



The Multi-Disciplinary Team (MDT): One Response to Child Maltreatment

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Faculty-Presenter Disclosure

- ❖ In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of commercial services discussed in this CME activity.
- ❖ I do not intend to discuss an unapproved or investigative use of a commercial product/device in my presentation.
- ❖ We all know there's no money in Pediatrics...



Learning Objectives

- ❖ Recognize the elements of the MDT
- ❖ Identify how the MDT can enhance our response to child maltreatment
- ❖ Learn how to use our understanding to build the MDT, support its members, and sustain its work to protect children and support families



Responses to Child Maltreatment

- ❖ “We don’t have that...it’s not really a problem for us...what’s that?!” We call that ‘denial’...
- ❖ Individual responses...
- ❖ Child Protective Services (CPS): ‘detain’ child
- ❖ Medical: ‘diagnose and treat’ child
- ❖ Mental Health: ‘evaluate and counsel’ child
- ❖ Law Enforcement: ‘arrest’ alleged perpetrator
- ❖ Prosecution: ‘lock up’ perpetrator



Problems with Individual

❖ Responses

- ❖ “My Own Little World” 1968...
- ❖ “they can live their lives just anyway they choose; as long as I can live in my own little world with you, cause I'm happy here in my own little world with you!”
- ❖ The ‘left hand’ neither knows nor understands what the ‘right hand’ is doing (does it want to?)
- ❖ Duplicate or lapsed services → failures...

Elisa Izquierdo





Multi-Disciplinary Team = MDT

- ❖ A different approach: idea took off in the 80's
- ❖ Brings individuals and agencies together...
- ❖ Pools resources...
- ❖ Pools knowledge...
- ❖ The whole is greater than the sum of the parts
- ❖ Bottom line: more effective response to abuse
- ❖ It represented a change we could believe in...



CHANGE

WHEN THE WINDS OF CHANGE BLOW HARD ENOUGH,
THE MOST TRIVIAL OF THINGS CAN TURN INTO DEADLY PROJECTILES.

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Why Listen to Me?

- ❖ General Pediatrician: I see the forest *and* the trees
- ❖ Interest in Child Maltreatment (CM): *part* of forest
- ❖ IHS ‘lifer’: *continuity* within one system over time
- ❖ “You’re smarter, but I have more experience”
- ❖ Member of Community: this is *my home* too
- ❖ Husband, Father, Colleague: family dynamics
- ❖ Pragmatist: what *works* (and what doesn’t)...



ARROGANCE

THE BEST LEADERS INSPIRE BY EXAMPLE. WHEN THAT'S NOT AN OPTION,
BRUTE INTIMIDATION WORKS PRETTY WELL, TOO.



“It doesn't matter if a cat is black
or white, so long as it catches
mice.”

Deng Xiaoping

Years ago, a Tuba City pediatrician used to
begin the ‘What Works’ section of each month’s
“IHS Child Health Notes” with this quote!



MDT: Who Is It?

- ❖ Group of professionals from different disciplines
- ❖ Medical professionals (docs, NPs, PAs, RNs)
- ❖ Social Workers (Community & Medical SWers)
- ❖ Law Enforcement Officers (Police, FBI)
- ❖ Prosecutors (Local & Tribal DAs, U.S. Attorneys)
- ❖ Others: Mental Health, Public Health Nursing,
Victim-Witness Advocates, Early
Intervention, Education, Etc.



MDT: What Does It Do?

- ❖ Meets regularly to discuss CM cases
- ❖ Coordinate = to bring into a common action
- ❖ Collaborate = to work jointly or together w/ others
- ❖ Focus: *coordinated, collaborative action...*
- ❖ Child protection = civil action
- ❖ Prosecution = legal-criminal justice action
- ❖ Safer families = Safer community



Why Have an MDT?

Public Law 101-630, the Indian Child Protection and Family Violence Prevention Act of 1990; Section 3209(e) states that “each multidisciplinary team established under this section shall include, but is not limited to, personnel with a background in law enforcement, child protective services, juvenile counseling and adolescent mental health, and domestic violence.”

Legislative Mandate!



GOVERNMENT

IF YOU THINK THE PROBLEMS WE CREATE ARE BAD,
JUST WAIT UNTIL YOU SEE OUR SOLUTIONS.

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The MDT is Here to Stay

Children's Justice Act Partnerships for Indian Communities: award to the Navajo Nation to “develop and implement the concept of a multidisciplinary team through a Memorandum of Agreement and a protocol involving all agencies associated with the investigation and prosecution of child sexual abuse.”

Office of Victims of

Crime Fact Sheet (March 2007)



Getting Started!

