

The Multi-disciplinary approach

Is it better when we all work together?


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What is MDT?

- Multi-Disciplinary teams have been presented as the key to dealing with a number of intractable problems associated with responding to allegation of physical and sexual child abuse.
- An MDT is a group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect.
- MDT's aim to improve the response through enhanced communication and collaboration across agencies
 - Helps reduce the potential for confusion, duplications

Where are Multi-Disciplinary teams located ?

- CACs utilize a multidisciplinary team approach to investigate and intervene in cases involving allegations of crimes against children to ensure a child-focused approach. An MDT consists of the following professionals:
- Law Enforcement • Child Protective Services • Prosecution • Victim Advocacy • Medical Personnel • Mental Health Personnel •



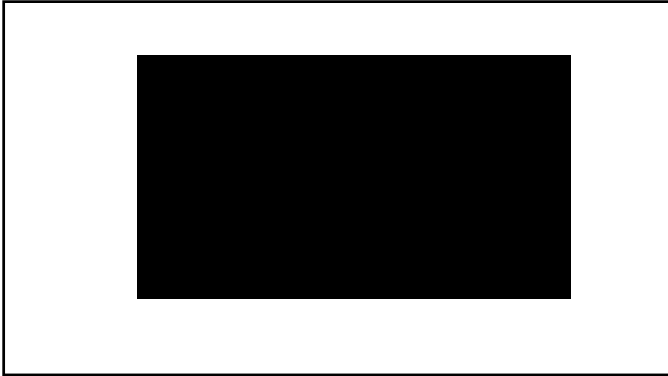


Benefits of an MDT

- Less "system inflicted" trauma to children and families.
- Better agency decisions, including more accurate investigations and more appropriate interventions.
- More efficient use of limited agency resources.
- Better trained, capable professionals.
- More respect in the community and less burnout among child abuse professionals.

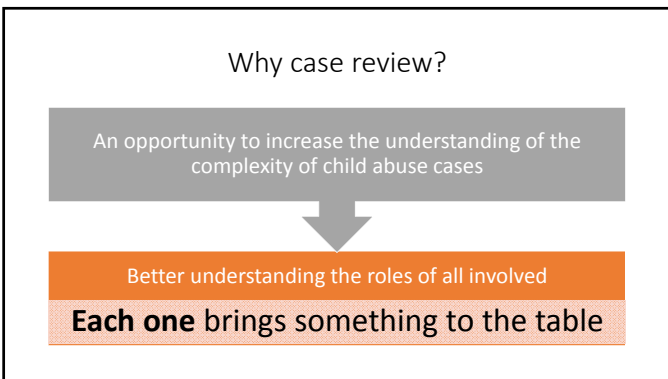
Types of Multi-Disciplinary Teams

- Some are part of a children's advocacy center (CAC), which provides a child-friendly facility where
 - forensic interviews take place
 - medical examinations and treatment are conducted.
- The CAC may serve as the site for team meetings and trainings and may also house representatives of member agencies.
- CAC's also often do community outreach and public education



What are the roles of MDT members

- Each agency/organization is responsible for carrying out its legal and professional responsibilities
- Each agency is expected to participate in cross agency professional training to implement guidelines
- Each agency is responsible for communication and promoting guidelines amongst staff members
- Meet monthly to participate in case review




Child Advocacy Center (CACs)

Child-friendly facilities in which a multidisciplinary team of professionals come together to better serve abused and neglected children and their families.

These centers are community-based and tailored to fit the needs of the community in which they are located.

At a CAC, representatives from law enforcement, child protection, prosecution, mental health, medical, family/victim advocacy, and center staff work collaboratively to investigate cases, prosecute offenders, and provide treatment and support.

The team works together to manage a case and provide a coordinated and compassionate response to assist children and families victimized by abuse.



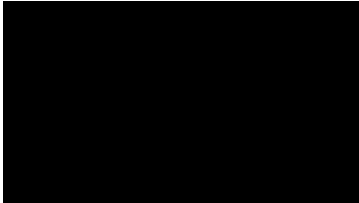
According to the National Children's Alliance (NCA) which is the national association and accrediting body for Children's Advocacy Centers (CACs) in 2016,

