



BEYOND CASE REVIEW

The Value of the Role of Team Facilitator in the
Multidisciplinary Team/Children's Advocacy Center Model

Introduction

Over the past three decades, the multidisciplinary team (MDT) and Children's Advocacy Center (CAC) model has evolved to define professional expectations for each of the direct service roles associated with the movement, including the following: Forensic Interviewers, Victim Advocates, Mental Health Clinicians, and Medical Providers. While the MDT is considered the foundation of the CAC model, the role of those who facilitate the team has yet to be clearly defined or professionalized. Oftentimes, the role of the Team Facilitator is simply equated with the person who coordinates case review. While that responsibility is an important aspect of the MDT/CAC model, the Team Facilitator role does not begin and end with case review (and other MDT meetings). In a perfect world, the whole team is engaged in taking care of itself, listening for and meeting its needs, and sustaining the fragile mechanisms that keep it running smoothly. In reality, this task often falls to the Team Facilitator. Also known as MDT Coordinators, Team Facilitators can be vital to helping a team be the best team it can be – the position builds trust, promotes safety, and enhances sharing of knowledge and information among team members.

The authors of this paper represent the four Regional Children's Advocacy Centers. The goal is to clarify and elevate the role of Team Facilitator and explain its value to the efficacy of the MDT. The framework for team facilitation presented in this paper goes beyond expectations around MDT functioning as set in the National Children's Alliance (NCA) Standards for Accreditation; we present a Team Facilitator role that is more expansive than current, prevailing practice, which associates the position predominantly with the running of case review meetings. Additionally, the authors whole-heartedly agree, based on personal experience, research on teams, and surveys from the field, that the gold standard for high-functioning MDTs includes having a single person dedicated to the position of Team Facilitator within each MDT/CAC.

Methodology

This paper is a culmination of the collective expertise of the four Regional Children’s Advocacy Centers and their over 20-year history providing training and technical assistance to MDTs and CACs across the country. In addition, the authors sought out additional data, research, and frameworks both within and outside of the CAC movement.

Definition of an Effective Team Facilitator

An MDT Facilitator tends to the relationships, communication and accountability of the MDT while fostering an inclusive environment to improve outcomes for children and families impacted by abuse.

While we believe that, ideally, an MDT should have a position dedicated to the facilitation of the team, we recognize that not all CACs have the capacity to hire a person to solely perform the role of Team Facilitator. In this case, we recommend that the CAC, in consultation with the MDT, assign the role of Team Facilitator to one individual who is given sufficient time in their schedule to dedicate to the role, and not rotate or spread the responsibilities among staff. Further, it is critical that whoever is responsible for the care and nurturing of the team has the necessary skills and competencies to ensure the MDT is able to function at its highest level.

Recent, in-depth research conducted by Google on effective teams directly correlates with the work being done by CACs and MDTs and has implications for the professional development of Team Facilitators. Believing that employees can do more working together than alone, Google identified five dynamics of effective teams,¹ which can easily be applied to the MDT/CAC model to promote high-functioning teamwork. The five dynamics include:

1. **Psychological safety:** Psychological safety refers to an individual’s perception of the consequences of taking an interpersonal risk, such as being seen as ignorant, incompetent, negative, or disruptive. In a team with high psychological safety, teammates feel safe to take risks around their team members and confident that no one

¹ Merrington, Natasha. (September 2018). The 5 dynamics of an effective team. Retrieved from <https://www.thinkwithgoogle.com/intl/en-gb/consumer-insights/consumer-trends/five-dynamics-effective-team/>.

on the team will embarrass or punish anyone else for admitting a mistake, asking a question, or offering a new idea.

2. **Structure and clarity:** A team achieves structure and clarity when individual members understand job expectations, the process for fulfilling these expectations, and that the consequences of their performance are important for team effectiveness.
3. **Meaning:** Finding a sense of purpose in either the work itself or the output is important for team effectiveness. The meaning of work is personal and can vary: passion for the mission of the CAC, financial security, supporting family, helping the team succeed, or self-expression for each individual, for example.
4. **Impact:** The results of one's work, the subjective judgement that your work is making a difference, and seeing that one's work is contributing to the organization's goals can help reveal impact. A team comprised of members who fundamentally believe the work they do makes a difference is related to team effectiveness.
5. **Dependability:** On dependable teams, members reliably complete quality work on time and don't shirk responsibilities.

