-known and widely recognized. MDTs are believed to result in a more accurate assessment of risk, more adequate intervention, decreased fragmentation in the service delivery process, greater efficiency and reduced duplication of effort among service providers, enhanced quality of evidence for criminal prosecutions, and improved quality of services delivered.³ MDTs have also been associated with reducing the traumatization of victims in the investigative process

¹ Ells, *Forming a Multidisciplinary Team to Investigate Child Abuse*, Office of Juvenile Justice and Delinquency Prevention (2000).

² Kolbo and Strong, *Multidisciplinary Team Approaches to the Investigation and Resolution of Child Abuse and Neglect: A National Survey*. *Child Maltreatment* 2(1) (1997).

³ *Id.*



and are believed to be influential in the provisioning and use of additional services and resources at both the state and local level.⁴

In 2003, the American Humane Association released a national report which evaluated the different investigative models for child abuse and neglect used in all 50 states. A coordinated collaborative approach to child abuse investigation was shown to have substantial benefits including promoting child safety by ensuring effective prosecution, reducing re-victimization of children, ensuring worker safety, and ensuring the local community recognizes the seriousness of child maltreatment by promoting swift and successful prosecution.⁵ Data from the report also indicates that states with joint investigations mandated by statute, including Oregon⁶, may have more effective investigation models which successfully reduce the number of children who are victims of repeated maltreatment.⁷ Another study revealed that in a jurisdiction where an MDT fosters collaboration between law enforcement and child protective services, 75% of cases were referred for criminal prosecution and nearly 95% of those cases resulted in convictions.⁸ These proportions are much higher than in jurisdictions without MDTs.

MDT Guidance: The Protocol

What is a protocol?

⁴ *Id.*

⁵ *Investigation Models for Child Abuse and Neglect: Collaboration with Law Enforcement*, American Humane Children's Services (2003).

⁶ ORS 418.747.

⁷ American Humane, *supra* n.5.

⁸ Ells, *supra* n.1.



Although it is well accepted that the best response to the challenge of maltreatment investigations is the formation of an MDT, it is essential that the MDT is able to function effectively. Everyone on the team must be committed to the concept that a coordinated and collaborative response is required for a successful investigation of child abuse reports. In addition, a properly written protocol is essential for an MDT to function well. A protocol is the written understanding of how investigations and other functions will be handled by team members and the roles and responsibilities of member agencies.⁹ The protocol serves as a practical, working document which provides concrete guidance to team members.

Every community will have its own ideas about what should be included in their protocol. Protocols vary greatly by state and county but generally contain the following sections¹⁰:

1. Mission: A statement of values or a mission to express the basic approach of the community in handling child abuse and neglect cases.
2. Membership and Roles: A description of the team members and basic responsibilities of the participating agencies or team members.
3. Presentation of Cases to the team: A description of criteria of cases which are presented to the team and the mechanism for presenting cases to the team.
4. Investigation: an outline of how the investigation process occurs and guidelines for interviewing.

⁹ Ells, *supra* n.1.

¹⁰ McFarlane and Miller, *Promoting Community Protection Adolescents: part 2-Oregon* (2004).



5. Prosecution: The roles of the team members as they work together to prosecute offenders.

Need for an adolescent protocol

National studies indicate adolescent maltreatment is neither rare nor inconsequential. The National Child Abuse and Neglect Data system, which compiles state child protective services data, indicates that 25% of all substantiated cases each year since 1997 involve adolescents. However, only 33% of adolescent maltreatment reports are substantiated and researchers think these reports are much less likely to be substantiated than cases involving younger children. Data from the National Incidence Studies, which are congressionally mandated studies, indicates that 47% of all victims of maltreatment were between age 12 and 17. The most recent study, NIS-3, also found that children between ages 12 and 17 were at a greater risk of harm than children under the age of 6.¹¹

A bias against reports of adolescent maltreatment exists both nationally and within Oregon. There is a perception that adolescents are better protected against maltreatment, are less harmed by it, or may have encouraged the negative treatment.¹² The importance of adolescent abuse and neglect has been underestimated by professionals. Adolescent maltreatment, and neglect in particular, is less likely to be reported by nurses, teachers, social workers and law enforcement.¹³ There is also a bias toward concerns with identifying maltreatment in younger children because of the belief

¹¹ Smith et. al., *Adolescent Maltreatment and Its Impact on Young Adult Antisocial Behavior*, Child Abuse and Neglect 29(10) (2005).