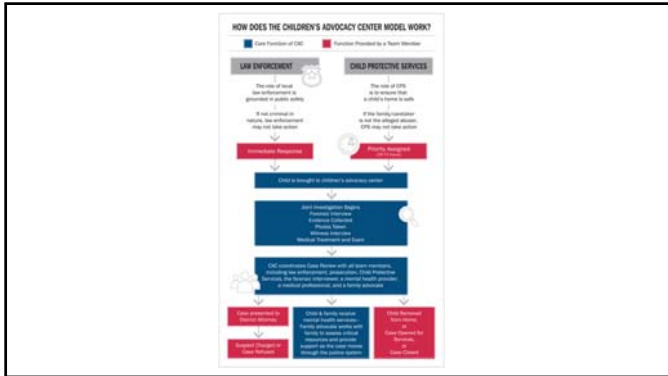
854 member Children's Advocacy Centers in communities throughout the United States and abroad

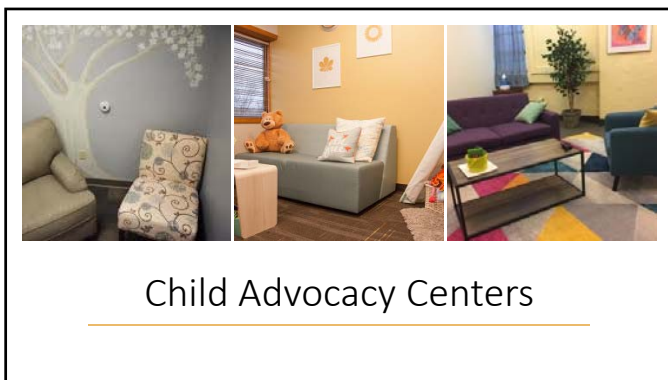
324,602 children served in children's advocacy centers in 2016


1,816,527 individuals provided with prevention training and information through children's advocacy centers in 2016

<https://www.nationalchildrensalliance.org>



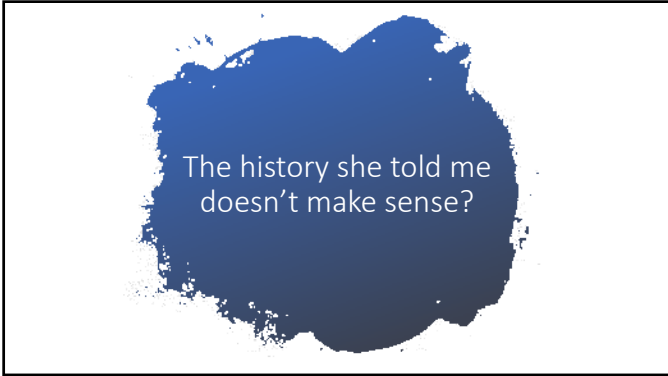


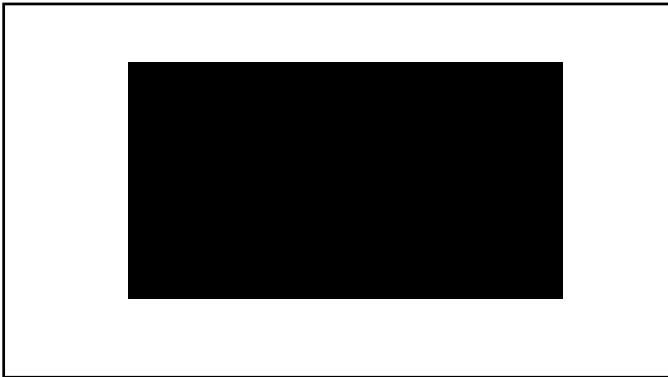


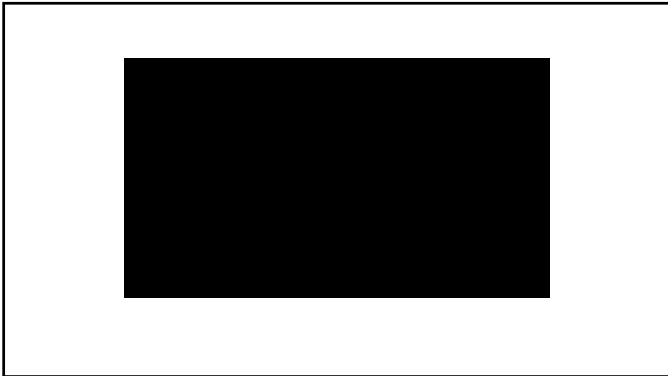


Confidentiality

- The Child Abuse Prevention and Treatment Act permits dissemination of confidential information to Federal, State, or local government agencies that need this information to carry out their legal responsibilities to protect children from abuse and neglect
- Information is shared to the extent allowed by law in order
- Timely, appropriate release of information reflecting informed consent, should be sought, as needed in each case to facilitate information sharing
- Release of information to CPS/Law enforcement differs from a medical perspective