The Google model for effective teams provides an ideal framework to delineate the skills and knowledge needed to be an effective Team Facilitator within a CAC setting. Professional development goals gleaned from the Google model are described in the table below:

In order to create...	A Team Facilitator should be able to...
<p>Psychological Safety</p> <p><i>Establish an environment where all members feel confident about admitting mistakes, asking questions, or offering new ideas.</i></p>	<ul style="list-style-type: none"> ● Give and receive feedback ● Navigate conflict ● Resolve conflict ● Ask powerful questions ● Foster a trusting environment ● Encourage participatory decision-making ● Develop and maintain relationships with members

In order to create...	A Team Facilitator should be able to...
<p>Structure and Clarity</p> <p><i>Provide clear roles, goals and plans to guide team processes and systems.</i></p>	<ul style="list-style-type: none"> ● Create effective meeting agendas ● Exhibit organizational skills ● Demonstrate effective oral and written communication skills ● Exhibit time management skills ● Demonstrate flexibility and manage multiple priorities ● Define MDT roles and responsibilities ● Define mission, vision, and values ● Demonstrate ability to manage change ● Encourage team development ● Ensure adherence to MDT agreements and protocols
<p>Meaning</p> <p><i>Integrate individual differences, roles, and mandates to establish a shared purpose.</i></p>	<ul style="list-style-type: none"> ● Define mission, vision, shared purpose, and values ● Demonstrate emotional intelligence ● Communicate the goal of the team ● Understand the roles of MDT members
<p>Impact</p> <p><i>Ensure fluency in the CAC model and how the MDT approach impacts families and children.</i></p>	<ul style="list-style-type: none"> ● Define mission, vision, and values ● Implement trauma-informed practices ● Exhibit knowledge of MDT investigative processes ● Understand the roles of MDT members ● Understand systemic barriers and inequities for families ● Understand how issues of diversity and inclusion influence MDT culture, discussions, and decision-making

In order to create...	A Team Facilitator should be able to...
<p>Dependability</p> <p><i>Communicate expectations and implement shared accountability processes.</i></p>	<ul style="list-style-type: none"> ● Give and receive feedback ● Exhibit time management skills ● Navigate conflict ● Encourage participatory decision-making ● Foster resiliency of team members

The Impact of an Effective Team Facilitator

The findings of recent surveys of Team Facilitators echo the concepts in the chart above. The surveys clearly indicate that interpersonal skills and relationship-building skills are essential to successful facilitation. Additionally, professional experience as a staff member of a CAC or as an MDT member is perceived to be a driver of success for Team Facilitators; those who lacked past experience in the field reported this gap as a challenge. Survey respondents also emphasized several factors that contributed to their success with teams: their ability to engage with diverse individuals whose perspectives and priorities may not be aligned, to lead difficult and uncomfortable conversations, and to handle conflict within the group.

The most recent and relevant research that studied the impact of strong team function on child outcomes was conducted in Texas in 2017² and supported the critical role of a competent facilitator. The primary themes that came out of this research included, but were not limited to, the following:

- A dedicated position responsible for the coordination and function of the MDT results in improved outcomes in both healing and justice;
- Strong teams lead to improved child outcomes, more efficient workflow, and increased resilience and longevity in team members; and
- Institutional support strengthens MDTs.

² Children's Advocacy Centers of Texas. (2017). *Charting the Future of Multidisciplinary Teams, Summary of Report on the MDT Model.*

We have found these themes are true not only in Texas, but also across the country. When a Team Facilitator is able to embody and apply the competencies noted previously, communities experience an increase in investigation quality, better access to the full array of CAC services, and improved outcomes for children in their communities. We recommend additional research to bolster the impact of a dedicated position in this role and study whether and how variances in facilitators' skills, knowledge, tenure, location, or other factors might contribute to outcomes and quality.

As the CAC model evolved over time, teams expanded beyond their initial focus on investigation and prosecution to include mental health, medical, and advocacy services. Today, MDTs that include a dedicated Team Facilitator are more likely to ensure a child receives the full array of services that can be leveraged from this broader team. A skilled Team Facilitator streamlines communication and information-sharing across the team so that the roles and needs of each team member are honored and ensures every team member has a voice in the case strategy, safety planning and problem solving for a child and family. It is important to highlight that a good Team Facilitator is actively engaging the team well beyond case review meetings. At the same time, facilitators keep the team members focused on what is best for children and families. By combining this child- and family-centered focus with their unique knowledge of each discipline's roles and abilities, Team Facilitators are able to ask pointed questions and guide interactions that result in more connected, thoughtful, and robust strategies for kids with equal emphasis on healing, justice, and resiliency.

