



# CACI

Children's Advocacy Centers of Illinois



**Children's Advocacy Centers of Illinois**  
*Presents*  
**Case Review Tool Kit**



NATIONAL  
CHILDREN'S  
ALLIANCE®



One of the most common requests and most often discussed needs by the Illinois Children's Advocacy Centers is for increasing participation and effectiveness of the case review process. In the following white paper/toolkit, we aimed to not only clarify and convey the National Children's Alliance standards, but also included are forms and documents for real time use.

We wish to acknowledge and thank the extraordinary efforts multidisciplinary team members everyday contend with in circumstances that are beyond most of our comprehension. Our intent is to assist in making the case review process as viable and helpful for the team members and importantly, the child.

Everyday the Children's Advocacy Centers in Illinois make differences in the lives of child. We happily stand with you and also acknowledge, support and thank you for your constant vigilance.

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  - Maureen O'Conner, Clinic/CAC Manager of Midwest children's Resource Center NCA site reviewer
  - Darcy Fluharty, Executive Director, Children's Advocacy Center, Holland Michigan, NCA site reviewer
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Thank you All,

Kim Mangiaracino  
Executive Director CACI

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*“As a site reviewer I welcome these all-encompassing tools to help ensure comprehensive and meaningful case review for the benefit of children and families being served”.*

Jan Lutz, Executive Director, Indiana Chapter of National Children’s Alliance  
National Children’s Alliance site reviewer

*“This tool kit pulls together resources that will assist CACs to meet the case review standard. Case Review discussion should be pointedly directed at improving child outcome, from the child’s sense of safety through the legal system outcomes as well as mental health and medical needs. Focusing on the child should be forefront”.*

Billie Larkin, Past Executive Director Children’s Advocacy Centers of Illinois  
National Children’s Alliance site reviewer

*“Effective case review is really the backbone of a high functioning MDT and CAC. This highlights all areas necessary for meeting the NCA standard for accreditation. “*

Darcy Fluharty, Executive Director, Children’s Advocacy Center, Holland Michigan  
National Children’s Alliance site reviewer

*"A good case review is one of the most important pieces of a child advocacy center. It allows all team members to be equally heard. This guideline is a great resource for a well-rounded case review."*

Maureen O’Connell  
Clinic/CAC Manager of Midwest Children's Resource Center  
National Children’s Alliance site reviewer

*“The case review process plays a vital role in coordinating cases and helping children and families heal. This toolkit serves as an essential guide to enhancing the case review process.”*

Marcia Milliken  
Executive Director, Minnesota Children’s Alliance  
National Children’s Alliance site reviewer

One of the current accreditation site reviewers of the National Children's Alliance (NCA) indicated, "Case review is where the rubber often meets the road. It's the difference between a well oiled team and a group of individuals sitting around a table together."

Multidisciplinary case reviews are complex experiences. Initially they may seem like any other meeting or staffing, but sustaining a meaningful case review and productive case review cycle is a continuing challenge. (*Putting Standards into Practice: A Guide for Implementing Case Review for Children's Advocacy Centers*, page 2).

Beyond describing the core components of the case review process, CACs and MDTs have received very little specialized training, information and instruction on how to conduct a case review. There have been publications and web based trainings, certainly sessions at conferences, but with the evolution and constant revolving doors of team members, much of the training that is available is not pursued to the degree that is necessary. As a consequence, Children's Advocacy Centers (CACs) have invented ways to hold case reviews with some practices based on habitual ways of operating, many of which do not meet the NCA standards. Case review is also complicated by the specialized needs and time frames of various disciplines; by the ever-changing MDT partners; by the lack of training for facilitators; and by the discussion content. As observed by a site reviewer, "The membership of a team includes many challenges with regards to retention, changes in leadership-- is case review seen as a priority of the leadership? Are there personality differences and communication styles? Being able to show participation and actual outcomes that enhance the safety and well-being of a victim should be a priority."

It is also important to recognize that case review reflects the way in which the MDT members operate and relate to one another. If your case review is struggling, there is a probable strong correlation to some weaknesses within your team. Again according to site reviewers, 55.56% indicated that teams that work well together most often have good case reviews while only 3.70% indicated that a team can work well together and not have a good case review. Therefore, to understand the difficulties of case review, every CAC also needs to take a hard look at the strength of its team and the rapport that the MDT members have developed.

In Bruce Tuckman's *Forming, Storming, Norming and Performing* he explains that it is unrealistic to expect a new team to perform when it first comes together. And CACs seemingly have new teams on a routine basis. According to Tuckman, forming a team takes time, and members often go through recognizable stages as they change from being a collection of strangers to a united group with common goals. Realizing that a good team is a time sensitive investment, CACs need to be able to rationalize, assist and lead the MDT through the stages.

Forming is when most team members are positive and polite. Some members may be anxious, as they haven't fully understood what the purpose of the team is or what is accomplished through the case review. Therefore, the first essential discussion of team development and the purpose of case review should stress the importance of making a unified decision about what the child and family need from the team in order to address their situation and move forward with next steps. The team's case review will help define how the team will engage the child and family in the investigation and in follow-up services available in the community. When a team is in the forming stage, it is absolutely essential to focus on the well being of the child and family. An explanation of the particular requirements of case review as an essential criteria of

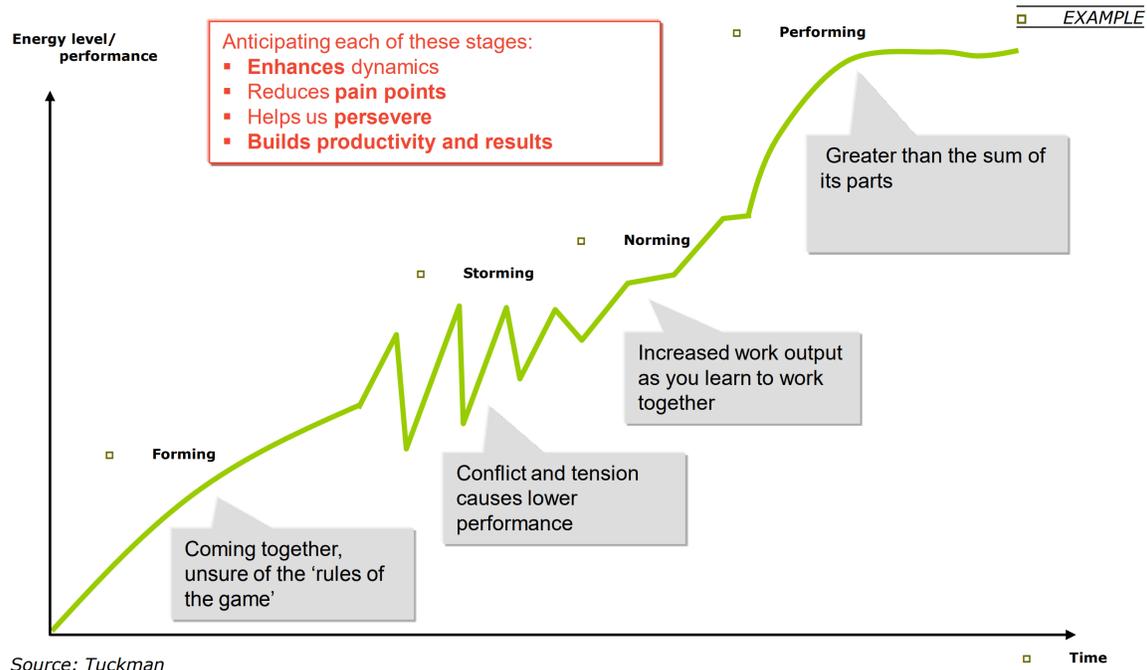
accreditation can be introduced as the team begins to work together. The focus of case review is about team decision making for a child in the community, not on accreditation.

Storming happens when the team moves into the phase where people start to push against the boundaries established in the forming stage. This is the stage where many teams fail. Storming often starts where there is a conflict between team members' natural working styles. People may work in different ways for all sorts of reasons but, if differing working styles cause unforeseen problems, team members may become frustrated. Can you see how this plays for DCFS caseworkers who must resolve a case within 60 days and law enforcement officers who have more open ended time constraints? If the team's purpose is not clearly defined, the busy team members may often feel overwhelmed by their workload and complain that they do not have time to attend case review. The CAC leader needs to stress that by attending case review the team members will be able to better manage their time crunch and overload because they are getting the most up-to-date information on any particular stream of their case.