¹² McFarlane and Miller, *supra n.10*.

¹³ Smith, *supra n.11*.



that younger children and most vulnerable and that early childhood maltreatment has the most serious consequences.¹⁴ However, recent studies indicate there is a strong relationship between adolescent maltreatment and negative behavioral and psychological development.¹⁵ Any substantiated maltreatment during adolescence increases the risk of delinquency, drug and alcohol problems, violence, depressive symptoms, internalizing and externalizing problems, and arrest compared to those never maltreated.¹⁶

In Oregon, this bias arose due to an antiquated policy focus by the Department of Human Services (DHS) which prioritized protecting younger children from maltreatment rather than assessing the factors at issue to make a vulnerability determination.¹⁷ The under representation of adolescents in Oregon’s child welfare system raised public awareness and eventually led to DHS policy changes. Today DHS is focused and committed to addressing the needs of maltreated adolescents.¹⁸

Unfortunately, many of Oregon’s MDT protocols contain language and procedures which could impact how an MDT reacts to adolescent abuse and neglect. The age of the victim weighs heavily in determining whether a case is brought to the MDT, investigative procedures, risk and safety threat analysis, and determining the priority of the case.¹⁹ The general rule expressed in the protocols is that “typically in child physical abuse cases, the younger the children the higher the risk.”

Adolescent maltreatment has been underestimated by professionals who serve abused and neglected children and youth. Studies of adolescent maltreatment

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ McFarlane and Miller, *supra n.10*.

¹⁸ *Id.*

¹⁹ *Id.*



recommend three intervention strategies for youth workers. First, additional professional training and education about the nature and impact of adolescent maltreatment is needed. Training of MDT members has been shown to improve the effectiveness of MDTs.²⁰

Second, prevention and treatment services for adolescent victims need further development and extension.²¹ Data indicates that an unfortunate phenomenon is occurring in the child welfare system: a smaller percentage of confirmed cases is receiving services.²² Given the potential life-long and devastating impacts of adolescent maltreatment, treatment services at the beginning of a case are critical.

Third, systems which assess, investigate, and intervene with maltreated adolescents must be scrutinized, evaluated, and enhanced.²³ Expanding an MDT's role to include services such as treatment planning and monitoring of case resolution will prove particularly effective for MDTs investigating adolescent maltreatment. Team effectiveness is enhanced through broader representation and active participation by individuals from different disciplines who have the skills and professional judgment to investigate maltreatment as well as respond to the needs to adolescent victims.

An adolescent-specific MDT protocol could address all three intervention suggestions discussed above. An adolescent-specific protocol would ensure that agencies that have the resources and expertise to serve adolescents are represented on the team. The adolescent MDT members should have an increased knowledge and/or a willingness to learn the particular dynamics of adolescent development and the impacts of maltreatment on adolescent behavior as well a successful strategies for interviewing and

²⁰ Kolbo and Strong, *supra n. 2*

²¹ Smith, *supra n.11*

²² Kolbo and Strong, *supra n. 2*

²³ Smith, *supra n.11*, McFarlane and Miller, *supra n.10*.



working with adolescents. A protocol specific for adolescent maltreatment cases could also ensure crisis intervention and treatment services are provided for adolescents. Obtaining services can be a difficult and intimidating process for adolescents who are trying to manage their own care. The role of the adolescent MDT includes not only crisis intervention and support services, but also a follow-up check, with the purpose of ensuring these services have been delivered.

Using the sample protocol

The information contained in this workbook section and, in particular, the Adolescent MDT Sample Protocol, is intended to serve as an “overlay” to county MDT protocols. This section of the workbook identifies specific issues which may arise when an MDT investigates and assesses adolescent maltreatment. The section also provides guidance to MDTs working on adolescent maltreatment cases by highlighting effective practices when working with adolescents. The workbook and Sample Protocol are intended to serve as a guide, not to substitute for the professional knowledge of MDT members and not to undermine professional discretion. The language of the Sample Protocol is noted in bold blue text while the comments are in black italicized text.