Numerous studies have shown that effective teams have a high level of psychological safety which allows for healthy conflict to be surfaced and the most innovative ideas to be shared and tested. Creating safety requires significant patience, and those teams with a dedicated facilitator who understands and attends to the psychological safety of the team are more likely to have a culture that cultivates trust, resulting in improved decision-making.

Team Facilitators initiate, encourage, and support continued learning to ensure that the entire team is informed of the latest research and is adjusting their policies and protocols to reflect best practices in their community. Facilitators are positioned to see the team's purpose and effectiveness from a unique vantage point that allows them to pinpoint opportunities for system-level improvements and encourage the team to remain focused on continuous quality

improvement that spans disciplines and institutions. Historically, Team Facilitators have been recognized for their primary role of *coordinating* their teams; however, this paper encourages the MDT to recognize Team Facilitators as leaders who *transform* their teams.

Team Facilitator Support and Supervision

Underlying the MDT response to child abuse is the shared understanding that no single discipline can effectively and comprehensively respond to child maltreatment. And as we have argued, teams function better when they have a designated Team Facilitator (typically housed at and employed by the CAC). A challenge to this model, and to collaborations in general, is that the Team Facilitator and the CAC have no inherent authority over the partnering agencies, and the structure of those agencies can limit the sphere of influence of the Team Facilitator.

The MDT comprises agencies and organizations that have missions much broader than just the investigation and intervention of child abuse. Many of these agencies and organizations are hierarchical in nature with a clear chain of command (for example, law enforcement agencies or district attorney's offices). In those cases, everyone knows their supervisor and who directs their work, all the way up to the senior leader of each organization. In many communities, while there is no formal hierarchical structure between agencies, there is often an implied hierarchy that may place one discipline or agency in a position of greater power and authority. However, the MDT works best when it is perceived as a non-hierarchical structure—where there is no single authority of the MDT, and all participants have an equal voice in collaboration and decision-making.

Since the primary focus of a Team Facilitator is to establish and sustain relationships with MDT members and promote a coordinated approach, supervisory support of the Team Facilitator is essential. Team Facilitators need a sounding board to problem-solve and discuss complicated situations and relationships. This may require the supervisor to work alongside the Team Facilitator to engage with other supervisors on the MDT to address issues. The supervisor should have a clear understanding of the complexities of the role of the Team Facilitator and have a voice in elevating the position with others as well.

Parallel to the idea that no single discipline has the capacity to effectively respond to child abuse, no single individual can independently execute each of the diverse and complex tasks required to effectively lead a multidisciplinary team. While the focus of this paper is to provide guidance around the professionalization of the Team Facilitator role as a skilled position on the team, another way to think of facilitation is through the lens of what we refer to as a Multi-Level Shared Leadership Model.

The Multi-Level Shared Leadership Model (MLSLM) – which involves communication across discrete cohorts of senior leaders (i.e., agency directors and elected officials), supervisors, and direct service (frontline) professionals – offers a promising and effective approach to MDT leadership. Implementing an MLSLM ensures greater stability of the multidisciplinary response to child abuse and enables involved disciplines to better align their expertise and resources to benefit involved youth and the partner organizations. Failure to lead and coordinate at all three levels and to integrate the efforts between the levels of leadership will create vulnerability for the MDT.

The MLSLM allows for great flexibility in its implementation. In smaller communities, a single individual (i.e., Team Facilitator) might work across all three levels. Whereas, in large urban settings, there may be multiple people working at each level to support this model. When taking this perspective, the success of the MDT lies in making sure all these leadership levels are appropriately and significantly engaged.

Case Studies + Research

The following case studies have been provided to illustrate how the role of the Team Facilitator is unique to the community and organizational context. We recognize there are many different CAC structures across the country including government-based, nonprofit (including independent CACs and those existing under an umbrella organization) or hospital-based. The two case studies that follow provide examples of team leadership for a larger urban CAC and a smaller rural CAC.

