6-19-2011

Case Studies of Multidisciplinary Child Abuse Case Review Teams and Their Leaders in Children's Advocacy Centers in Pennsylvania

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CASE STUDIES OF MULTIDISCIPLINARY CHILD ABUSE CASE REVIEW TEAMS AND THEIR LEADERS IN CHILDREN'S ADVOCACY CENTERS IN PENNSYLVANIA

A Dissertation

Submitted to the School of Graduate Studies and Research

In Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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May 2011

Indiana University of Pennsylvania

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Child abuse is a multi-system problem in that different agencies are charged with different responsibilities in its investigation, evaluation, intervention and treatment. This study explored the roles and relationships of team leaders and team members on child abuse case review teams in Children's Advocacy Centers (CACs) in Pennsylvania. The CAC model has been shown to be a successful collaborative community response to child abuse. This study reviewed the historical background of child abuse and the progression of society's response in developing a collaborative approach. The multidisciplinary team, as it became known, is critical to identifying and managing cases of child abuse. Multidisciplinary team members coordinate services to address issues that cannot effectively be solved by only one system's interaction.

Understanding the leadership of multidisciplinary teams and the roles and responsibilities of the team members has been the focus of this research. An important aspect of the integrated CAC model is the case review process. My findings from the qualitative methods used in this study have highlighted the qualities of trust, respect and commitment as important in establishing and sustaining effective multidisciplinary child abuse teams. In addition, key components for consideration included: alignment of foundational documents, leadership quality, meeting location, meeting attendance and participation, and leadership boundaries. Team leaders and members value the

collaborative process and voiced expectations of discipline representation, attendance and participation in case review meetings. These results will inform existing CACs and developing programs, as well as other private sector and non-profit agencies of the benefits of team member and leader acceptance of divergent perspectives and open communication in how to best manage collaborative teams.

ACKNOWLEDGEMENTS

As I reflect on this journey I began in September 2001, I have been blessed with many people who helped to keep me focused, inspired and encouraged me to continue especially during times I doubted myself and my abilities. I cannot imagine how I could have achieved this goal without the love, support and encouragement of my family. My husband, Rick, has expressed his pride in my endeavors and cheered me on when I needed it most. We have always valued education and know the power knowledge has to change and improve behaviors, systems and the world. My children, Rick, Scott and Julie have embraced this value and make me proud every day in the choices they have made in their lives.

I wish to thank my committee for the continued belief that I could do this. Dr. Robert Heasley, as Chair of the committee, has been patient and attentive to deadlines as they approached and his gentle, but honest feedback helped me to develop a deeper and richer inquiry of the materials. He has been a solid foundation upon which I have grown and developed in this pursuit. Dr. Betsy Crane, from the first we met and throughout the long years to reach this goal, has never wavered in her belief that I would someday become “Professor Smith”. Her boundless energy, infectious enthusiasm and profound expertise in qualitative study have been a strong influence in my academic life. Dr. Wade Seibert has continued to support me both in my academic interests as well as during a stressful family situation many years ago that could easily have derailed my plans to complete this program. Your guidance and support will always be remembered.

I would also like to thank Professor Barbara Maroney who completed her Ph.D. recently and with whom I spent many emails, phone calls and lunches discussing our mutual challenges. Your friendship is one I value and I am so proud to have traveled this road with you over the years.

Additionally I would like to recognize the many staff members and professionals at PinnacleHealth System who supported and encouraged my efforts over the years especially Lee Jackson and librarian, Helen Houpt. I appreciate my peers – Lynn Carson, Debbie Bauer and Anne Lynn - who gave of their time to read over my drafts and give unbiased feedback.

The colleagues I have come to know through the network of Children’s Advocacy Centers and the National Children’s Alliance have encouraged me along the way - thank you Libby, Cathy, Billie, Dave, Rhonda, Bonnie, Anne, Maria and especially to Chris, Kathy, Barbara, April and Mary Ann. I hope the results of this study will find a place in future discussions to support the often thankless, but important work done every day by dedicated professionals working to keep children and communities safe and attain justice for child abuse victims and their families.

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CHAPTER ONE

INTRODUCTION

The Children's Advocacy Center (CAC) model is a collaborative community response to child abuse that has been implemented in the United States over the past 25 years. In terms of child protection, this integrated model has streamlined aspects of investigation, evaluation and treatment of child maltreatment that "places the needs of the child first" (Chandler, 2006, p. 1). According to The National Children's Alliance (2004), "The purpose of a Children's Advocacy Center is to provide a comprehensive, culturally competent, multidisciplinary response to allegations of child abuse in a dedicated, child friendly setting." A more thorough explanation of the history, development and implementation of such Centers and their national accreditation standards will be provided later in this chapter.