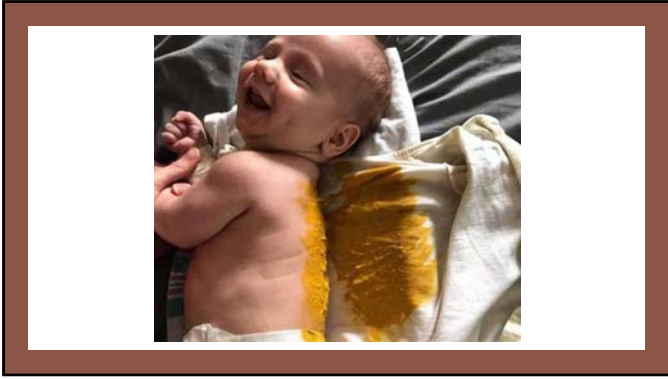






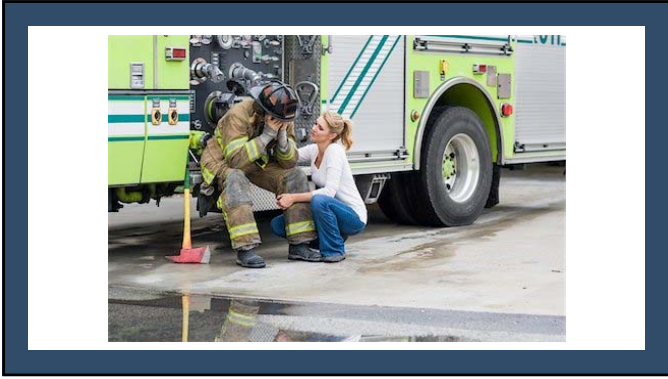




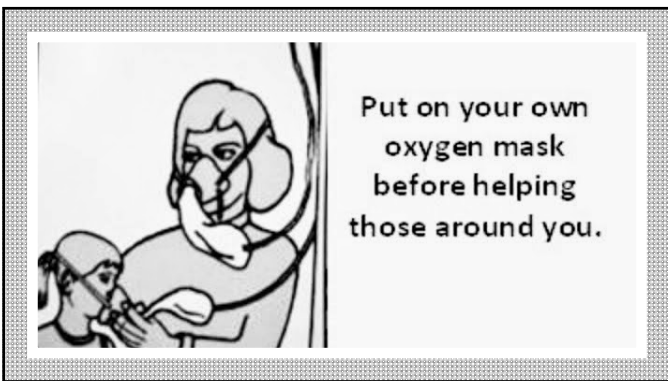


















Case Review

- 9 year old female presents to the emergency department reports "CPS came to house requesting parent bring child to ER for evaluation of sexual assault."

Hx:

- sexual abuse was reported to school teacher who in turn called CPS
- CPS came to child's house and had mom bring child to hospital
- Forensic examination was completed for collection of DNA evidence and turned over to law enforcement-SA EXAM
- Where does it go from here?

- Child would be brought down to the Child Advocacy center and will be given a forensic interview by someone who is trained in forensic interviewing
- Forensic interviewing → different than history obtained at hospital
- At CAC will all collaborate for providing trauma informed care
 - District Attorney
 - CPS
 - Law enforcement
 - Medical-follow up care



Case Review-Maltreatment

- 5 month old presents to the hospital s/p “per mom & grandma pt. tipped out of his car seat yesterday and has large swollen area to right side of head”
- States that the patient has been attempting to sit upright, the patient was sitting in the car seat on the floor when he tried to sit up causing the seat to tip over and resulted in him falling onto the floor.
- Pt instantly cried briefly and then returned to his baseline. The fall occurred last night while the mother was home alone, and the mother didn't notice the bump until today. Pt's mother denies nausea, vomiting, and LOC. Pt is eating and behaving at baseline.

Where do we go?

- Reasonably suspicion for maltreatment→ forensic examiners activated
- Ct Scan of head→ right skull fracture
- Skeletal Survey→ noted to have healing 9th and 10th rib fractures
- CPS called→ law enforcement called
- Investigations will occur together but separately
- MDT review

How have I benefited from working with an MDT?

- Networking—getting to know my community and resources
- Collaborative efforts amongst care providers for the best interest of the child
- Know systems that I didn't before
- Allow for collaborative trainings amongst providers









References

Herbert, J. L., & Bromfield, L. (2019). Better Together? A Review of Evidence for Multi-Disciplinary Teams Responding to Physical and Sexual Child Abuse. *Trauma, Violence, & Abuse, 20*(2), 214–228. <https://doi.org/10.1177/1524838017697268>

<https://www.nationalchildrensalliance.org>

<https://ocfs.ny.gov/main/cps/>