Case Example: National Children's Advocacy Center – Multi-Level Shared Leadership

At the National Children's Advocacy Center (NCAC), the Executive Director is primarily responsible for engaging the senior leaders from all partner agencies and coordinating the MDT Supervisor Meetings and activities. Three additional NCAC staff (the Intervention and Clinical Director, Senior Trainer/Child Forensic Interview Specialist, and Medical Director) along with the supervisors from partner agencies also participate in the MDT Supervisor Meetings and related work. Weekly case review is facilitated by the NCAC Intervention and Clinical Director and attended by all MDT members and the NCAC Executive Director. The Multi-Level Shared Leadership Model has worked well in their community and reflects the NCAC's focus on accomplishing the goals and mission of the MDT and case review by integrating this work across the three levels of leadership.

Case Example: Rural Children's Advocacy Center

As a CAC in a rural county, the primary senior leadership responsibilities are performed by the Executive Director and include maintaining access to and relationships with the senior leadership in partner agencies. Remaining neutral to work with elected officials is a must, as the Sheriff and District Attorney are elected positions. Few of the agencies partnering in the CAC have levels of supervision between the direct service professionals and the senior leaders of their agencies. The Executive Director is primarily responsible for maintaining relationships within the MDT, as well as on-boarding new members, holding MDT members accountable to the protocols, managing conflict, and other responsibilities typically performed by a Team Facilitator. Direct service professionals, such as the Child & Family Advocate, Prosecutors and Investigators, facilitate monthly case review meetings and maintain consistent communication among one another for case coordination. With the limited staff and supervisory levels in the rural area, competency in facilitation skills is invaluable for the Executive Director and those direct service professionals who share facilitation responsibilities of the team. Having a well-defined model of shared leadership roles will help in the instances when there are no intermediate layers of supervision, as the responsibilities associated with the supervisory level can be performed by the Executive Director and direct service personnel.

Current Support for Team Facilitators

Multiple supports exist to enhance the value and role of the Team Facilitator, (yet opportunities to access training, technical assistance and financial support currently vary across states and regions). Each Regional CAC offers training (virtual and in-person, when feasible) for Team Facilitators to develop many of the competencies outlined in this paper. Trainings include introductory sessions geared to Team Facilitators and their supervisors, multi-day trainings with didactic and experiential learning, and self-paced courses. Current and forthcoming peer-learning opportunities, such as a National MDT Facilitator Peer Forum and Team Facilitator Community Consults, allow Team Facilitators space to network and learn with peers, give and receive consultation, and engage in group coaching to brainstorm solutions to real-life challenges in facilitating an MDT. Regional technical assistance to individual CACs and Chapters is consistently provided to build support around the state and local levels.

Looking ahead, the RCACs are outlining a comprehensive continuum of training and technical assistance to be offered nationally for Team Facilitators as they begin, grow and are supported in their MDT leadership role through the course of their careers. With initial efforts scheduled for late 2021, the continuum will comprise a mix of virtual and in-person training options that integrate self-paced lessons, peer learning, experiential learning and other training and technical assistance strategies. The audience for the trainings and technical assistance will not be limited to team leaders but include instruction to CAC executives, supervisors and other stakeholders key to successful team leadership.

Further efforts are likely needed to elevate the role of Team Facilitator to a point where the field sufficiently understands and appreciates the role and the positive impact it can have on the effectiveness of an MDT. Additionally, a more thorough approach to training and technical assistance, including training requirements, will be important if the field is to support and sustain those serving in the role of Team Facilitator.

The level of funding needed to support and sustain a Team Facilitator is dependent on many factors, including for example, the number of children and families served annually by the CAC,

the size of the MDT, the number of MDTs to facilitate, the frequency of meetings, and the cost of living in the area. The CAC will also need to carefully consider whether this position can be effectively carried out as a part-time (at least half-time) assignment or whether it requires full-time attention and to what extent responsibilities are shared and coordinated with the Executive Director. Finally, the CAC is encouraged to invest adequately in the professional development of the Team Facilitator as well as training for MDT members and supervisors to understand the role of the facilitator on the MDT and effectively engage with the individual in the role.

Over the past few years, new opportunities have emerged for CACs to access state and federal funds to finance Team Facilitator positions. In 2016, the US Department of Justice released a Final Rule providing updated guidelines for states to follow when administering federal Victims of Crime Act (VOCA) funding;³ the rule clarified the inclusion of MDT coordination and case review as an allowable expense. As a result, VOCA funding has been successfully directed to supporting MDT coordination and case review activities at local CACs in the majority of states. Based on data collected by NCA, state chapters in a handful of states also receive VOCA funding for “MDT enhancement” efforts implemented at the chapter level which often includes training and technical assistance for the local Team Facilitators. In some states, chapters have also identified state funding opportunities to support and develop this position to strengthen the MDTs in their respective state, recognizing that effective MDT leadership and facilitation are vital for healthy team functioning. We encourage the development of such structures to further support the enhanced role of Team Facilitators.