SAMPLE PROTOCOL FOR INVESTIGATION OF ADOLESCENT ABUSE AND NEGLECT

Purpose



*The purpose section is a statement of values or philosophy to express the basic goals of the group and the approach the group will take in dealing with cases where adolescent abuse or neglect has been alleged.*²⁴

In order to better serve the adolescents in our community and to comply with the requirements of law, ORS 418.746, we, the undersigned do hereby enter into this agreement.²⁵

The purpose of the attached Sample Protocol is to assist maltreated adolescents and provide additional guidance for handling cases of adolescent maltreatment within Oregon.

The goals of the attached Sample Protocol are to:

- **Treat adolescents and their families with dignity and respect**
- **Reduce secondary trauma that is often associated with child abuse investigations**
- **Resolve cases in a manner that promotes the safety & protection of the adolescents and the best interests of the family and community**
- **To acknowledge the legal rights and wishes of adolescents and involve them in the decision-making process whenever appropriate.**

Composition of the team

*The adolescent MDT members should have an increased knowledge and willingness to learn the particular dynamics of adolescent behavior and development.*²⁶

The Adolescent MDT consists of representatives from the following agencies²⁷:

- **County District Attorneys Office**
- **Law Enforcement Personnel (County Sheriff Department, City Police Department)**
- **DHS: Child Protective Services (adolescent CPS specialist, if available)**
- **School officials (School District representative who has experience working with adolescents)**
- **County Health Department (a representative with experience with adolescent maltreatment)**

²⁴ State of Wisconsin, *Developing Collaborative Protocols for Child Abuse and Neglect Investigations: A Community Handbook*.

²⁵ This policy statement adapted from the Marion Co. MDT protocol.

²⁶ Rogan, *The Multidisciplinary Team Approach to Child Abuse and Neglect*, Violence Hits Home: Comprehensive Treatment Approaches to Domestic Violence (1990).

²⁷ DA through juvenile department are required by ORS 418.747; See also Goldman and Salus, *A Coordinated Response to Child Abuse & Neglect: The Foundation for Practice*, US DHHS (2003), <http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm>.



- **County Mental Health Department (a representative with experience with adolescent mental health issues)**
- **County Juvenile Department**
- **Victim Advocate (experience with adolescent victims)**
- **Faith Community & Community Organizations (if the youth has a relationship with the organization or the organization is able to provide services to the youth)**
- **Other agencies as the MDT deems appropriate.**

The designated representative from each agency mentioned above will assume responsibility for being an actively participating member of the MDT including, but not limited to: expressing opinions, stating recommendations, providing feedback, and attending training and cultivating personal knowledge to enable the representative to successfully investigate, assess and/or provide services to maltreated adolescents.

Cases referred to the team

The model protocol for the Adolescent MDT is designed for investigating allegations of adolescent maltreatment and is not intended to abrogate the other sections of the county's MDT protocol.²⁸

All investigations of adolescent maltreatment and interviews of adolescent abuse or neglect victims shall be carried out by the appropriate personnel using the protocols and procedures developed by the district attorney in each county.²⁹

Investigation & Assessment

Initial Report Contents

Reports to DHS or law enforcement of abuse and neglect are required for mandatory reporters pursuant to ORS 419B.010. Investigators of adolescent abuse and neglect may benefit from additional information, in excess of contents of the report required by ORS 419B.015(1)(a). The initial report should contain, if known:

- 1. The name and location of the youth's school**
- 2. Disabilities or mental health diagnoses**
- 3. Whether the adolescent has engaged or threatened to engage in self-harm behaviors (such as suicide)**
- 4. Medication the adolescent is currently taking**
- 5. Any other special needs of the adolescent.**

²⁸ Adapted from the Malheur County Multi-Victim Case Protocol.