Gradually, the team moves into the norming stage. This is when people start to resolve their differences, appreciate colleagues' strengths, and respect the CAC leader for guidance and leadership. Now that your MDT members know one another better, they may socialize together, and they are able to ask one another for help and provide constructive feedback. People develop a stronger commitment to the team goal, and you start to see good progress towards that goal in this phase.

When the team reaches the performing stage, all the members contribute and recognize that their hard work leads, without friction, to the achievement of the team's goal. The structures and processes that you have set up support this well.

# Four stages of development



When team members are asked to work collaboratively and bring consensus forward, they tend to go through different phases of development. Each stage builds upon the previous stage. The power as well as the challenge of an MDT is that each team member comes to the team with differing perspectives, mandates, obligations, supervision and resources. (Bertam, 2008). Part of the responsibility of the CAC is helping MDT members see the bigger picture and make sure that the case review process then drives the team to the best outcome for the child and non-offending caregiver.

So the question we need to ask ourselves is: Where/how is our team functioning? There are many ways to ascertain the answer (for example through available on-line assessments, like the Leadership Motivation Assessment) but just sitting down with your MDT members for a frank discussion that is not case related--asking them what their needs are, what is working for them in case review, what is not--may provide a perfect starting point. Sometimes improvements to the case review process can be as easy as changing the date and time. In other instances it means involving the supervisor in the discussion along with the front line worker. And to those CACs who may find themselves in a rut, these frank discussions may have occurred many years ago but they need to be repeated again. Many times CACs are rooted in doing the same thing over and over and expecting something different to occur; but in essence CACs need to be the catalyst for those changes. Complacency and fear of change are perhaps the biggest obstacles to a well-functioning MDT.

In case review and with the team as a whole, there are sometimes competing agendas that layer another piece onto productive team camaraderie. For example, a forensic interviewer might want to make sure that the interview is legally defensible, while law enforcement wants to get

down to the facts of whether a crime has been committed. Prosecutors are wondering if they have sufficient evidence to make a case, while DCFS is concentrating on the immediate safety of the child. The victim advocate wants to actively support those involved as the case unfolds while the mental health therapist wants to move towards healing. These are the strengths of the team, but unless the team as a whole coalesces around the child victim, putting that child's state of mind, health and wellbeing above their own interest, case review will lack a victim-centered focus. And that is where case review begins to fall apart, but that is also when a good facilitator can make a big difference.

81.48% of NCA site reviewers when asked to give input on what makes up a good case review indicated that a facilitator who is well trained and knowledgeable on team dynamics is a critical factor. A facilitator does not have to be the prosecuting attorney or the CAC director. Any team member who is thoroughly trained and willing to assume this role can be an effective facilitator. Another 70.37% indicated that a facilitator should be conscientious regarding the needs of each discipline. The impact of the facilitator at case review can most certainly be the driving impetus for a good case review.

And what is a good case review? According to 96.3% of NCA accreditation reviewers, case reviews accomplish their purpose when team members are comfortable with each other and exhibit a positive and collaborative working relationship. NCA reviewers indicated by 92% that case reviews succeed when there is an in-depth discussion where team members can freely respond and interact. Many case reviews have become nothing more than status updates that are driven by the prosecution and not by the team as a whole.

So the question then becomes how do we make case review pertinent for all the MDT members? First, it is important that the MDT members buy into the concept of case review itself. Case review is not just something "they were told they had to do," but rather something they understand as a coming together and speaking with a single voice that will benefit each member's needs. MDT members need constant reminders about the process of case review and their roles and responsibilities, making sure that each team member understands why they are participating and how they must respect each individual's contribution. Taking time to understand and acknowledge each discipline's needs, perhaps having each discipline do a 5 minute presentation on what they need to work effectively on a case, will give the team members a sense of ownership and responsibility of the process. Even doing a case review fact sheet where each discipline can have input will demonstrate the effectiveness of each member's voice. It is critically important to prepare good case review information for inclusion in your team protocol or MOU (Cite NCA standard)

Secondly, the role of the facilitator is absolutely critical. Having the right person—one who is trained in facilitation skills—directing the team can make all the difference in a good case review. A director may or may not be a good facilitator and the same holds true for an advocate or a prosecutor. So it is extremely important for the team, and the CAC as the lead, to understand and determine how to choose a person with the ability to lead the team. A facilitator doesn't just call the cases or call on the MDT members but rather builds the case and supports the gathering of evidence based on the information that each team member provides. The facilitator intervenes when needed to manage all the aspects of the group review. That means that the facilitator needs to be conscious of all the subtle signs: how the group is interacting, who is disengaged, who is having side bar conversations, who looks bored, who is hogging the

discussion, what information is being presented and is it contributing to a positive productive energy? The facilitator is the glue that brings together and focuses all the pieces of information that are being received and reviewed.

How well case review meetings are facilitated has a direct impact on the success of the whole case. It is not enough just to put a multidisciplinary group of people together and expect they will get along, study cases carefully, grapple with difficult problems and come up with creative solutions. Most likely, they won't. Whoever is leading and facilitating the meetings needs to have training in facilitation and have a toolkit of interventions to call upon. If case review is not successful, then the CAC must improve the facilitation or find another facilitator to work with the group. (Putting Standards into Practice: A Guide for Implementing Case Review for Children's Advocacy Centers)

Thirdly, all people participating need to be engaged at the table. As NCA reviewers have observed, there are still many case reviews where the victim advocates do not have a firm and respected voice at the case review table. In many instances, the case review is so prosecution centered that what should be an in-depth conversation about the victim becomes nothing more than a status update on the progress of the investigation. In 2015, CACI did a survey of advocates in the state and 33% indicated that they did not feel like they were a part of the team at the table or that anyone listened to what they were saying. (CACI Survey tool)

And lastly, the resiliency of your team has a direct impact on how it functions. Think of the daily grind and the impact of endless child sexual and physical abuse cases on your team. This is hard work that can be emotionally draining and disturbing. Adding this into the mix of all the previous information describing case review, it is not difficult to imagine how a toxic and low functioning team can develop.

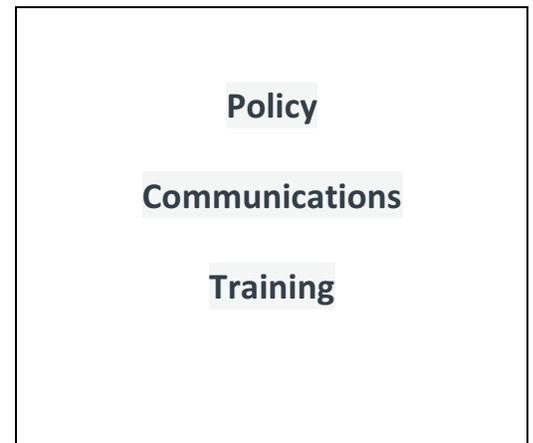
### **What is resiliency?**

It is the power to cope with adversity and adapt to challenges or change. Resiliency helps teams return to healthy functioning after being in a stressful situation (Luthar, Cicchetti & Bronwyn, 2007). CACI offers resiliency training and we feel that it is an important piece of your team's toolbox. Being resilient does not mean that individuals are problem free or unaffected by difficulties, either of their own or as a consequence of team dynamics in child abuse cases they work. It does mean that your team members draw on personal beliefs, behaviors, skills and attitudes to cope with stress, trauma and tragedy rather than to succumb to it (CACI PPT Resiliency Training presentation).

The CAC/MDT resiliency model recognizes that there is always stress within an organization/team and the organization or team should always be taking steps to address it. The model also supports the idea that CAC/MDT resiliency is pro-active, not re-active. The team should be engaged in an ongoing effort to promote resiliency in all areas that are resiliency strengths, that is, the five core elements.

5 Core elements that promote resiliency:      Implementing those policies by:

1. Personal Perspective and Meaning
2. Self Knowledge and Insight
3. Healthy Coping
4. Sense of Hope
5. Strong Relationships



The five core elements of resiliency (in the preceding diagram) are the foundation of the CAC/MDT resiliency model. The model is based on the premise that a CAC/MDT can take action to build strengths in these core elements in staff, team members, and volunteers.

