

WRCAC ROUNDUP

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The Role of the MDT Facilitator in the Children's Advocacy Center Model

Since the first children's advocacy centers (CACs) emerged in the late 1980s, they have relied on key individuals who championed the multidisciplinary team (MDT) and kept it focused on healing and justice for the children and families it served. These MDT Facilitators, as we often refer to them today, made the difference between a good team and a great team. Recognizing the pivotal role MDT Facilitators serve, the Regional Children's Advocacy Centers (RCACs) have partnered for the last three years to professionalize and elevate the role of MDT Facilitator and define MDT Facilitation as a core discipline on the MDT.

The goal of the RCACs' efforts is three-fold. First, we aim to unite the field in thinking about team facilitator as a more expansive leadership role on the MDT than many perceive it as today. Second, we set out to professionalize the role of the MDT Facilitator by defining core tasks and establishing minimum standards for training. In recent years, the roles of forensic interviewer and victim advocate have evolved considerably. There are now commonly agreed upon functions of each position, accreditation standards that set forth required topics and hours of core training, and opportunities to access training that fulfills those requirements from anywhere across the country. We encourage that same evolution for MDT leaders. And finally, we recognize the unique opportunity the RCACs have as regional training and technical assistance (TTA) providers to create professional development pathways for MDT leaders with training opportunities throughout the course of their career, starting from the moment of hire.

The RCACs developed the following definition of an MDT Facilitator to guide our project: ***"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.” In some cases, a CAC may use the title MDT coordinator, refer to that person as an MDT leader, or simply assign the functions of an MDT Facilitator to another MDT member (such as a victim advocate) who does not have “facilitator” or “coordinator” in their job title. In the context of this work, we recognize that CACs need flexibility to structure or title this position in a way that fits their MDT. We are not so concerned with what actual job title an MDT Facilitator holds. Instead, our aim is to encourage CACs and MDTs to reflect on how MDT Facilitator tasks are being done, who is doing them, and to what extent those decisions were made in an intentional, thoughtful way. For the sake of clarity, we primarily use the term MDT Facilitator to describe the individual who holds primary responsibility for the functions defined above.

The Western Regional Children’s Advocacy Center (WRCAC) continues to prioritize TTA efforts focused on building strong MDTs and MDT leadership. Over the past year we have contributed to efforts described below that have resulted in new products related to MDT leadership, a deeper understanding of MDT facilitation as its own discipline on the MDT, and expanded educational opportunities to reach MDT leaders at varying stages in their professional growth.

PRODUCT

TTA Brief: Moving Beyond Case Review



In the fall of 2021, the RCACs released a TTA brief, [**Beyond Case Review: The Value of the Role of the Team Facilitator in the Multi-Disciplinary Team/Children’s Advocacy Center Model**](#), that speaks to the important role that MDT Facilitators play in building engaged and healthy-functioning teams. Beyond Case Review provides a conceptual model for team facilitation that extends beyond prevailing practice, which tends to associate the MDT Facilitator position predominantly with running case review meetings. Additionally, drawing from personal experience, published research on teams, and data from the field, the RCACs believe the gold standard for high-functioning MDTs includes having a single person dedicated to the position of facilitator within each team.