²⁹ ORS 418.747 (1) & (4)



Investigation Priorities

Adolescents are more vulnerable than we think. The size and physical development of an adolescent may not indicate the level of cognitive maturity. Over the years physical development has accelerated as the onset of pubertal changes occurs at younger ages. However, the development of the brain and many of the adult capacities related to self-protection does not develop on the same schedule as the rest of the body. Brain development is not completed until the early to mid-twenties. The adolescent brain perceives differently from the adult brain. Maltreated adolescents face issues they simply cannot negotiate for themselves. Helping adolescent victims of maltreatment is often difficult because they fight our best efforts. Their resistance must be understood in terms of their safety needs. Because of their experiences, maltreated adolescents keep their guard up when they feel unsafe and the prospect of being helped with their situation may make them feel even more frightened.³⁰

Upon receipt of a report of child abuse from any source, DHS or law enforcement shall immediately cause an investigation to be made to determine the nature and cause of the abuse of the child.³¹ The priority given to the investigation should be commensurate with the apparent risk of harm under the facts of the case that are known at that time, keeping in mind that *adolescents are often more vulnerable than they first appear.*³²

Conduct of Investigation and Assessment

Victim Interviews

When a child suspected of being a victim of abuse or neglect is age 10 or older, the lead law enforcement agency will make the determination of whom will conduct the interview.³³ The interview should be conducted by a person who has received training in:

- **adolescent-specific interview techniques,**
- **understanding the impact of trauma on the behavior and thinking of the adolescent,**
- **recognizing the impact a disability may have on the interview process,**
- **techniques for effective communication with youth,**
- **understanding issues regarding youth competency.³⁴**

³⁰ McFarlane and Miller, *supra* n.10

³¹ ORS 419B.020.

³² Child Abuse Investigation Protocol: Jefferson Co, WA.

³³ *Id.* The reason for law enforcement making this decision is only to ensure that a single agency first considers and then determines the most appropriate individual to complete the interview, taking into account that individual's training and experience as well as the needs of the youth.

³⁴ See Marty Beyer, PhD., *Developmentally-Sound Practice in Family and Juvenile Court.*



Information provided to the youth

Recognizing the need to ensure the youth's voice is heard and respected, the youth must be informed of their rights as a victim of a crime. One of the most critical rights of the adolescent victim is the right to select a support person to accompany the victim to all phases of investigation and prosecution except for grand jury proceedings and certain child abuse assessments.³⁵

Location of interview

The investigator should interview the child in a safe and comfortable environment. Prior arrangements should be made for the interview, taking into account the youth's schedule. Possible locations include: a relative's home, a friend's home, physician's office, church, counselor's office.

Physical examination

Oregon statutes permit 15 year olds to consent to most types of care for themselves and permit even younger children to consent to some types of treatment.³⁶ Parental consent is required for most kinds of care if a child is younger than 15. Implicit in the right to consent to treatment is the right to refuse treatment.³⁷ Any minor may consent (and therefore refuse) to diagnoses and treatment for venereal disease.³⁸

Mental Health Services

Child victims commonly have symptoms of anxiety and depression and have high rates of post traumatic stress disorder. It is a best practice to evaluate children's mental health as a component of a comprehensive investigation and refer troubled children to mental health treatment as soon as possible. Many investigative agencies have developed referral partnerships with treatment providers to meet this need. Case review or other follow-up procedures may also be needed to ensure children have access to services.³⁹

Information on mental health services for the adolescent-victim and non-offending family members will be routinely provided to youth and families involved in a MDT investigation. During the investigation, the adolescent should be referred for a mental health assessment. If needed, the adolescent will be referred to an organization which provides services appropriate to meet the youth's needs as determined in the mental health assessment. Adolescents in MDT cases will have

³⁵ ORS 147.425.

³⁶ See ORS 109.610, 109.640, 109.675.

³⁷ *Cruzan v. Director, Mo. Dept. of Health*, 497 US 261.

³⁸ ORS 109.610.

³⁹ Jones, et. al., *Criminal Investigations of Child Abuse, The research behind best practices*, Trauma, Violence, & Abuse 6(3) (2005).



access to an appropriate evaluation and treatment regardless of their ability to pay for services. The Department of Human Services will conduct a case review within 30 days from the initial referral to ensure that, if needed, the mental health services are being provided.

Victim Support Services

Information on available support and advocacy services will be provided to the youth victim and their family. Victims will also be informed of the many “victims rights” which exist in Oregon. Upon the youth’s request, a victim advocate representative will participate on the MDT and attend case review meetings whenever possible.