- ❖ You Need a ‘Champion’ (or two or three)!
- ❖ ‘Believer(s)’ Who are Persistent!
- ❖ Assemble the ‘Core Group’ ...
- ❖ Medical, Social Work, Law Enforcement, and Prosecution
- ❖ Add Other ‘Players’ as Needed, as Desired



Logistics

- ❖ Regular *Day and Time* to Meet: convenient to *all*
- ❖ Regular *Place* to Meet: neutral ground
- ❖ What *Types* of Cases? Sexual, Physical, Neglect?
- ❖ Who *Sets* the Agenda?
- ❖ Who *Distributes* the Agenda?
- ❖ Who *Facilitates* the Meeting?



Establish Ground Rules

- ❖ Each Member Defines Roles & Responsibilities
- ❖ ‘Rules of Engagement’ ...
- ❖ Respect, Courtesy, Understanding, Empathy
- ❖ Open & Honest Discussion → Solve Problems
- ❖ Teach Each Other What We Do & Don’t Do...
- ❖ Assure Realistic Expectations across Disciplines...
- ❖ Understand Agency Capacity & Limitations



Accountability

- ❖ ‘Protocolize’ What You Do
- ❖ *Written* Policies and Procedures
- ❖ Understand Expectations (but evolve them)
- ❖ Define Roles & Responsibilities (which may change over time)
- ❖ Understand ‘Chain of Command’ in Agencies
- ❖ Contact Listing: Names, Addresses, Numbers



MEETINGS

NONE OF US IS AS DUMB AS ALL OF US.



The 'GIMC Experience' since 1991

- ❖ *Gradual* Building of Relationships
- ❖ Individuals *Represent* Agencies
- ❖ However, Individuals *Are Not* Agencies
- ❖ *Trust* Built Upon *Inter-Dependence*
- ❖ Understanding that *We Need* Each Other
- ❖ “Share Selflessly and Steal Shamelessly”
- ❖ Stay *Child- & Family-Centered*
- ❖ Focus on *Problem Solving*



MDT: Role of Medical Professionals

I said, “we need to cooperate. We do that by talking, not just about work, but by getting to know one another by name and developing healthy personal relationships. They need to get to know us for who we are, as well as for what we do...we

have to be very *objective* in approaching this work within our own discipline, but we have to ~~approach this work~~ ^{be very objective} about it ~~show people in other disciplines~~ ^{show people in other disciplines}



In Other Words...

- ❖ Cut people some slack!
- ❖ Give people the ‘benefit of the doubt’!
- ❖ Be hard on yourself, less hard on others!
- ❖ Make small talk: family, hobbies, etc.
- ❖ Be friendly and make the effort to ‘connect’!



Do *Your* Job!

“We can only do the medical [or ‘fill in the blank’] job for which we trained, with a bit of child advocacy to create and support a system that protects children. We cannot be social workers, we cannot be law enforcement officers, and we cannot be officers of the court, either prosecutors or judges.”

IHS Provider February 2007



BLAME

THE SECRET TO SUCCESS IS KNOWING WHO TO BLAME FOR YOUR FAILURES.



What We Do in Gallup

- ❖ NNDFS CPT: ‘mild’ physical abuse and neglect cases, *every other 3rd Friday*
- ❖ NNDFS MDT: all sexual abuse and severe physical abuse (felony) cases, *every other 3rd Friday (before CPT that same day)*
- ❖ CPT: medical, medical SW, NNDFS, BHS, PHN
- ❖ MDT: CPT, plus FBI, NNCI, USA, NN prosecutor



What We Do in Gallup

- ❖ GIMC Location allows access to medical records
- ❖ NNDFS sets and distributes agenda
- ❖ Medical SW and Doc record discussion (EHR)
- ❖ NNDFS keeps separate notes (updates on agenda)
- ❖ Doc facilitates the meeting: invites reports from SW, law enforcement, prosecution, mental health; plan for treatment & permanency; summarizes recommendations; next discussion date?



What We Do in Gallup

- ❖ NMCYFD CPT: all cases, every 2nd Thursday
- ❖ CPT: medical, medical SW, NMCYFD, Battered Families Services, BHS
- ❖ Law Enforcement meets separately: McKinley County Sheriff's Office (MCSO), Gallup Police Department (GPD), DA's Office
- ❖ Contact Listing for All Participants



Other Things to Consider

- ❖ Structured Medical Report Form...

- 1.) prompts practitioners to gather all data

- 2.) assures consistent data set w/ each case
 - 3.) assures consistent reporting

- format

- 4.) vehicle for reporting to other agencies

- ❖ ‘Child Abuse for Dummies’ = Fill in the Blanks



Other Things to Consider

- ❖ HIPAA...

Health Insurance Portability & Accountability Act

- ❖ Applies *except* “for purposes of serving a compelling need related to *public health, safety, or welfare*...[and] for the reporting of disease or *injury, child abuse*, birth, or death, or for the conduct of public health surveillance, investigation, or intervention.”