Essentially, the CAC/MDT resiliency model takes the five core elements of resiliency and identifies strategies that will build staff and volunteer strengths in each of those elements. Those strategies can be implemented in three ways through:

- The written policies and practices adopted by the CAC/MDT.
- The communication techniques used among team members and between team members and others
- The competency-based training offered to staff, team members, and volunteers. (CACI PPT Resiliency Training presentation)

If your team lacks resiliency, this factor will impact not only case review but also, and so importantly, it will directly impact the child and the child’s investigation.

When considering the impact of resiliency on the team, there is one more layer to explore: trauma. Trauma occurs when an external threat overwhelms a person’s coping resources. It can result in specific signs of psychological or emotional distress, or it can affect many aspects of the person’s life over a period of time. Sometimes people aren’t even aware that the challenges they face are related to trauma because of their occupation. Trauma is unique to each individual—the most violent events are not always the events that have the deepest impact. And although trauma is unique to each individual the very efforts of an MDT working with a single voice and mission can also take on collective trauma characteristics. Trauma can happen to anyone, but some groups are particularly vulnerable due to their circumstances, including those who work with children. <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

The unrelenting demands, constrained resources, ethical challenges, crises, and cumulative toxic stress are the challenges of working with deeply vulnerable populations, like the children and non-offending caregivers that CACs serve. These demands simply take an almost immeasurable toll on MDT members. The stresses can at times interfere with the quality of care and decision-making. In order to create trauma-informed cultures, MDT members must and should re-

examine how they can build resilient teams that foster authentic social connection and support collective wellness. Strong, resilient teams are the antidotes to the occupational hazards MDTs face. Sustaining trauma-informed teams in the workplace leads to improved morale, higher quality decision-making, and increased productivity.

What is important for your team to understand is that your team's total effectiveness is mirrored in case review. By understanding the toll that trauma has taken on your team, you can also understand how that toll contributes to a substandard case review. Trauma and resiliency training for your team is as critical and foundational as for example forensic interview training. It is critical to understand the ways toxic stress interferes with team functioning and talk about it with your MDT members. Explore openly with your team members the impact of tribalism-- the behavior and attitudes that stem from strong loyalty to one's own tribe or social group, and for example, DCFS or Law Enforcement and the lack of understanding of time frames or working together. As well it is important to cultivate your team to maximize inclusion and minimize exclusion; in other words everyone at the table has the same authority, responsibilities and voice. Lastly, it is important to create and support a neutral environment that is free from interpersonal threats from team members that may undermine your team and case review. And while some people often joke about "feeding the team", there is a certain vitality and strength that binds a team together when it shares a meal or snacks.

**When site reviewers were asked to indicate some dynamics that they particularly looked for and identify as part of a good case review, site reviewers said:**

- A thoroughly open dialogue between team members where all members are actively engaged. Plans are made for the family and updates are given. It is not just a running checklist of cases and status. Brief training topics or opportunities to train other team members about specific issues are also helpful. We have found that teams and case review seem to be much stronger when there is a staff person who is dedicated to the MDT, its facilitation and follow up.
- The facilitator pursues active participation from all disciplines. Case presentation involves rich discussion: challenging each other and addressing the missing pieces (ex. no joint investigation, lack of sharing information, cultural barriers, medical & treatment needs). Side conversations between team members are addressed and stopped. There is acknowledgement of individual and team successes.
- Conflict is not experienced as a negative and is facilitated toward solutions (See full listing in the appendix)
- Case Review is an ever-changing process with new MDT members. It is important to re-evaluate and re-energize the team on a regular basis. Case review should also include celebration of successful case outcomes - big and small. (See full listing in the addendum)

**Cultural Competence**

To truly understand and serve all children and their non-offending family members, it is crucial for every CAC to bring culturally and ethnically competent professionals into every aspect of the investigation. Without genuine expertise, case reviews will be made up of caring but perhaps

unknowing incompetence. The importance of training related to cultural competency is a responsibility that rests with the CAC. It is important to remember that cultural competency is not only about race, but also and most vitally about all the social dynamics that make up a child's life. It is about the rural community or small urban communities; various religious sects; areas of poverty; and much more. Being culturally competent means that members of the MDT have an understanding of a child's home life, background and cultural activities.

## Assessment

It's important to have an honest conversation and do a team assessment. So many times we wait until something goes awry before we take an honest look at the functioning of the team and team processes. Here are a few questions to ask yourself, your staff and your team, especially as they are related to not only the team functioning but as well for case review and NCA accreditation standard.

- Does the case review mirror the functioning of the MDT? In other words, is a full team in place at case review and does the case review have consistent team members contributing to conversation and process? Or does the case review lack dedication from team members? Is there a deep rich discussion based on a full MDT with active and robust communication where each MDT member participates?
- Is the reason there is concern about case review based upon the fact that team members and the facilitator aren't really understanding or embracing the important role of case review in the investigation of a child's case? Are members obliged to attend?
- Is case review plagued with tribalism—a high level of defensiveness that truly impedes improvement of case investigation? (Refer to the assessment check lists in the addendum)

As you do a self-assessment, ask what makes an MDT case review highly capable and successful? We know that highly successful teams are those that create a routine around high standards, positivity and progress. It comes down to bad habits vs. good. So how do you make a habit of being better, how do you ensure that for case review?

High performance requires that team members actively search for new and better ways of doing things; they are not afraid to challenge the status quo and constantly want to improve. Innovative thinking skills require team members to listen openly to ideas with which they may not initially agree, challenge one another's thinking and make an effort to think differently. Thinking critically and creatively is what gives a high performance team its edge. Innovative thinkers are able to better listen to other team members' ideas, challenge each other to do the same, and help develop each other's innovations and ideas. Making an effort across the team to think innovatively and question the way things have always been done is an important factor in team development, especially in case review.

What is the climate of your team? Climate refers to how members feel about the way the team functions, including their level of comfort with team norms of behavior. The right climate is truly the foundation of a healthy, high performing team. Is your case review climate inviting, is it challenging not of personalities but ideas?

When innovative thinking and climate are not strengths, teams typically have a lack of ownership in their work, a lack of flexibility, knee-jerk reactions and a reliance on the status quo. Team members need to be able to think creatively and should be encouraged to speak up and share their ideas in a comfortable setting with management they trust. If the team is not cohesive and the positive values that drive teams forward are not present, negative attitudes and unproductive behaviors will create cracks and take over. Positive change is only possible if people are prepared and motivated to do it.

Ultimately, change compatibility is about being flexible. Flexibility requires that members be adaptable and open to other ways of doing things. When teams strengthen shared leadership, they increase staff engagement and participation and make team members more empowered to make decisions. A high performing team is one that makes members feel fully valued and demonstrates that each person's input is equally considered in the decision-making process. Ask your team members and your staff if they feel valued? If they feel they are heard? If their input matters? A team with strong team members' contribution is one where team members appreciate and support their colleagues and can focus on what's best for the team.

A team's ability to work effectively in a collaborative meeting setting is critical to the team's effectiveness outside of the meeting. If strong and collaborative decisions are not made and true consensus isn't achieved, a team cannot function at its best. When the group work skills element isn't a strength, teams display a lack of critical problem-solving and team consensus that can ultimately affect negatively on the outcome of their investigations.

It's so important to build the skills that allow team members to take initiative, solve issues on their own and look for opportunities to help others. Your personal style, the personal style of each team member, the tools and the attitude you bring, the needs of the team members will determine whether your team is or is not engaged. Leading effective meetings can be an incredibly challenging task. After all, what could require more know-how than the act of bringing together a group of individuals with different styles, needs, experiences, timelines and perspectives and creating an energetic dialogue among them that leads to safe and healthy outcome for a child? That's the goal of case review.

## What is case review?

Case review is the formal process that enables the MDT to monitor and assess its independent and collective effectiveness so as to ensure the safety and wellbeing of children and families. Case review serves multiple purposes:

- Experience and expertise of MDT members is shared and discussed
- Collaborative efforts are fostered
- Formal and informal communications are promoted
- Mutual support is provided
- Protocols and procedures are reviewed and
- Informed, collective decisions are made.
- Decisions are made for child wellbeing and safety.

The process encourages mutual accountability and helps to assure that children's needs are met sensitively, effectively, and in a timely manner. Case review should occur at least once a month. Case review is intended to plan and monitor current cases, and is not intended as a retrospective case study.

It is not meant to preempt ongoing discussions, and ongoing discussions are not meant to take the place of formal case review.