Evaluation Tool

INTRODUCTION

The benefits of MDT evaluation

The MDT approach promotes well-coordinated investigations of child abuse and neglect. These investigations benefit greatly from the input and attention of many different parties to ensure a successful conclusion to the investigation and to minimize trauma to the adolescent victim.⁴⁰ Periodic evaluation is essential if the team seeks to function effectively.⁴¹

There are several methods of evaluating team function. One method is to obtain consistent feedback from team members. Members must be honest and also constructively criticize the team's performance. This type of self-analysis can occur at regular meetings, special meetings or even during a team retreat. A questionnaire can be prepared and submitted if the team members feel particularly strongly about preserving anonymity. Each individual also needs to judge the effect of his or her own participation on the team on a regular basis.

Although self-analysis is important, there is a danger to the team that its members will not view their performance objectively. Evaluation of the team by victims, the families of victims, outside agencies, and the community is critical to proper team development and is necessary as a matter of customer service. The team should regularly

⁴⁰ Ells, Forming a MDT to Investigate Child Abuse, U.S. Dept of Justice (2000).

⁴¹ Rogan, The Multidisciplinary Team Approach to Child Abuse and Neglect, *Violence Hits Home: Comprehensive Treatment Approaches to Domestic Violence* (1990).



collect, solicit and analyze input from these external sources. The most important thing is for the team to see itself as others see it.⁴²

Surveys provide a good starting point for MDTs who seek to capitalize on their strengths and improve areas of weakness by assessing their effectiveness. Surveys are particularly suited for MDTs because they are efficient, cost-effective, can be tracked over time, and are able to sample a variety of people on diverse topics. To determine what types of issues MDTs face and the questions the surveys should include, the authors conducted research on best practices for MDT assessment. These best practices were used as a guide for developing an evaluation tool. Additionally, the evaluation tool provided in this workbook is an adaptation of the evaluation tool used by the Children's Advocacy Centers of Georgia.

Evaluation Tool: Contents

The first section contains an internal survey to be administered by the MDT itself which will assist the MDT members in determining, at a global level, how the MDT is functioning. The second section is an individual self-assessment to be administered by the MDT itself which is focused on self-assessment at an individual level. The third section contains an external survey to be provided to other MDT stakeholders including: community partners, victims of abuse and neglect and their family members, and outside agencies. The final section provides instructions to the MDT survey facilitator on what to do with the data once it has been collected.

⁴² Ells, Forming a MDT to Investigate Child Abuse, U.S. Dept of Justice (2000).



The sole purpose of these surveys is to provide MDTs with a tool to guide growth and improvement. Each MDT should focus on their own strengths and limitations. It follows that each MDT should be able to add to or alter these surveys as deemed appropriate by the MDT. The surveys are attached in word format which allows the greatest potential for developing questions that will be both helpful and relevant to the MDT.



MDT Internal Survey

Answer the questions on a 5 point scale by circling the most appropriate answer.

	Never describes my experience	Rarely describes my experience	Sometimes describes my experience	Often describes my experience	Always describes my experience
1. MDT meetings are effectively coordinated and arranged before the actual meeting occurs.	1	2	3	4	5
2. The atmosphere at an MDT meeting is non-threatening and conducive for working together.	1	2	3	4	5
3. The representatives for the agencies stay the same from meeting to meeting.	1	2	3	4	5
4. MDT members participate fully in the meetings and contribute to discussion about the cases.	1	2	3	4	5
5. The team shares information openly at MDT meetings. People do not “guard their own turf” at our meetings.	1	2	3	4	5
6. Our MDT handles differences of opinion and conflict in an open or direct manner without being rude or hostile to those with different opinions.	1	2	3	4	5
7. I feel like my input is heard, respected, and considered by the members of the MDT.	1	2	3	4	5
8. I understand the roles of the other members of the MDT.	1	2	3	4	5
9. Team members seem to be clear on the roles they play on the MDT.	1	2	3	4	5
10. Members of the MDT are fully committed to attendance at the meetings.	1	2	3	4	5
11. I am notified of a change in MDT schedule or agenda.	1	2	3	4	5
12. I know that my presence and participation is important for the MDT to function.	1	2	3	4	5
13. I believe MDT meetings are critical for protecting children	1	2	3	4	5
14. The MDT makes my job easier.	1	2	3	4	5
15. The MDT benefits the cases with which I am involved.	1	2	3	4	5