The purpose of this study has been to examine the roles and relationships of multidisciplinary case review team members and the team leadership within the Children's Advocacy Center model. The CAC model strives to provide a streamlined response that will reduce the trauma experienced by child abuse victims and their non-offending family members. The foundation of an effective CAC is the multidisciplinary team and the relationships that develop among its members.

One of the most important factors to consider when developing a multidisciplinary team approach to child abuse is allowing communities to develop their own program to fit their culture and resources and to include all stakeholders during the beginning planning stages (Chadwick, 1996). It is not necessary, nor advised, for the

CAC model to be replicated in a "cookie cutter" fashion. Rather, ten minimum standards of practice have been established that provide flexibility in the development of centers allowing centers to reflect the needs and cultures of individual communities or service areas (O'Leary, 1994; Chandler, 2004). In 2001, these standards were reviewed by an expert panel consisting of CAC directors, consultants and site reviewers and were developed into standards for accreditation. Each new and reapplying CAC must submit a written application and pass an on-site inspection by a team of two nationally trained site reviewers to receive accreditation status. This process requires a review of the CAC every five years to maintain accreditation.

The following program components are necessary for accredited membership in the National Children's Alliance (1994):

1. **Child-Appropriate/Child-Friendly Facility –** A CAC provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.
2. **Multidisciplinary Team (MDT) –** A multidisciplinary team for response to child abuse allegations includes representation from the following:
    - Law enforcement
    - Child protective services
    - Prosecution
    - Mental health
    - Medical
    - Victim advocacy
    - Children's Advocacy Center
3. **Organizational Capacity –** A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.

4. **Cultural Competency and Diversity –** The CAC promotes policies, practices, and procedures that are culturally competent.
5. **Forensic Interviews –** Forensic interviews are conducted in a manner that is of a neutral, fact-finding nature, legally defensible and coordinated to avoid duplicative interviewing.
6. **Medical Evaluation –** Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with specially trained medical providers.
7. **Therapeutic Intervention –** Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination with other providers throughout the investigation and subsequent legal proceedings.
8. **Victim Support/Advocacy –** Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers throughout the investigation and subsequent legal proceedings.
9. **Case Review –** Multidisciplinary team discussion, information sharing and case planning regarding the investigation, case status and services needed by the child and family is to occur on a routine basis.
10. **Case Tracking –** CACs must develop and implement a system for monitoring case progress and tracking case outcomes for all team components.

As the multidisciplinary approach and the team members are the foundation of the

CAC Model, the process of case reviews within each center demonstrates the practice – the model in action.

Case review teams are made up of representatives from a variety of investigative, evaluative and treatment agencies that consult and share information regarding child abuse cases evaluated at a particular Children's Advocacy Center. A multidisciplinary team whose practices are consistent with the purpose of the CAC model will demonstrate relationships built on trust, open communication and commitment to outcomes in the best interest of the child and non-offending family members (Chandler, 2004).

The development of working teams and team strategies is a model often used as a means to increase efficiency, conserve valuable resources, and inspire new ideas and solutions to problems (Allen, Foster-Fishman & Salem, 2002; Guthrie & Guthrie, 1991; Yeatts & Barnes, 1996). There may be commonality among the members, perhaps as employees of the same firm or graduates with a similar degree, specialty or experiential background, which may facilitate achieving a shared goal. The organization of teams as an approach to solving problems in areas such as business, management, human services, criminal justice and medical and mental health diagnoses and treatment, have been the subject of previous research (Allen, Foster-Fishman & Salem, 2002; Fontana & Robison, 1976; Guthrie & Guthrie, 1991; Yeatts & Barnes, 1996). In addition to solving problems, a benefit of a team approach is the ability to expand learning through the sharing of knowledge and experiences of others. (Burke, Herman, Evans, Cockram & Trauer, 2000; Imel & Zengler, 2002 and Senge, 1990).

Multidisciplinary child abuse teams are established with members from varied disciplines whose collaboration with many systems affords feedback on case planning

from different perspectives. Their interactions may facilitate positive change and decrease risk of any, or further, maltreatment through increased individual and group member understanding (Chadwick, 1996; Chandler, 2004; Kolbo & Strong, 1997; Nicholson, Artz, Armitage, & Fagan, 2000; O'Leary, 1994).

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has long held the philosophy that multidisciplinary efforts are critical for effectively addressing the problem of child maltreatment throughout the world (Chandler, 2004). The medical community was among the first to consider the importance and efficiency of including other agencies whose responsibility it was to respond to child abuse cases. Fontana and Robison's (1976) early article on the subject highlighted a multidisciplinary approach to treating child abuse. Physicians were urged to treat more than the abused child's injuries and recognized members of the family as being affected physically and emotionally as well. This approach emphasized the importance of bringing together systems of care, such as physicians, nurses, Social Workers and psychologists, to work collaboratively for the good of the child and family (Fontana & Robison, 1976).