Every CAC must implement a process and set the criteria for reviewing cases. Depending on the size of the CAC's jurisdiction or caseload, the method and timing of case review may vary to fit the unique needs of a CAC community. Some CACs review every case, while other programs review only complex or problematic cases or cases involved in prosecution. Representatives from each core discipline must attend and/or provide input at case review. Confidentiality should be addressed in the written protocol or guidelines. State and/or federal law may govern information sharing among MDT members, including during case review. National Children's Alliance—Standards for Accredited Members - 2017 Edition.

## CRITERIA - Essential Components

**Essential Component A.** The CAC/MDT's **written protocols and guidelines** include criteria for case review and case review procedures. The CAC/MDT's written documents **must include:**

- Frequency of meetings
- Designated attendees
- Case selection criteria
- Process for adding cases to the agenda
- Designated facilitator and/or coordinator
- Mechanism for distribution of agenda and/or notification of cases to be discussed

- Procedures for follow-up recommendations to be addressed
- Location of the meeting

**Note:** These criteria must be included in CACs/MDTs written documents, for example, protocols or MOUs. Many CACs do not have a written or prescribed day for case review in their protocols, for example the second Tuesday of the month at 12:00 at the CAC.

Additionally many CACs do not have in writing the procedure for the distribution of the agenda and the case selection process. Are all cases reviewed, if not how are they determined? Who determines and what is the selection process for an indepth case to be reviewed? Can anyone add a case for review to the docket, what is the process for that? How are follow up recommendations addressed during a case review? Are these questions included in your protocol?

**Essential Component B.** A forum for the purpose of reviewing cases is conducted at least once a month. Case review affords the MDT the opportunity to review active cases, provide updated case information, address obstacles to effective investigations and service delivery, and coordinate interventions. It is a planned meeting of all MDT partners and occurs at least once a month for cases coming from the CAC's primary service area. Case review is conducted in addition to informal discussions and pre-and post-interview debriefings.

Please note: That a monthly case review is a minimum standard, some CACs meet more often than one a month, how did you determine your meeting schedule?

**Essential Component C.** MDT partner agency representatives actively participating in case review **must include, at a minimum:**

Law enforcement

Child protective services

Prosecution

Medical

Mental health

Victim advocacy

Children's Advocacy Center.

Full MDT representation at case review promotes an informed process through the contributions of diverse professional perspectives and expertise. Case review must be attended by the identified agency representatives capable of making, informing and/or advocating for decisions and providing the team with knowledge and expertise of their specific professions. All those participating should be familiar with the CAC/MDT process

and the purpose and expectations of case review. The forensic interviewer, irrespective of which agency employs him/her, should be present at case review. It is strongly encouraged that case review participants are those who are actively working on the cases under review rather than their supervisors, in order to ensure direct communication between all parties. In **those rare circumstances that a discipline cannot be present in person**, alternative means (including conference call or video conferencing) should be used to ensure the participation of all required disciplines. Case review is an informed decision-making process with input from all MDT partner agency representatives.

Note: What we see are that many supervisors attend case review, and while that may be beneficial, it is strongly suggested that front line workers who are actively working the cases attend case review. Also of note, *in those "rare circumstances a discipline cannot be present"*. The exception should be the rare circumstance rather than the usual practice. Remember site reviewers will ask for a minimum of the last three months of sign in sheets from case review.

**Essential Component D.** In order to make informed case decisions and improve client outcomes, essential information and professional expertise are required from all disciplines. This means that decisions are made with as much information as available; interventions are made with the input, discussion, and support of all involved professionals; efforts are coordinated and non-duplicative; and all aspects of the case are covered. The process should ensure that no one discipline dominates the discussion, but rather all team members have a chance to adequately address their specific goals, mandates, case interventions, questions, concerns and outcomes.

Generally, the case review process should:

- Review interview outcomes
- Discuss, plan, and monitor the progress of the investigation
- Review medical evaluations
- Discuss child protection and other safety issues
- Provide input for prosecution and sentencing decisions
- Discuss emotional support and treatment needs of the child and family members as well as strategies for meeting those needs
- Assess the family's reactions and response to the child's disclosure and involvement in the criminal justice and/or child protection systems
- Review criminal and civil (dependency) case updates, ongoing involvement of the child and family, and disposition
- Make provisions for court education and court support
- Discuss ongoing cultural and special needs issues relevant to the case

- Ensure that all children and families are afforded the legal rights and comprehensive services to which they are entitled.

These bullets will provide a more detailed or indepth discussion at case review, rather than only status updates on cases. These bullets also provide or ensure each discipline with interaction.

**Essential Component E.** A designated individual coordinates and facilitates case review and communicates the recommendations for follow-up.

The person designated to lead and facilitate the meetings should have training and/or experience in facilitation. Proper planning and preparation for case review includes setting the agenda, notifying all case review participants, ensuring that all relevant information is shared and discussed, and ensuring that the child and family's input is considered. A comprehensive review of cases in a well-facilitated manner helps secure mutual accountability and quality assurance. A process for communicating recommendations and decisions from case review to the appropriate individuals for implementation must be outlined as well.

## NCA Site Reviewers Informational Poll

### Background information on this poll

A nine-question survey monkey tool was constructed as a means to get opinion from site reviewers from the National Children's Alliance (NCA). The tool was designed for information only and was not designed nor meant as a statistically accurate resource. After permission was obtained, (NCA) site reviewers were polled in August/September 2018 to get their immediate feedback related to case review. Of the 38 National Children's Alliance site reviewers, 27 of the reviewers responded to the poll. The norm time to take the poll was about 7 minutes.

### How many site reviews have you conducted?

Answered: 27

1-20 55.56% (15)



20-50 11.1% (3)



50+ 33.33% (9)



**This brief study is to get your input into what makes up a good case review as it not only applies to standards but as well the team in any particular community (rural or urban). Can you check the boxes that you believe determine a good case review? Check all that apply.**

**Answers are listed in order of importance from the survey tool.**

1. Team members appear comfortable with each other and exhibit a positive and collaborative working relationship. 96.30% or 26/27
2. There is an indepth discussion on cases and disciplines freely respond and interact. 92.59% 25/27
2. Cultural competency is mot ust brought p as a question (like are there cultural concerns about the case.) but indepth discussion on the child/family ethnicity or other demographic considerations are brought to the table. 92.59% 25/27
3. Facility is well trained and knowledgeable on team dynamics. 81.48% 22/27
4. Facilitator is conscientious regarding the needs of each discipline. 70.37% 19/27
4. A combination of supervisors and front line workers attend case review.70.37% 19/27
5. Case review acceptance criteria is accessible and all MDT members understand how to get a case on scheduled for review. 59.26% 16/27
6. Cases presented meet the criteria in the CACs protocol or MOU for inclusion into case review. 51.86% 14/27
7. There is a short training component included either for cross reference training or for example traimg on a mew application that is useful for MDT members that should have knowledge about as it is related to children. 48.15% 13/27
8. Front line workers attend case review. 33.39% 8/27
9. Supervisors are included in case review. 14.81% 4/27

**Case review may also be used as a time for discussion on team issues, or the team members who are present and attend case review meet outside that case review forum, for discussion on protocol revision or team issues, etc.**

3.70% (1) of reviewers indicated it was not important



18.62% (5) were neutral on importance.



77.78% (21) of reviewers indicated it was very important.



**MDT members are in regular attendance at case review.**



100% (27) indicated that regular attendance of MDT members at case review said it was extremely important.