16. We make better decisions about cases as a team than we would on individually with own positions.	1	2	3	4	5
17. MDT members provide me with the information I need about the case to actively participate in the MDT meetings.	1	2	3	4	5
18. Our MDT recognizes the contributions people make to the team.	1	2	3	4	5
19. The morale of the MDT is generally high.	1	2	3	4	5
20. I get a good understanding on where cases stand and next steps on a case at the MDT meeting.	1	2	3	4	5
21. I have a good sense of my role and how it fits into the overall cases we discuss.					
22. Our MDT has a clear purpose.	1	2	3	4	5

Please answer the following questions in the space provided:
What about the MDT works best?

What is your biggest challenge or frustration with the MDT?



MDT Individual Self-Assessment

Answer the questions on a 5 point scale by circling the most appropriate answer.

	Never describes my experience	Rarely describes my experience	Sometimes describes my experience	Often describes my experience	Always describes my experience
1. I am knowledgeable about the cases the MDT is discussing.	1	2	3	4	5
2. When I leave an MDT meeting, I am clear about what my “homework” is, that is, I understand what I need to do between now and the next meeting.	1	2	3	4	5
3. I complete my “homework” before the next MDT meeting.	1	2	3	4	5
4. I feel comfortable expressing my opinions at the MDT.	1	2	3	4	5
5. I feel comfortable asking and answering questions at the MDT meetings.	1	2	3	4	5
6. I trust MDT members to maintain confidentiality.	1	2	3	4	5
7. I maintain MDT confidentiality.	1	2	3	4	5
8. I understand my role on the MDT.	1	2	3	4	5
9. I understand the policies and limitations that other agencies represented on the MDT deal with when handling a case.	1	2	3	4	5
10. I share all of the relevant information I have about cases with my MDT members.	1	2	3	4	5
11. I make MDT meetings a priority in my schedule.	1	2	3	4	5
12. The agency with which I am affiliated makes MDT meetings a priority for my schedule.	1	2	3	4	5

Please answer the following questions in the space provided:

Do you have any concerns regarding your role in the MDT?



How do you (or your organization) benefit from MDT meetings?

What could be improved about the MDT to help you (or your organization) benefit more from meetings?



MDT Stakeholders Survey

This survey is intended to assist the multidisciplinary team (MDT) in conducting an effective investigation of abuse and neglect as well as minimizing trauma to the child-victim and their family. The survey is anonymous, will remain confidential within the MDT and will be used only to improve the MDT's functioning.

My relationship with the MDT is as a (circle one that best describes you):

child or youth victim

agency providing services to victim or family

family member of victim

community member

Directions: Answer the questions on a 5 point scale by circling the most appropriate answer.

	Never describes my experience	Rarely describes my experience	Sometimes describes my experience	Often describes my experience	Always describes my experience
1. MDT meetings are effectively coordinated and arranged before the actual meeting occurs.	1	2	3	4	5
2. I believe MDTs are critical for protecting children and youth.	1	2	3	4	5
3. I feel supported by the MDT in relation to the case with which I am involved.	1	2	3	4	5
4. The MDT provides me with answers to my questions and helps me understand the case better.	1	2	3	4	5
5. The MDT has referred the child or youth victim &/or their family to appropriate crisis intervention services.	1	2	3	4	5
7. I understand the purpose of the MDT and the role of the MDT on the case in which I am involved.	1	2	3	4	5
8. The MDT has provided the victim with notice of their rights and appropriate victims services.	1	2	3	4	5
9. The MDT treated me with respect and acknowledged my comments and input.	1	2	3	4	5

Please answer the following question in the space provided:

What would you like the MDT to know about your experience in working with the MDT?



WHAT TO DO WITH THE SURVEY DATA

Setting the Stage for understanding and reviewing the data

Thoughtful planning is important in considering how to best utilize the information collected from the surveys. Survey results will be most useful if the right people receive the data, in a way that is easily understandable, in a supportive environment that encourages engaging in a discussion and action plan for follow-up. The following suggestions will be helpful in planning to present and review the data.