³ Department of Justice Rule, Victim of Crime Act Victim Assistance Program, Federal Register/Vol. 81, No. 131/Friday, July 8, 2016, Rules and Regulations, p.44524.

Strategies for Strengthening Practice and Enhancing Support for Team Facilitators

In order to elevate the role of the Team Facilitator and take advantage of the many benefits this position can produce for the team, CAC, and community, the following strategies can be developed and considered:

I. National Strategies

A. *Conduct additional research on CAC MDTs and efficacy of the Team Facilitator.*

At this point, most research around strong teams has emerged from the private sector. There is little research around team efficacy in the public or non-profit sector, and there is currently no significant peer-reviewed research on MDT functioning in a CAC setting. Allocating research dollars to study this topic will be critical in confirming key competencies for strong team facilitation and identifying additional areas for growth.

B. *Create resources to explain and apply the Multi-Level Shared Leadership Model.*

While the Multi-Level Shared Leadership Model (MLSLM) has been in existence for as long as the MDT model has been in place, there is no publication that articulates the nuances and complexities of this conceptual model. As noted previously CACs are complex and operate across multiple layers of authority, including senior executives and elected officials, mid-level supervisory staff, and frontline workers. Effective team leadership requires understanding of and engagement on all three levels. The National Children's Advocacy Center is in the process of creating a Technical Assistance Brief that outlines the MLSLM model in further detail and its implication for effective team leadership.

II. Organizational Strategies

A. *Implement systemwide cross-training on the importance of team facilitation.*

If a Team Facilitator position is new for a team, such a change in leadership can cause tension. It will be important for CAC Directors to present the information that

led them or their Boards to invest in creating this position. Building trust between the Team Facilitator and the team will take time as well. Cross-training with the MDT on facilitation techniques, team leadership, and meeting management strategies can help build trust and greater understanding of the facilitator's role. These topics can be added into the cross-training rotation that is currently in place on most MDTs.

B. Integrate organizational job descriptions that specify team facilitation tasks and competencies.

Whether team facilitation stands alone in its own position, or is integrated into other positions on the MDT, we recommend calling out the specific tasks and competencies that are required to be an effective Team Facilitator. This will assist in providing role clarity for those that share facilitation responsibilities, provide direction and support for new hires, and highlight areas for professional development and growth. When hiring for the Team Facilitator role, attention should also be given to the position announcement and interview process in order to attract and vet candidates with the specific skillsets most relevant to success in this role.

III. Professional Development Strategies

A. Invest in the professional development of Team Facilitators.

Like all positions at CACs, ongoing professional development opportunities are necessary to ensure high-quality services for children and families. Techniques for facilitating effective conversations and team meetings are constantly evolving, and there is significant research developing on what makes a good team. CAC Directors who establish the role of a Team Facilitator within their organization should also make sure to budget for training and networking costs associated with the position and commensurate with the training opportunities offered to other CAC staff.

B. Core training for Team Facilitators should include the following:

- a. Developing and maintaining relationships with members
- b. Defining roles and responsibilities of team members
- c. Defining mission, vision, and values
- d. Managing change and turnover on the MDT
- e. Navigating and resolving conflict

- f. Educating facilitators on evidence-informed team-development models
- g. Facilitating shared decision-making
- h. Ensuring adherence to MDT agreements and protocols
- i. Understanding of the various meeting structures that support effective teams
- j. Facilitating effective communication processes
- k. Creating psychological safety
- l. Training in implicit bias and how it impacts the MDT
- m. Building resilience for the MDT

C. At least eight hours of continuing education should be completed every two years to be consistent with practice guidelines expected of MDT members in the NCA Standards for Accreditation.

Conclusion

For far too long we have equated MDT functioning with case review, and while this is important, it is only one part of the broader attempt to implement an effective multidisciplinary response to child abuse. By intentionally dedicating resources or one person to the role of Team Facilitator, implementing Google's five dynamics of effective teams and the corresponding Team Facilitator competencies, and incorporating the concept of the Multi-Level Shared Leadership Model as appropriate, the stability and durability of the multidisciplinary response to child abuse will endure. These efforts, in conjunction with the best practice recommendations provided above, will ensure improved outcomes for youth and their families, as well as the involved MDT partners.