## What are some dynamics that you particularly look for and identify as part of a good case review?

- Thorough open dialogue between team members where all members are actively engaged. Plans are made for the family and updates are given. It is not just a running checklist of cases and status. Brief training topics or opportunity to train other team members about specific issues is also helpful. I have found that teams and case review seem to be much stronger when there is a staff person who is dedicated to the MDT, its facilitation and follow up
- No one discipline dominating discussion, goes beyond focus on investigative needs and outcomes, respect/value of each discipline's
- Facilitator pursues active participation from all disciplines. Case presentation involves rich discussion: challenging each other and addressing the missing pieces (ex. no joint investigation, lack of sharing information, cultural barriers, medical & treatment needs) Side conversations between team members are addressed and stopped Acknowledgement of individual and team successes
- Acknowledgement system's barriers and strategically looking at ways to resolve those concerns
- Robust case discussion; quality facilitation; open dialogue and trust
- Participation by ALL disciplines. Respect shown for families and each other. Plan moving forward for each case discussed. Mental health or family advocate has an opportunity to train. E.g. - I sat in on a case review where LE described dissociation in a child, but in his view it was an indication that the child was lying. The mental health person said nothing.
- Interest and engagement of team members in case discussion Updates by several disciplines showing engagement with the victim and family Statements that cite a combined/dual response, "we went", "we interviewed" Discussion that show an understanding of the standards, or at least the team's protocols/guidelines Discussion that includes creative solutions/problem solving that isn't what may typically be a recommendation Awareness of services offered by the CAC Making appropriate requests of CAC staff to assist in serving victim and families
- Team members respect and listen to each other and rely on the expertise each brings to the table. Collaboration and ease amongst team members. Share trust, humor, and support each other.
- That the conversation does not focus on administrative or coordination concepts and reflects the culture of all the MDT partners.
- All members of the team contribute to the discussion of cases. Ease and familiarity of members with each other.
- good discussion, relationships
- Questioning or discussion about someone's opinion on a case. Humor - which usually comes with regular attendance. Everyone at the table instead of some (LE) sitting back against the wall.
- I think depth of conversation is important. It doesn't have to happen on every case, but discussions should feel generative and meaningful (not just a checklist).

- That it's an actual discussion not just individual reports without a sense that there's collaboration or even coordination; that all disciplines are represented and actively engaged; that the group listens to and respects one another; that the team bases their decisions in facts and research and is non-judgmental and non-biased.
- Comfort level with members prior to/entering and exiting meeting. Introductions of new members, orientation of members if appropriate and time permits prior to or during meeting.
- All MDT members enter the discussion and have in depth exchange
- Always observe how CPS and LEA interact with one another. Want to make sure that MH and MED are contributing, especially if they are off-site
- Open discussion and the ability to address challenges and conflicts in a professional manner.
- 1. Conflict is not experienced as a negative and is facilitated toward solutions. 2. Styles, differences and preferences for how to view a situation are respected and understood. 3. Flexibility is well balanced with structure. 4. New members are welcomed, oriented and view the team as a resource 5. Problematic members are dealt with and excused from the team if necessary.
- When team members are interacting with each other about the case, and providing helpful input and resources to help the victim and family.
- That the teams members all participate in the discussion of the cases - where it is at in the system, what are the next steps, what do the various team members need to do from here to keep the case moving in the system for the children and the family. How is the child and family? Are they receiving services and getting their needs met?
- Child focused discussion rather than a case focused discussion.
- Participation from all disciplines and all members. In depth discussion on at least 1 case that addresses all necessary components of standard. More than investigative issues discussed, Cultural issues discussed.

**As far as the standards go for case review, which standard do you see often as problematic? Please rank in order from most problematic to least**

A. The CAC/MDTs written protocols and guidelines include criteria for case review and case review procedure.

12.50%	0.00%	29.17%	29.17%	29.17%	24	<b>2.38</b>
3	0	7	7	7		

B. A forum for the purpose of reviewing cases is conducted at least once a month.

0.00%	16.67%	4.17%	41.67%	37.50%	24	<b>2.00</b>
0	4	1	10	9		

(least problematic)

C. MDT partner agency representatives actively participating in case review must include at a minimum (Law Enforcement, CPS, Prosecution, Medical, Mental health, Victim Advocacy, and Children's Advocacy Centers)

75.00%	12.50%	12.50%	0.00%	0.00%	24	<b>4.63</b>
18	3	3	0	0		

(most problematic)

D. Case review is an informed decision-making process with input from all MDT partner agency representatives.

11.54%	65.38%	7.69%	7.69%	7.69%	26	<b>3.65</b>
3	17	2	2	2		

E. A designated individual coordinates and facilitates was review and communicates the recommendations for follow up.

7.69%	3.85%	42.31%	19.23%	26.92%	26	<b>2.46</b>
2	1	11	5	7		

**What are some ideas or some advice you would like to give CACs whose teams struggle with case review?**

- Teams are an ever evolving animal; you have to start by acknowledging that the cycle is healthy and that at the end of the day it is about relationships. This is why a facilitator is critical, you have to have someone to build the foundation of those relationships and nature them. It is important that the protocol is reviewed by the team to ensure it is still working as it needs to, that all players are responsive to making changes when a discipline needs something to be handled differently and so that all disciplines feel a responsibility to the teams protocol (with active buy in it is not just seen as the CAC protocol but as property of the team). I also

think a facilitator can feel the pulse of the team, know when to begin to work before things are off rail, and how to start to steer the team back on course when things have happened that cause changes in the team dynamic. The most powerful things I have ever heard from teams in independent interviews are: (1) As soon as I was assigned to these cases the CAC invited me over before my first interview, they taught me the process and even showed me the observation room and where people usually sat so I didn't feel out of place my first time there (2) the facilitator went out of their way when they knew I had a really hard case, they took time to call and check on me and see if I needed anything.

- Identify a skilled facilitator/communicator who is well versed in all disciplines and their roles and value and that fosters a client-centered approach to case discussions and holds MDT members accountable for same.
- Bring the team together to identify problems Evaluate how many cases are being reviewed and is the discussion on cases helpful to the team members -NO ONE WANTS TO WASTE THEIR TIME Is the team acknowledging successes and having fun Is the right person facilitating the team Does supervisors support the MDT process? If not you have to start at the top of the organization MDT are living organisms that are constantly changing the way they look, sound and function and the facilitator has to be organized but flexible.
- Take time to re-evaluate purpose of case review; orientation for new MDT members
- Pattern your case review after the standard - the best case reviews I've seen seem to automatically follow the outline in the written standard.
- Build relationships Engage in cross training opportunities Give team members, outside the CAC, responsibilities during case review so there is additional investment
- Facilitator get some training on facilitating an MDT, choose cases carefully that balance the strengths and weakness of the MDT, use the time to learn and grow together.
- Provide an opportunity for the team to receive technical assistance and training about the case review.
- Soliciting the players as to what would make case review valuable for them. Case review too often is a recap of the tons of cases waiting on the docket instead of talking about current cases. Maybe case review shouldn't be scheduled every month at x time, but rather when a new case comes in so everyone is at the table early on. (This is applicable to smaller CACs only.)
- Designate a team facilitator on your CAC staff, get them training through the regionals on team facilitation.
- To be clear on why they do it. Too many CACs do it because it's a requirement but don't truly understand or buy into the value of it. TO make sure that supervisors are committed to their agency's participation. To learn more about what the MDT thinks would make the meeting successful.
- Be clear on roles and responsibilities of each discipline - provide training, preferably w/outside facilitator (such as regional) to allow CAC leadership to fully participate. Have regular supervisory meetings to discuss issues and take issues to the source rather than ignoring problem or talking with others that creates negative dynamics with the group.
- Use a script to insure everyone's opinion is heard. Get the facilitator trained
- Practice case review in a purposeful way until it becomes second nature. Team facilitation training is a must.

- Discuss with the individuals of the team as to what are the challenges that keep them from actively participating in the case review process. Providing confidentiality and expressing an interest in the needs of that individual will let them know that not only are they a valued member of the team; but they are also critical to the operational purpose of the case review. Getting team members to invest or reinvest is critical.
- Team facilitation training. Typically this is due to the leader being perceived as either too much power or too little power.
- Keep trying! Send a list of cases that will be discussed when you send out a memo about the next case review meeting. Set a schedule and stay with it. Choose different members to volunteer to do the case review. We go 6 months a time and move to the next person. Help them to understand that often times decisions will be made by members that may not know information that is important, and they are an intricate part of the process. If someone or group is missing call and discuss challenges and find a way to support them. Help them to understand that the victim and offender benefit from the case review.
- That is a very broad question. It depends what they are struggling with. Teams need to decide why they are doing case review. Not just to meet the standards. This has to be beneficial for everyone or it won't be valued. So what does that look like for each team? I am often amazed when I ask teams why they are doing it and they really don't know why. Also deciding what cases to review at case review. Having a very good foundation for that is key. I see too often that the coordinator or prosecutor pick the cases for the next case review. Which isn't necessarily bad but it can be a recipe for disaster if either one of them appears to be picking on a certain detective or case worker. The facilitator is key to the success. Someone to manage the meeting, elicit input and move forward. Relationships are key, trust is important for there to be a good exchange of information, dialogue and constructive feedback.
- Provide a written agenda to everyone. Have a well-trained and respected facilitator.
- The position of team facilitator should be taken seriously and the facilitator should be well trained.
- Talk with their Chapter and ask for Centers with a reputation for strong case review and go observe

**As a reviewer, do you believe that a good case review manifests the interaction and workings of a good team?**

Teams can work well and not have a good case review.