Preparing the people:

Decide who should attend the data presentation. The data review group should include all MDT members who participated in the survey as well as other interested stakeholders.

- Give invitees sufficient notice to attend the meeting.
- Inform the invitees of the meeting's purpose and anticipated outcomes.

Items to consider include: what data will be presented, how will it be presented, what will be accomplished, the role of the invitees in interpreting the data.

- Create a warm and welcoming setting for the meeting.
- Develop clear handouts of the salient points for the attendees.

Presenting the data:

- Numeric written results: A calculation of percentages for each question can provide a baseline for understanding the data.



- Preliminary summary written results: Before presenting to the MDT, one or more persons should examine the data, highlight key findings, and summarize emerging themes for each section. The summary may include items of strength or concerns.

Making an initial interpretation of the data at the meeting:

When analyzing and interpreting the data as a group, consider the following:

- Provide a comparison of different sections.
- Compare the data with recognized standards, such as those from the National Children's Alliance, for effective functioning of MDTs.
- Be sure to ask for questions or clarification during the meeting.

Moving to taking action:

Establish the purpose of the data and clarify what the MDT hopes to accomplish with the data. The data can be used for a variety of purposes including:

- Identifying success
- Documenting or validating effectiveness
- Revising structure, systems or policies
- Identifying areas for improvement
- Increasing community visibility of the team
- Educating and training other stakeholders about the MDT
- Tracking ongoing improvements.

Process for making effective use of the data



The next step is to engage in a process that brings the group to action. You may choose to use an external facilitator or allow someone on the MDT to lead the team through this process. Some of the processes which may be used include:

- A focused discussion on the data: this is a guided set of questions which is intended to enhance understanding, capture different perspectives, and engage participants with diverse learning styles.
- Development of an action plan: this is used to achieve a specific goal with tasks, assignments, and timelines.
- Planning retreat: a planning retreat is often most effective when considering major changes to your MDT.

Role of the facilitator

After deciding which process to use in reviewing the MDT survey data, it is important to determine who is the best person to facilitate the session(s) of discussion and action planning. The role of the facilitator is to serve as a process guide who works to ensure the group accomplishes its goals through the design and management of structures and processes that help the group accomplish its task(s). Specific tasks of the facilitator include:

- Encourage participation and ownership of all involved
- Focus on what needs to be accomplished
- Manage the design, flow and sequence of tasks
- Enforce the ground rules agreed on by the group
- Keeps discussions on task



- Manage the communication
- Set the physical and psychological environment.

Tracking changes over time

Your data collection and interpretation will only be as effective as your follow-up actions. Failure to assure adequate follow-up and tracking may lead to negative consequences including frustration of the MDT and stakeholders, inefficient use of people's time, and the inability of the MDT to improve.

Some suggestions for ongoing reviewing and tracking include:

- Set a time for regular review and modification of action plans.
- Hold individuals and the team accountable for follow-up.
- Develop and implement strategies for regular future assessments.
- Celebrate successful accomplishment of desired tasks.



Model Policies

STANDARDS OF CARE

Confidentiality	<p><i>Information Sharing and the Multidisciplinary Child Abuse Team</i> Department of Criminal Justice Services, Children’s Justice Act Program (2005), http://www.dcjs.virginia.gov/juvenile/resources/infoSharing.pdf. This book was developed for MDTs in Virginia to provide guidance on what information may be shared. It includes sample confidentiality agreements and discusses how to manage confidentiality.</p>
	<p>Sprague & Hardin, <i>Strategies for Coordinating Juvenile and Criminal Court Proceedings</i>, Univ. of Louisville Journal of Fam. Law (Spring 1996-1997). This article identifies the points at which information sharing may be appropriate.</p>
Bias	<p>Hicks and Tite, <i>Professionals’ attitudes about victims of child sexual abuse: implications for the collaborative child protection teams</i>, Child and Family Social Work 3 (1998). This article examines different attitudes of professionals with regard to gender, age, & behavior and suggests that these attitudes impact how credible the victim is perceived to be. This is a potential issue which can challenge effective investigations.</p>
Crisis Intervention Services	<p>Jones, et al, <i>Criminal Investigations of Child Abuse: The Research Behind Best Practices</i>, Trauma, Violence & Abuse 6(3) (2005). This article emphasizes the importance of crisis intervention and mental health services as part of an effective criminal investigation</p>
Team Effectiveness	<p>Bell, <i>Patterns of interaction in MDT child protection teams in New Jersey</i>, Child Abuse & Neglect 25 (2001). This article discusses interaction & communication patterns among MDTs and the influence of these patterns on team effectiveness.</p>
	<p><i>Investigation and Prosecution of Child Abuse</i>, American Prosecutor’s Research Institute (2006). The handbook covers different types of teams and the roles of team members. Also provides steps to organize a MDT; covers protocol development</p>
	<p>Sheppard & Zangrillo, <i>Improving Joint Investigations of Child Abuse</i>, Police Foundation (1996).</p>