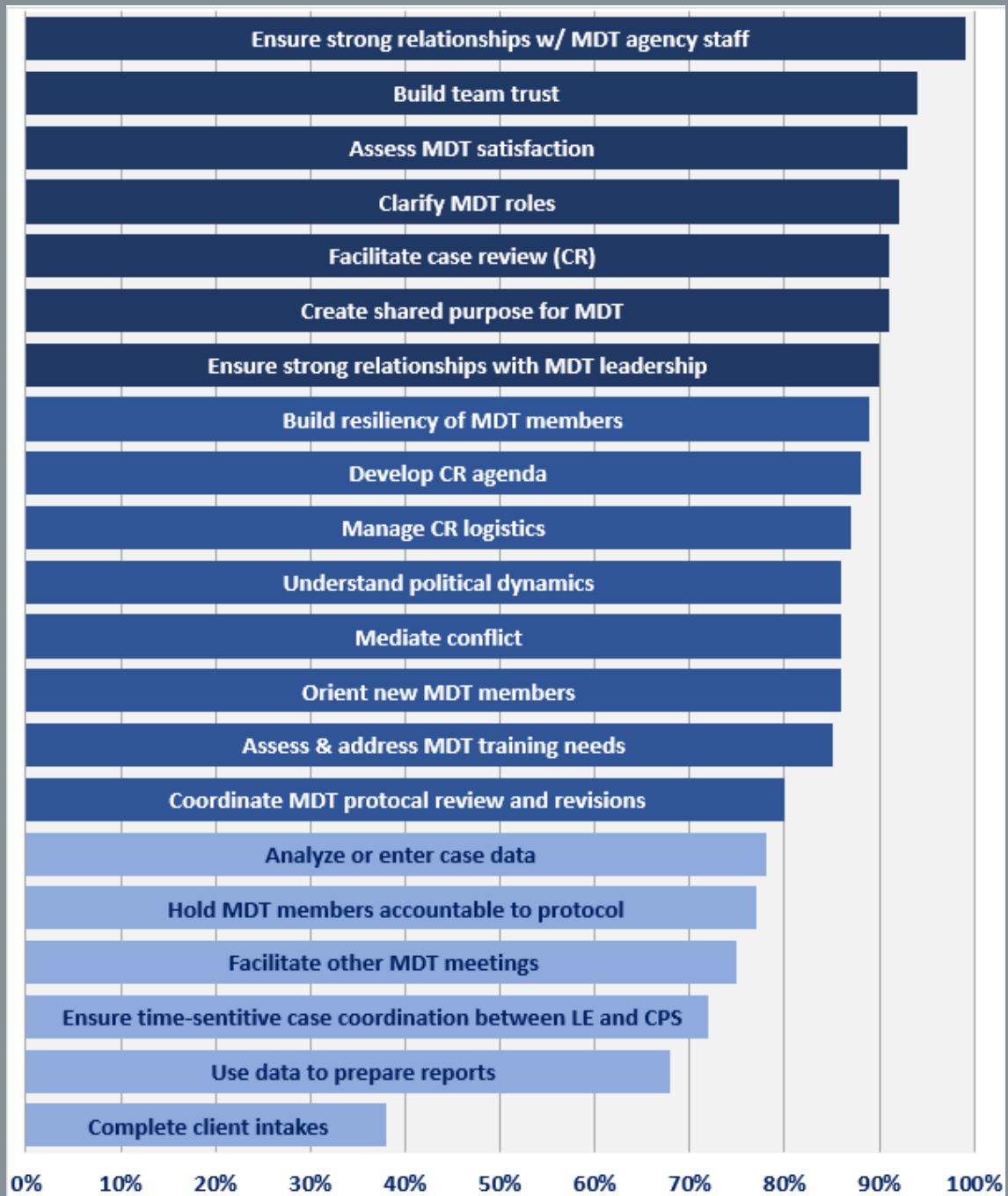
KNOWLEDGE ENHANCEMENT

MDT Leadership Inventory

In late 2020, the RCACs developed an MDT Leadership Inventory to solicit opinions from individuals who serve as MDT Facilitators and who had participated in TTA offered through one of the four RCACs in the two years prior. The inventory was completed by 198 professionals across the country and explored the following questions:

- How do MDT Facilitators perceive their role?
- How do others on the MDT perceive the MDT Facilitator role?
- What training and support do MDT Facilitators receive and need?
- What do MDT Facilitators currently do?

The MDT Leadership Inventory served as an opportunity to establish a baseline understanding of what roles are currently being performed by individuals who see themselves as MDT Facilitators. Drawing from research on what makes strong teams and our decades of collective experience providing TTA to MDTs, RCAC staff developed a list of the following 21 tasks that comprise the role of MDT Facilitator. **The chart below shows how many respondents said that role primarily falls to them:**



In looking at the data above, a few findings jumped out that have implications for TTA efforts going forward. First, our MDT Facilitators do a lot! With the exception of “complete client intakes,” over two-thirds of MDT Facilitators list each of the above items as a task that primarily falls to them. Given the complexity of any one of those tasks, the fact our current field of MDT Facilitators is already balancing so many responsibilities is encouraging. It suggests that going forward, we may need to do less to encourage MDT Facilitators to think more broadly about their role and focus instead on the quality of and support for what they already do. Second, while MDT Facilitators are doing a lot, there are key tasks above, such as “hold MDT members accountable to the protocol,” where one out of four MDT Facilitators is not the

person primarily responsible for the task. This finding raises the question of whether this task is getting done, and if so, to what extent is the decision to assign that task elsewhere intentional and strategic.