3.70%

one out of 27 reviewers 1/27

-

Teams who work well together most often have good case reviews.

55.56%

15 out of 27 reviewers 15/27

-

At times it seems that case review is not used as well as it should be. 40.74%  
11 out of 27 reviewers 11/27

### **Are there any other points that you would like to share about case review that you think would enhance the process?**

- It is where the rubber often meets the road about the difference between a well-oiled team and a group of individuals sitting around a table together! Be sure that victim advocacy is integral to case discussions and the depth and breadth of their role is understood and valued by all!
- MDT's that attempt to review a number of cases at one time cannot have rich case review. Those teams typically evolve into teams with very limited discussions and more of a checklist type case review.
- Case Review is an ever-changing process with new MDT members. It is important to re-evaluate and re-energize the team on a regular basis. Case review should also include celebration of successful case outcomes - big and small
- My favorite case reviews to watch have been where respect and compassion towards the family is obvious. Not to say there is no "black humor", but it is not directed towards the family.
- the membership of team include many challenges with regards to retention, changes in leadership, is case review seen as a priority of the leadership, personality differences, communication styles, and a plethora of other considerations. Being able to show participation and actual outcomes that enhance the safety and wellbeing of a victim should be a priority.
- Facilitator training is imperative to successful case review.
- Training for team facilitators is critical to the case review process. It is a difficult and sometimes complex job and is not seen as such.
- Thinking creatively about what works best in a community is important. Perhaps levels of case review if volume is high or moving case review around to various jurisdiction to increase participation should be considered
- Ongoing education about the purpose and importance of case review is paramount, particularly with the amount of MDT turnover.
- Case reviews, in general, are challenging but they certainly are important. To garner support and participation, I don't believe there is one right way but it will be specific to the culture of the team. The facilitator is critical to the process and must be an exceptional point of contact not just on case review days; the facilitator should be an active member of the team.
- I have seen teams try to fake it to get through the case review process. This usually falls a part when conducting the individual meetings with disciplines. That is really where I assess "team" work.
- I have found that some of the site reviewers cringe on the Case Review being called a MDT meeting. I believe they need to chill on the semantics and recognize that the case review is being done pre or post the organizational part of the meeting. The busy schedules and work overload may not be conducive to getting together for another meeting. We don't want to tell them they are wrong and need to have two separate meetings. MDT members are often knowledgeable in the difference

## Sample Case Review Facilitation

*There are many ways to conduct an indepth discussion on a particular case; this is just a sample of how it could be facilitated. This assumes that all disciplines have decided decision points and agree that they come to the case review table prepared to share. The bottom line is to facilitate an accurate historical analysis of how the case proceeded, from the beginning through the current case investigation status in an effort for all team members to have opportunity for input and accruing the same base of knowledge. In short, case review excellence is to function as a team in it's decision making process with shared responsibility.*

*Case review of an investigation should have "markers" or decision points where MDT members regularly make directed decisions on what needs to occur. If each of the disciplines know ahead of time and are held accountable to that expectation, case review discussion should have more depth and certainly more complete validity to assist the child's processes. Those markers are italicized in the sample.*

1. Facilitator: Welcome Team members (acknowledge others, like interns).
2. Facilitator: Ask team members to introduce themselves and their discipline. Make sure there is a sign in sheet or confidentiality sheet that is distributed and signed by all, include telephone numbers of members.
3. Facilitator: Partner updates (go from one to another and ask for any department updates that can be shared with team).
4. If the team wants to recognize some extraordinary positive efforts by a team member, on a case this would be the time to have those comments.
5. Facilitator Upcoming activities/training dates, as well as any updates from trainings that team members had since the last case review (no more than 7-9 minutes for numbers 1-5)
  - a. Facilitator Indepth review of a case: *20-30 minutes*
  - b. Questions to ask...DCFS brought this case to the CAC, 'can you share with us how the disclosure was given?' If DCFS went out on the case with or without LE, can they describe that scene and interactions?
  - c. So you called the CAC and brought the case here---who called LE? If CAC did, state that or was it a dual initial investigation with child? 'We received the case in that afternoon and forensic interviewer did the forensic interview.' *Discuss the interview, did the child disclose? Can you give us your impression of the child and the disclosure? If the child did not disclose, or if the child did not seem comfortable, can you elaborate? Is there anything else pertinent that you think the team should have knowledge of? Which team members observed the interview and do you have anything to add at this time?*
  - d. Then facilitator may say to advocate, 'While the forensic interview was conducted you were meeting with mom or caregiver' *whatever the scenario may be...can you talk a little about mom's demeanor (for example was she anxious or upset) Did the advocate do any kind of assessment? Did she offer the OMS at that time with the parent? Is there*

*any information that should be shared with the group from the advocate, things that mom might have said? Is there anything else pertinent that you think should be shared with the team? Were there any language or other cultural barriers? And how are those barriers being handled?*

- e. *After the interview the team met for post meeting, and subsequently can LE share at that time what was pursued? Did you track down and speak with the alleged perp? Did LE question the perp in a recorded interview? What was the outcome? Can you talk about any evidence that was taken into custody? Does the evidence support the statement by the child? Is there anything else pertinent that you think should be shared with the team?*
- f. *To Medical provider it was the decision of the MDT that the child was not seen for medical on this case (or was), would you agree with that and is there anything that you would be concerned about? Can you update us on the medical findings if the child was seen by the medical provider? Was the caregiver informed of the findings, if any? Was the team informed of the findings?*
- g. *Bring back in DCFS at that point and say can you update us on the case from the DCFS perspective? Where are you with it the case? Particularly can you talk about any safety issues, or how the family is functioning? Is the child attending school regularly? What concerns do you continue to have for the child's safety? Does non-offending caregiver have needs that can be addressed?*
- h. *Then back to advocate, is mom following through with mental health? Has mom/child talked about any further issues? Do you have regular communication with mom? Is there anything that is pertinent with the case that should be shared from your perspective?*
- i. *If child is in mental health, can the mental health provider update? Is the child being regularly seen? Are there any immediate needs the child has?*
- j. *Then something like, as this case moves forward, Prosecutor is there anything that you need from the MDT for the case? How will you be proceeding with the case? Ask the MDT if they have input for the prosecutor. Prosecution should have team input and decision - discussion.*
- k. *Are there cultural considerations that need to be addressed in this case? Ethnicity, education level, rural, poverty concerns etc. Did the team give cultural considerations, if so can you share how that was done?*
- l. *Ending questions and tying of loose ends...What did the team do right in the case? What could have been done differently? What still needs to be done?*
- m. *Do you want to leave this on the agenda for next month case review? How will the team stay updated on concerns and process? Are there new concerns managed or looked into? Is there agreement with the team that we move forward on this (for prosecution for example)*

# Case Review Analysis Sheet

Disciplines in attendance: Check marks indicate number of members or departments. For example two check marks indicate how many Law Enforcement team members attended.

Law Enforcement
DCFS
Mental health
Medical
Prosecutor
Advocate
Forensic Interviewer
Other

Confidentiality sheet/sign in sheet: Yes/No

MDT members were introduced: Yes/No

MDT members who participated in conversation: A check indicates number of comments. Does the conversation encompass all the members? What we want to see here is an even spread of check marks determining participation? Did one or more disciplines dominate?

Law Enforcement
DCFS
Mental Health
Medical
Prosecutor
Advocate
Forensic Interviewer
Other

Facilitator: Did the facilitator have control of the team? And lead the team through case presentation and outcomes?

- Did team members have information before going into case review to ensure that the decision points they may come up with were well developed and thought out?

Team members: Was the team working together? Was everyone involved?

Cultural Competency was brought up/into conversation:

Indepth discussion:

- Does the discussion directly point at improving the outcomes of the case? (from the child's sense of safety, through the legal outcomes as well as medical and mental health)?

Status Updates:

How is case review used as a decision-making process?