	<p>Contains examples and sample protocols.</p>
	<p>Goldman and Salus, <i>A Coordinated Response to Child Abuse & Neglect: The Foundation for Practice</i>, US DHHS (2003), http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm. Chapters 8-11 discuss the laws, policies and best practices for investigation and assessment including community involvement and collaboration.</p>

TRAINING RECOMMENDATIONS

<p>Sanders, Jackson and Thomas, <i>The Balance of Prevention, Investigation and Treatment in the Management of Child Protection Services</i>, Child Abuse & Neglect 20(10) (1996). This article discusses how to make sure that family and child support is a key part of the MDT process and provides suggestions on avoiding focusing solely on the criminal aspect of the case and maintaining a therapeutic approach. It is key for MDTs not to lose sight of ensuring therapeutic services are provided to victims and families.</p>
<p>Sullivan and Clancey, <i>An Experimental Evaluation of Interdisciplinary Training in Intervention with Sexually Abused Adolescents</i>, Health and Social Work 15(3) (1990). This article discusses types of training most effective for MDTs & the importance of pre/post testing as way to evaluate effectiveness.</p>
<p>Beran, <i>Evaluating a MultiDisciplinary Child Abuse Training</i>, http://www.ipt-forensics.com/journal/volume15/j15_1.htm. This article discusses the importance of training as a team & doing an evaluation of training effectiveness.</p>
<p><i>Teen Summit "Train the Trainer" Curriculum</i>, Juvenile Rights Project and Portland State Child Welfare Partnership, (2007). http://www.cwpsalem.pdx.edu/teen/.</p>

ADDITIONAL RESOURCES

The Benefits of Working as Multidisciplinary Team, *Investigation & Prosecution of Child Abuse 3rd Ed.*, American Prosecutors Research Institute (Sage Publications 2004).

Bross, et al., *Client evaluation of a consultation team on crimes against children*, Child Abuse & Neglect 24(1) (1999).



Ells, *Forming a Multidisciplinary Team to Investigate Child Abuse*, Office of Juvenile Justice and Delinquency Prevention (2000).
<http://www.ncjrs.gov/pdffiles1/ojjdp/170020.pdf>

Lashley, *Indicators of a Healthy Multidisciplinary Team*, Half A Nation by 2010, American Prosecutors Research Institute (2005).

Investigation Models for Child Abuse and Neglect: Collaboration with Law Enforcement, American Humane Children's Services (2003).
http://www.americanhumane.org/site/DocServer/PC_EMCR_Report_6_03.pdf?docID=1141

A Model Child Abuse Protocol, State of Michigan Governor's Task Force on Children's Justice (1998). http://www.michigan.gov/documents/FIA-Pub794_13083_7.pdf

Rogan, *The Multidisciplinary Team Approach to Child Abuse and Neglect*, Violence Hits Home: Comprehensive Treatment Approaches to Domestic Violence (1990).

Kolbo and Strong, *Multidisciplinary Team Approaches to the Investigation and Resolution of Child Abuse and Neglect: A National Survey*. Child Maltreatment 2(1) (1997).

Bell, *Patterns of interaction in multidisciplinary child protection teams in New Jersey*, Child Abuse and Neglect 25 (2001).

Sample Child Abuse Investigative Protocol for a County Multidisciplinary Team, University of North Carolina Family & Children's Resource Program.
http://ssw.unc.edu/fcrp/Cspn/vol8_no1/sample_protocol.pdf