For a rich discussion of the data above and other findings from the MDT Leadership Inventory, we encourage you to access a [recent EduNet webinar](#) hosted by the Midwest Regional CAC with participation from all four RCACs.

PROFESSIONAL DEVELOPMENT

Strengthening the Capacity of MDT Leaders

The CAC movement is based on the premise that strong MDTs lead to better outcomes for child victims of trauma and their families. WRCAC believes that maintaining strong teams requires sustained attention to how the team functions. Ideally, team members would hold themselves accountable to one another, but in reality, teams work best when one person is suitably equipped to guide the team through conflict, encourage relationships, and track outcomes, to name just a few key tasks of a team facilitator. While our MDT Leadership Inventory revealed that fewer than one out of five CACs have a full-time person designated as an MDT Facilitator, more and more CACs continue to dedicate at least a portion of a position to that role. Yet, in our experience, these individuals are too often hampered, not by the challenges of the role itself, but by other factors that are not setting them up for success, such as insufficient time set aside for their role, lack of clarity on what defines the role, lack of communication to the MDT about the purpose and value of the role, and most important for our TTA efforts, lack of training and professional support.

WRCAC, along with our RCAC colleagues, is committed to building a skilled workforce of MDT leaders, and efforts underway include the following:

Core Concepts for Team Facilitation: Course + Community

WRCAC and MRCAC are collaborating to offer two cohorts of *Core Concepts* this year. This blended-learning opportunity is geared to those professionals who serve as MDT Facilitator for their CAC (regardless of job title) and incorporates self-paced online learning with virtual discussion groups. MDT Facilitators who participate in *Core Concepts* will leave with foundational knowledge about strong MDTs, tools for building psychological safety, effective structures and processes, open dialogue and resiliency, and opportunities to apply learning to practice.

[Click here to learn more.](#)

Foundations of Team Facilitation

The National Children's Alliance recently released new [Standards of Accreditation for Children's Advocacy Centers](#) that go into effect January 2023. Based on recommendations from the RCACs, for the first time, the standards include reference to the role of an MDT Facilitator and requirements for a designated MDT Facilitator to complete core training as well as continuing education hours. The RCACs are currently developing a new curriculum, Foundations of Team Facilitation, that is geared specifically to facilitators in their first six months in the role and designed to meet the 8.0 required hours of core training. Training is expected to launch in the summer of 2022.

MDT Facilitator Peer Forums

The RCACs are pleased to launch new, bi-monthly peer forums for child abuse professionals who serve in the role of MDT Facilitator for a CAC. Every other month, we are convening MDT Facilitators throughout the US to share resources, reflect on what defines and supports their role, and solicit guidance from one another. In doing so, we aim to decrease isolation of being in a unique role in the CAC, foster peer relationships, and build resiliency and sustainability in the role.

[Click here to learn more.](#)

For more information about MDT Facilitation and other resources for MDTs and their leaders, please reach out to me, Vicky Gwasda, Program Manager, at vgwasda@rchsd.org or Shana Peiffer, Training Specialist, at speiffer@rchsd.org.



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Vicky joined the WRCAC team in January 2017, serving initially as a State Liaison before shifting into the role of Program Manager in May 2017. In previous positions, she served as Executive Director of CALICO, the accredited CAC serving Oakland, California and the surrounding area, and a senior leader at the Institute for Community Peace in Washington DC, the Illinois Violence Prevention Authority in Chicago, and the University of Illinois at Chicago Survey Research Laboratory. Her areas of expertise include organizational development, fund development and systems change, with a commitment to bridging the fields of

research, evaluation and practice. She facilitates trainings on strong MDTs, MDT leadership, case review, accreditation, and resiliency.



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Shana Peiffer has eighteen years of experience in child protection with a range of stakeholders – private sector, civil society, communities, and government – across diverse country contexts. Most recently she led strategic planning, capacity building, and business development for Save the Children's global child protection programs. She has worked and lived in over twenty countries, including deployments for child protection response in large-scale humanitarian crises. Shana's background is in social work and sexual violence – including advocacy services for survivors seeking emergency care – and before working internationally she was Director of the New York State Child Advocacy Resource and Consultation Center (CARCC) delivering training and technical assistance for MDTs and CACs throughout the state.

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www.westernregionalcac.org



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