Trainings were discussed:

Team issues were discussed:

Team dynamics:

- Team appeared cohesive
- Team members were attentive
- Limited side bar conversations
- Phone calls and texting were minimal
- Team members were knowledgeable and informed about the cases
- Supervisors or front line workers in attendance
- Cases are investigated in a team format

Does it appear MDT members see benefit in case review?

Other:

Meeting Diagnostic Survey  
(Ingrid Bens, Jossey-Bass, Inc. 2000)

This tool can be used as an assessment or a catalyst for conversation with the team. Assessing patterns, habits of the team, functioning, dominating conversation by team members and other aspects for good team performance can be seen with this diagnostic survey.

1. People tend to resist the idea of another meeting
  - Totally disagree
  - Disagree
  - Doesn't Apply, not sure
  - Agree
  - Totally agree
  
2. Meetings generally do not start or end on time.
  - Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
  
3. When a member offers an idea, other members do not ask detailed questions or demonstrate active listening.
  - Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
  
4. Discussion begin before its clear to everyone exactly what is being discussed.
  - Totally disagree
  - Disagree
  - Doesn't Apply, not sure
  - Agree
  - Totally agree
  
5. One or two members dominate the meeting.
  - Totally disagree
  - Disagree
  - Doesn't Apply, not sure
  - Agree
  - Totally agree
  
6. Often the meeting ends before everyone has been heard from.
  - Totally disagree
  - Disagree

- Doesn't apply, not sure
  - Agree
  - Totally agree
7. People do not address each other directly, but talk about others as if they were not in the room.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
8. If the objective of the meeting has not been reached, the group schedules a follow up meeting rather than run overtime.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
9. Many ideas have to be repeated several times before they get a response.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
10. The formal leader or chair seems to have more weight than other members.
- Totally disagree
  - Disagree
  - Doesn't Apply, not sure
  - Agree
  - Totally agree
11. People start to disagree with others before they really understand what's being said.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
12. Following meetings, there are postmortems behind closed doors about what really went on.
- Totally disagree
  - Disagree

- Doesn't apply, not sure
  - Agree
  - Totally agree
13. There is never an assessment at the end of the meeting to see whether the group has achieved what it set out to do.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
14. People react to new ideas by making fun, uttering put-downs, or ignoring the idea altogether rather than that questioning and exploring it further.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
15. After the meeting, there is always some confusion about what was agreed upon and who is responsible for implementation.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
16. Too many people sit in the meetings not really participating.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
17. Few decisions are made by consensus; the group lets individuals make decisions, or it tends to vote on issues without much preceding discussion/analysis.
- Totally disagree
  - Disagree
  - Doesn't apply; not sure
  - Agree
  - Totally agree
18. The group often cannot make decisions because it does not have the necessary information, or people have not done their homework.

- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
19. There is seldom any checking to see whether the group has gone off track, or if the meeting is an effective use of time.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
20. Too often we agree on a course of action because everyone is tired, or cannot be bothered to delve deeper.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
21. People seem to leave the meeting drained of energy.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
22. The members seem to spend a disproportionate amount of time at the start of meetings trying to define the problem they're supposed to be working on.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree
23. During meetings people arrive late, ask to be excused early, are frequently called out and so on.
- Totally disagree
  - Disagree
  - Doesn't apply, not sure
  - Agree
  - Totally agree

24. Arguments that have no real bearing on the topic of the meeting often break out.

- Totally disagree
- Disagree
- Doesn't apply
- Agree
- Totally agree

25. When a serious conflict occurs between some members, no one in the group attempts to help.

- Totally disagree
- Disagree
- Doesn't apply, not sure
- Agree
- Totally agree

**Detailed Case Review Considerations**  
**Another way of using questions to have a detailed case analysis**

1. Systems Review, how did the team work together?
2. Safety of Children
  - Where is the offender now?
  - Who is child(ren) living with currently?
3. Family Composition
  - How many children are in the family? Were all interviewed?
  - Who else resides in the home?
  - Other family concerns?
4. Forensic interview
  - Was abused disclosed?
  - Was the child able to articulate what happened?
  - What were the expectations of the family after the interview?
  - Were there consistencies or discrepancies?
5. Medical Exam
  - Was a medical performed? If yes where?
  - Were there findings?
  - Is follow up necessary and by whom?
6. Progress of Investigation
  - CPS—order of protection needed? Safety plan completed? Concerns?
  - Law Enforcement—next step in investigation
  - Prosecutor—what other information does prosecutor need?
  - Moving forward on charges? Upcoming dates?
7. Cross Cultural or other relevant issues
  - Were there racial, cultural, religious, gender,, sexual orientation ethnic, etc. considerations in the investigation?
  - Developmental disabilities in the family?
  - Other health concerns or barriers?
8. Emotional support and treatment needs
  - Is the family or child involved in counseling? With whom?
  - Are victim advocates involved?
  - Is the family already linked with support agencies.?
  - What are the strengths and barriers of the family?
9. Assessment of family reaction and involvement
  - Who's keeping the family informed?
  - Is the family following through with referrals? If not how can we facilitate?
10. Case Tracking
  - Are we tracking outcomes?

## **Case Review Ground Rules**

1. The content of team/case discussions will remain confidential.
2. We will bring a positive problem solving attitude to each meeting.
3. Everyone will engage in active participation and will allow everyone to contribute.
4. We will respect differences and will not discount others' opinions, be those personal or case specific.
5. We will support each other, rather than judge each other.
6. We will refrain from instructing other team members on their job responsibilities.
7. We will understand that each agency maintains ultimate authority for decisions appropriate to its own policies and statutory mandates and may not be able to adopt some team recommendations.
8. We will understand that each agency has its own policies and procedures and will refrain from using case review as a medium to criticize other agencies' procedures.
9. Feedback will remain open, honest, and constructive and will focus on the case and group process, not on personalities. Adverse personal comments or attacks are not acceptable.
10. Our focus will remain on the cases, subsequently avoiding sidetracks, sidebar conversations, personality conflicts, or hidden agendas.
11. We will make every attempt to use time wisely by arriving on time for case review/staffing, returning on time from breaks and ending meetings on time.
12. We will notify the CAC of any absence from a scheduled review within 48 hours, when possible.
13. If a designated Team member cannot attend a scheduled case staffing, a designee and/or his/her supervisor will come prepared to staff the case in his/her absence.
14. Barring an urgent situation, we will make all attempts to not leave a Case Staffing until the meeting or staffing is adjourned,
15. If someone misses a meeting or has to leave early, a responsible party will be designated to provide the missed information to the absent MDT member.
16. Each team member is responsible for what he/she receives from Case Review and will ask for what they need from the facilitator and/or other team members.
17. In an effort to minimize disruptions, cell phones and pagers will be turned to vibrate or silent.

## **The Eight-Step Feedback Process**

Imagine you're at a meeting at which no one is putting the real issues on the table. Everyone is being polite and the problems of the group aren't being resolved. In this situation, the facilitator needs to stop the action and give feedback so the participants can resolve their problems and move on. It's never easy giving direct feedback, so use the right language and follow the steps outlined below:

### **Step 1: Ask permission to offer feedback**

Asking permission lets people tell you if this is a bad time to hear feedback, and ensures that they're ready to pay careful attention. Asking permission is a way of signalling that you intend to give feedback.

*"I'm going to stop this meeting now and give you some input that I think you need to hear. Is that OK?"*

### **Step 2: Describe specifically what you are observing**

Give a clear and specific description of what you observed. Avoid generalizing, exaggerating or offering emotional accounts.

*"During the interviews I held with more than half of you, the issue of some people not pulling their weight was mentioned by everyone as the most serious problem facing this team. We have been talking about team problems for two hours and yet no one has mentioned this issue."*

### **Step 3: Tell them about the direct impacts of their actions**

Describe the impact on individuals, the program or the department. Keep it very objective and don't get personal. Avoid blaming. Deal with the facts of the current situation.

*"Since the issue of people not pulling their weight has not been mentioned, there's a good chance that these discussions are not going to resolve your most serious team problem."*

### **Step 4: Give the other person(s) an opportunity to explain**

Listen actively, using attentive body language and paraphrase key points.

*"You're telling me that this problem isn't being discussed because it's too sensitive and people are concerned about offending each other."*

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### **Step 5: Draw out ideas from the others**

Frame the whole thing as a problem to be solved. Get people to offer their ideas. Remember that people are most likely to implement their own ideas. The more they self-prescribe, the better. Support their efforts at self-correction.

