

# MDT Functioning and Case Review: Part 1

# Multidisciplinary Teams and Children's Advocacy Centers

Multidisciplinary teams are a core component of a Children's Advocacy Center (CAC). According to the standards for accredited members of the National Children's Alliance (NCA), the membership organization of CACs, the "purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates and obligations of each agency" (NCA, 2017, p. 3).

The foundation of an effective CAC is the multidisciplinary team (MDT) and the relationships that develop among its members (Smith, 2011). The underlying premise of an MDT is that collaboration among individuals from diverse disciplines and varied expertise will result in more informed decision making and ultimately better outcomes for children alleging victimization (Jackson, 2012; Lashley, 2005).

## The Creation of a Multidisciplinary Team

The power and challenge of an MDT is that each agency comes to the team with differing perspectives, mandates, obligations, training, supervision, evaluation, and resources (Bertram, 2008). Team composition, willingness to work together and equally share information, agency and supervisory commitment, the transfer of knowledge and skills across traditional disciplinary boundaries, and member relationships impact the team's success (Nicholson, Artz, Armitage, & Fagan, 2000; Smith, 2011).

Part of the function of the MDT is helping agencies (and individual team members) see the bigger picture—that working together provides the best outcome for the children served (Herbert & Bromfield, 2015; Kenty, 2006).

Effective teams occur when "intentions and actions of all members are consistent with a shared vision" and a "clear purpose" (Smith, 2011, p. 10). The shared vision or purpose, developed by consensus from all team members, should be easily understandable and explainable, while the mission statement of the team should address who, what, for whom, and to what purpose (Hangartner, 2013). It is not enough that the vision, mission statement, and purpose/goal statements be written in an oft-unread team policy and procedure manual. An effective team not only knows what should be accomplished and follows its own guidelines while "blending team member's strengths and accepting their differences for the purpose of achieving a common goal" (Smith, 2011, p.15) but also knows why they seek to accomplish these goals.



Trust is the foundation of real teamwork and, "for a successful MDT, members must trust and respect each other and be committed to the team" (Lashley, 2005, p. 5). It is vital that team members understand each other's roles, agency mandates, and limitations. These elements come together only through time and with team members proving themselves to one another.

### **How Teams Develop**

Tuckman's Team Development Model describes five stages which teams tend to go through and highlights the areas which may cause teams to fail (Tuckman, 1965).

#### **Forming Stage:**

- There appears to be consensus.
- Conflict is avoided, but boundaries, strengths and weaknesses are tested.
- Team members lack clarity and direction.
- No relationships exist within the team and trust has not been built.
- Members have no real commitment to the team.
- The team should decide on a clear vision and mission, as well as clarify operating values.

#### **Storming Stage:**

- A difficult time for all.
- Roles and responsibilities may be stated.
- Struggles over perceived power and control.
- Confusion and chaos reign.
- Danger of factions forming and some members becoming isolated.
- No commitment to the mission and competition and dissention may be high.
- This is a time to talk about "how" to resolve conflicts and write operating rules.

#### **Norming Stage:**

- Roles and relationships established, with teams finding a way to manage the conflict.
- Group norms and clear boundaries established, with mutual appreciation and trust built.
- Risks and failures seen as simply another step along the pathway to developing a high-functioning team.
- Roles and relationships established, with mutual appreciation and trust building.
- Feedback given and received openly and decisions made through negotiation.

#### **Performing Stage:**

- Team members connected, highly motivated, and share a common purpose.
- Team needs take precedence over individual objectives.
- Team members understand conflict can be healthy and is about changing the system, and not a reflection of individual or agency inadequacy.
- There is pride in team success.
- Team members are part of the collective "we".
- Team members experience trust, openness, and support.
- Team members recognize the contributions of others and ensure credit is awarded where due.

#### **Adjourning Stage:**

- A collective culture influences existing team players and is absorbed as if by osmosis by newcomers to the MDT.
- A time for saying thank-you's, giving recognition of individual achievements, engaging in reflection, and making sure all supervisors and agency chairs outside of the team are aware of collective and individual achievements.

There is a progression through the stages as the MDT develops. Each stage prepares the team for performance, and bypassing any stage will affect team functioning. Any changes to the group—as members join or leave—results in a "new" team and the process is repeated. "Teams can streamline moving through the stages by ensuring that new members are oriented to how the MDT process works" (Hangartner, 2013). Members may not be invested in executing the vision of the MDT nor in following protocol if they were not involved in the development or may not be familiar with the reasons why certain policies/procedures exist. MDTs require committed members who understand their role, know their responsibilities, know and trust their team members, and are committed to a child-centered approach to ensure better outcomes for children (Feng, Fetzer, Chen, Yeh, & Huang, 2010).

For information on improving your MDT contact your *Regional Children's Advocacy Center*.

#### **REGIONAL CHILDREN'S ADVOCACY CENTERS**

<u>Midwest Regional Children's Advocacy Center</u> <u>mrcac.org</u>

Northeast Regional Children's Advocacy Center nrcac.org

<u>Southern Regional Children's Advocacy Center</u> <u>srcac.org</u>

<u>Western Regional Children's Advocacy Center</u> <u>westernregionalcac.org</u>

#### **REFERENCES**

Bertram, R. M. (2008). Establishing a basis for multisystem collaboration: Systemic team development. *The Journal of Sociology & Social Work, 35*(4), 9–27.

Feng, J., Fetzer, S., Chen, Y., Yeh, L., & Huang, M. (2010). Multidisciplinary collaboration reporting child abuse: A grounded theory study. *International Journal of Nursing Studies*, 47(12), 1483–1490.

Hangartner, K. (2013). *Working as a team*. Southern Regional Children's Advocacy Center presentation to the Madison County, AL multidisciplinary team. Huntsville, AL: National Children's Advocacy Center.

Herbert, J. L., & Bromfield, L. (2015). Evidence for the efficacy of the child advocacy model: A systematic review. *Trauma, Violence, & Abuse, 17*(3), 341–357.

Jackson, S. L. (2012). Results from the Virginia multidisciplinary team knowledge and functioning survey: The importance of differentiating by groups affiliated with a child advocacy center. *Child and Youth Services Review*, 34(7), 1243–1250.

Kenty, M. C. (2006). <u>Putting standards into practice: A guide</u> for implementing case review for Children's Advocacy <u>Centers.</u> Washington, DC: National Children's Alliance.

Lashley, J. M. (2005). Indicators of a healthy multidisciplinary team. *Half a Nation: The Newsletter of the State and National Finding Words Courses*, Winter. 1–5.

National Children's Alliance (2017). Standards for accredited members, revised. 2017 edition. Washington, DC: Author.

Nicholson, D., Artz, S., Armitage, A., & Fagan, J. (2000). Working relationships and outcomes in multidisciplinary collaborative practice settings. *Child & Youth Care Forum*, 29(1), 39–73.

Smith, T. M. (2011). <u>Case studies of multidisciplinary child</u> <u>abuse case review teams and their leaders in Children's Advocacy Centers in Pennsylvania</u> (Doctoral dissertation).

Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6), 384-399.