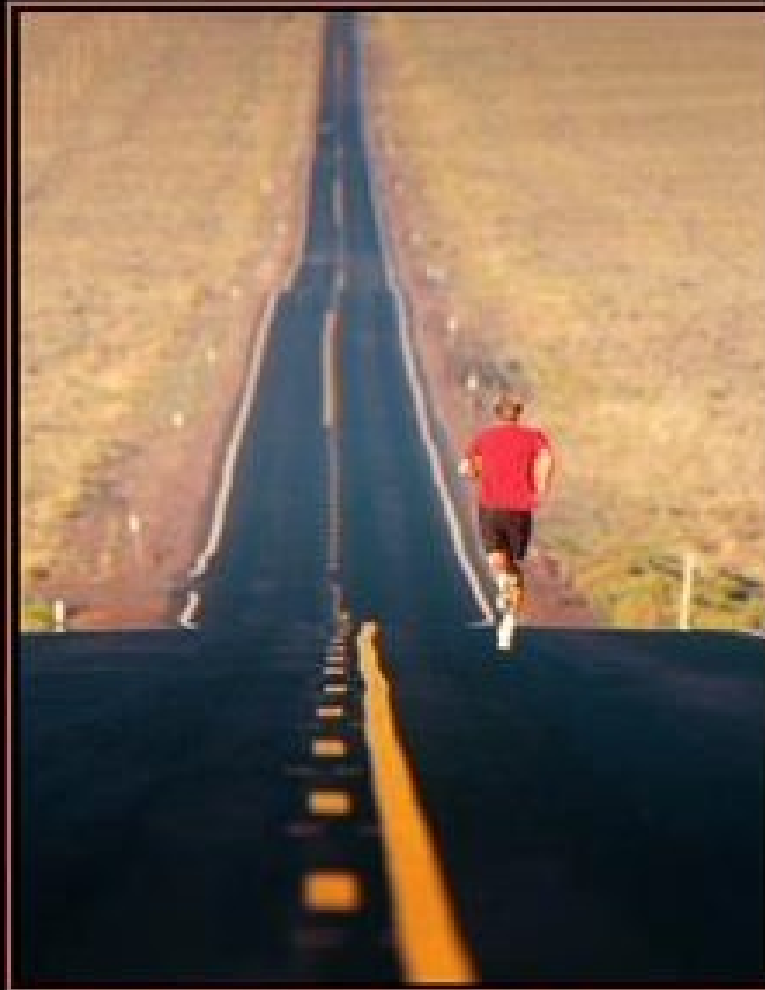
HIPAA

- ❖ Privacy rule is waived in child abuse investigations
- ❖ MDT = treatment and investigation team
- ❖ Information sharing between MDT members is ok
- ❖ Limited to information bearing on cases
- ❖ MDT members bound by confidentiality
- ❖ ‘Sign-in’ w/ confidentiality statement on header



Make It *Your* MDT!

- ❖ What works for one group in one place at one time may work differently for others, so do it your way
- ❖ While it's helpful to look at what others are doing (and you should!), make your own way where it seems appropriate to do so
- ❖ Affirm one another and support one another; child protection is difficult work, but can be very rewarding for all of us, including our clients



QUALITY

THE RACE FOR QUALITY HAS NO FINISH LINE-
SO TECHNICALLY IT'S MORE LIKE A DEATH MARCH.



Summary

- ❖ Individuals: knowledge *deficits* & resource *restrictions*
- ❖ Group: *pools* knowledge & resources (limits understood)
- ❖ Collaboration and communication are *complex*...
- ❖ MDT Process can *simplify* our work together
- ❖ Doing it well is *continuous*, sometimes *difficult* work
- ❖ Let *patience and understanding* guide your efforts
- ❖ Replace the ‘Blame Culture’ w/ *open, honest* discussion
(‘Culture of Safety’), focused on problem solving



Summary

- ❖ Structured medical report form is helpful
- ❖ HIPAA is waived for those investigating CM
- ❖ *Your* MDT should fit *your* system, *your* agencies, and *you* as individuals
- ❖ Do *‘what works’*
- ❖ ‘Sin boldly’, since mistakes can lead to improvements...
- ❖ “No experiment should be considered a complete failure: it can always serve as a bad example!”



MISTAKES

IT COULD BE THAT THE PURPOSE OF YOUR LIFE IS
ONLY TO SERVE AS A WARNING TO OTHERS.

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References

- ❖ <https://www.childwelfare.gov/topics/responding/ia/investigation/multidisciplinary/>
- ❖ <https://www.nationalcac.org/multidisciplinary-team/>
- ❖ <https://www.socialworktoday.com/archive/031513p26.shtml>
- ❖ My Long Experience!



Questions?

THANKS!

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