*"What do you think we could do to make it feel safe enough so that this issue can be discussed? What guidelines will create the comfort we need?"*

### **Step 6: Offer specific suggestions for improvement**

Make suggestions that will improve the situation. Wherever possible build on the ideas suggested by others.

*"I think the guidelines you have come up with are excellent. I'd like to add a few ideas about how we can tackle this with sensitivity. Would this be OK?"*

### **Step 7: Summarize and express your support**

Demoralizing people does not set the stage for improved performance; offering encouragement and ending on an optimistic note does.

*"I want to thank you for being willing to tackle this tough subject."*

### **Step 8: Follow up**

Make sure you end the feedback discussion with clear action steps. This ensures that the whole exercise doesn't need to be repeated later on.

*"I'm going to stop the action in about an hour and check with you to see if we're now tackling our real problems and if the guidelines we set are working."*

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**Example from Kids Talk CAC in Detroit**  
**This team came together to create their own mission statement**  
**and ground rules for case review**

**Case Review Mission Statement:**

Case Review was designed to bring all members of the multidisciplinary team (MDT) together as a collaborative effort to discuss and review child welfare cases in Wayne County. The intent is that the Multidisciplinary team can use their expertise to educate each other about policies, procedures and best practice decisions regarding each member's identified field. Filling in these gaps can help minimize the number of systematic barriers that can occur in child welfare cases. The goal for case review is to identify and improve challenging cases and to highlight successful cases. As a team we all have a responsibility to serve and protect children and families. In order to be successful we **must** connect and exchange.

**Ground Rules:**

- In order to maintain a productive case review it is important to use effective communication skills. Effective communication can include sharing, listening and challenging shared information, but should always remain respectful.
- Case review is used as a tool to review both positive and negative aspects of child welfare cases. The information reviewed and learned from this experience is expected to improve common problems that may be found with these cases; the intent is not to highlight failures but to use mistakes as teachable moments.
- All members of the MDT are expected to be proactive in discussions and to refer to their discipline specific expertise to fill in gaps where information is not known.

**Kids-TALK Children's Advocacy Center**  
**The Guidance Center**  
**40 East Ferry Street**  
**Detroit, MI 48202**

## **Sample Case Review Ground Rules**

1. The content of team/case discussions will remain confidential.
2. We will bring a positive problem-solving attitude to each meeting.
3. Everyone will engage in active participation and will allow everyone to contribute.
4. We will respect differences and will not discount others' opinions, be those personal or case specific.
5. We will support each other, rather than judge each other.
6. We will refrain from instructing other team members on their job responsibilities.
7. We will understand that each agency maintains ultimate authority for decisions appropriate to its own policies and statutory mandates and may not be able to adopt some team recommendations.
8. We will understand that each agency has its own policies and procedures and will refrain from using case review as a medium to criticize other agencies' procedures.
9. Feedback will remain open, honest, and constructive and will focus on the case and group process, not on personalities. Adverse personal comments or attacks are not acceptable.
10. Our focus will remain on the cases, subsequently avoiding sidetracks, sidebar conversations, personality conflicts, or hidden agendas.
11. We will make every attempt to use time wisely by arriving on time for case review/staffing, returning on time from breaks and ending meetings on time.
12. We will notify the CAC of any absence from a scheduled review within 48 hours, when possible.
13. If a designated Team member cannot attend a scheduled case staffing, a designee and/or his/her supervisor will come prepared to staff the case in his/her absence.
14. Barring an urgent situation, we will make all attempts to not leave a Case Staffing until the meeting or staffing is adjourned,

15. If someone misses a meeting or has to leave early, a responsible party will be designated to provide the missed information to the absent MDT member.
16. Each team member is responsible for what he/she receives from Case Review and will ask for what they need from the facilitator and/or other team members.
17. In an effort to minimize disruptions, cell phones will be turned to vibrate or silent.

## **Eight Tips for Effective Facilitation**

taken from [teambuildingtips.com](http://teambuildingtips.com)

If you are a manager, leader, consultant or trainer, chances are that you will need to facilitate meetings, events or workshops from time to time. So what are eight tips for effective facilitation?

### **Get clear on the goals**

All participants need to be clear on the goals or outcomes that they are trying to achieve as a result of the facilitated session. Make sure that these are discussed fully and agreed.

### **Set ground rules**

Facilitated sessions can be demanding and challenging and it is easy for things to get out of hand. Agree a set of ground rules with the group and make sure that they are prominently displayed so that they can be used a reference point in the event of disputes.

### **Keep focus**

In a facilitated session, it is easy to drift off the point or go off on tangents. Keep the focus on the goals or outcomes to make sure the session stays on track.

### **Don't allow one person to dominate**

This can be a particular challenge where people are more senior and seek to use their position to dominate proceedings. As the facilitator you need to take control and deal with in a way that does not undermine the individual.

### **Involve the quiet participants**

Look for ways of involving those who are less vocal as they often have valuable contributions to make that they just need a little encouragement to voice them. Simply asking what's your take on that Jim? can be a way to get involvement.

### **Actively listening**

When facilitating make sure that you are listening not just to what is being said but how it is being said. You also need to pay attention to the non verbal signs like the overall energy level or atmosphere in the room.

### **Stay neutral**

Your job is to facilitate the discussion, bring out the ideas and capture them. You are not part of the group or team and you need to stay neutral. This means keeping your own views out of the session and not taking sides.

### **Summarize periodically**

Facilitated sessions move at pace. A lot will be going on so it is useful to summarize periodically. This will help to keep the group focused, on track and provide foundations to build on success.

## **Check List for Advocates**

### **For discussion at Case Review**

Please explain how (which CAC staff or MDT partner) victim advocates serving the CAC clients provide each of the following constellations of services:

A. Crisis assessment and intervention, risk assessment and safety planning and support for children and family members *at all stages* of involvement with CAC.

Name:

Agency:

B. How are the individual needs assessed and how are cultural considerations for child/non-offending family members assessed?

- Do you use a checklist?
- If there is an assessment tool used for this what is it? Remember it is not just about Spanish speaking advocates; it is about the whole consideration, the entirety of the child and family's cultural needs.

C. What agency(s) or MDT member(s) is present during the forensic interview in order to participate in information sharing, inform and support family about the coordinated multidisciplinary response, and assess needs of child and non-offending caregiver?

Name:

Agency:

D. What agency or MDT member provides education and access to victim's rights and crime victim's compensation?

Name:

Agency:

E. Is assistance provided in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance)?

- Whose responsibility is or which discipline takes the lead in assisting?

F. How are referrals made for trauma focused, evidence supported mental health and specialized medical treatment, if not provided at the CAC.

Be specific on how they are made and by whom

G. How is access to transportation to interviews, court, treatment and other case-related meetings provided?

H. Is there engagement in the child's/family's response regarding participation in the investigation/prosecution?

I. What agency of MDT member participates in case review to: communicate and discuss the unique needs of the child and family and associated support services planning' ensuring the seamless condition of services; and ensuring the child and family's concerns are heard and addressed?

Name:

Agency:

J. What agency or MDT members provide updates to the family on cases status, continuances dispositions, sentencing, and inmate status notification (including offered release from custody)?

Name:

Agency:

K. What agency of MDT members provide court education and courthouse/courtroom tours, support and court accompaniment?

Name

Agency:

# HOW DOES THE CHILDREN'S ADVOCACY CENTER MODEL WORK?



Core Function of CAC



Function Provided by a Team Member

## LAW ENFORCEMENT



The role of local law enforcement is grounded in public safety

If not criminal in nature, law enforcement may not take action

Immediate Response

## CHILD PROTECTIVE SERVICES

The role of CPS is to ensure that a child's home is safe

If the family/caretaker is not the alleged abuser, CPS may not take action

Priority Assigned  
(24-72 hours)



Child is brought to children's advocacy center

Joint Investigation Begins  
Forensic Interview  
Evidence Collected  
Photos Taken  
Witness Interview  
Medical Treatment and Exam



CAC coordinates Case Review with all team members, including law enforcement, prosecution, Child Protective Services, the forensic interviewer, a mental health provider, a medical professional, and a family advocate



Case presented to District Attorney

Suspect Charged or Case Refused

Child & family receive mental health services— Family advocate works with family to assess critical resources and provide support as the case moves through the justice system

Child Removed from Home, or Case Opened for Services, or Case Closed

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