Some teams, such as the multidisciplinary Children's Advocacy Center teams, became organized as a response to meet a need that extends beyond the expertise of one discipline and requires examination from varied perspectives to solve a problem.

This study explored the practices of Children's Advocacy Centers as they met the accreditation standard for case review teams, their relationships with other team members and the role of the designated team leader in guiding the team towards their goals. Multidisciplinary case reviews, within Children's Advocacy Centers, are required to have team members from law enforcement, prosecution, child protection, medical, mental

health, victim services and the established Children's Advocacy Center who are organized for the purpose of reviewing child abuse cases utilizing a collaborative approach. The cases reviewed most often are those that have been evaluated for abuse and interviewed at the CAC. Teams should also review cases that may not have been seen at the CAC, but are still under the responsibility of the multidisciplinary team members. By reviewing all child abuse cases, regardless of location seen, all cases are afforded the benefit of a systems examination that can provide information for all team members to best serve the needs of the child and family, as well meet the requirements of their home agency.

Research findings will add to the literature on the functioning and relationships of multidisciplinary team members and the role of team leaders and may have applicability beyond Children's Advocacy Centers. Organizations that pool human resources to meet shared goals will be able to use these findings to develop practical approaches to increase communication and opportunities for personal and professional growth of team members and their leaders. Understanding how team members who come to the table with personal and professional perceptions, beliefs and values that may be very different, and even in conflict with other members, can work together to affect change will provide guidance for any organization who would like to develop or enhance effective team functioning.

Problem Statement

Child abuse is a multi-system problem in that different agencies are charged with different responsibilities in its investigation, evaluation, intervention and treatment. Multidisciplinary teams are organized as a means to tackle issues that cannot effectively be solved by only one system's interaction. The problem is complex and multi-causal and

no single profession or state agency has the ability to respond adequately (Lalayants & Epstein, 2005). When society intervenes with a family, due to allegations of child abuse, the goals must be first and foremost to protect the child from further harm. Supporting the child and their family through counseling, minimizing further trauma to the child and holding the offender accountable are necessary but complex actions requiring the involvement of many different community agencies and professions (Chandler, 2004, September). It is difficult to determine and manage the problem of child abuse in isolation and creating multi-disciplinary child abuse teams have been found to be an effective means to share information, ideas and solutions (Chadwick, 1996; Chandler, 2004; Fontana & Robison, 1976; Guthrie, & Guthrie, 1991; Kenty, 2006; Kolbo & Strong, 1997); O'Leary, 1994; Wilson, 1992).

The advantages for sharing collective resources such as knowledge and expertise may seem obvious, but creating an atmosphere of trust and respect among team members and prioritizing the needs of the child can sometimes be overshadowed by agencies that feel the need to protect their "turf. Chandler (2004, p. 4) describes turf issues as "…the result of each agency or professional group's identification of its own mandate, and the concerns that somehow the cooperation that is being sought will negatively affect this mandate." Individual and departmental egos may get in the way of such goals and may manifest in team members who then become territorial for the purpose of protecting their own expertise or services they provide. When this occurs the multidisciplinary team is hindered in its ability to accomplish team goals (O'Leary, 1994).

Personal, environmental and cultural issues can impact the functioning of the group. Professional status, educational level, gender, the perceived value of the team

member to the multidisciplinary process or a team member's length of involvement with the team has an effect on establishing the culture of the group. Although the power differential in groups may be an important consideration, this study focused specifically on the relationships between team members and the role of the leader in guiding the team towards their goals and not on the perception of power within the teams observed.

Turf issues are inevitable, both in the development and operations of a CAC, and can best be dealt with when the team leader and members develop strategies to minimize their appearance and effect on the team. Chandler (2004) proposed the following strategies:

- Regular meetings of agencies and professionals involved in the development and operation of the center should set time aside for discussion of any concerns.
- Professionals are more likely to raise concerns in an atmosphere of openness and trust. Occasional social activities provide the opportunity for team members to view each other as human beings rather than only through a professional identity.
- Each agency should have opportunities to provide input into decisions and feedback on the development and ongoing operation of the center.

The team composition, willingness to share information, agency commitment and member relationships impact the team's success. Multidisciplinary case review teams and their team leaders, add layers to team understanding based on their unique experiences, training and discipline-specific philosophy or grounding.

It will be helpful for the reader to understand terminology commonly used regarding the topic of multidisciplinary child abuse case review teams and the various components important to its study.

Definitions of Terms

Child Abuse is defined (in Pennsylvania) as any of the following when committed upon a child under 18 years of age by a perpetrator:

1. Any recent act or failure to act which causes non-accidental serious physical injury.
2. An act or failure to act which causes non-accidental serious mental injury or sexual abuse or sexual exploitation.
3. Any recent act, failure to act or series of such acts or failures to act which creates an imminent risk of serious physical injury, sexual abuse or sexual exploitation.
4. Serious physical neglect that endangers a child's life or development or impairs a child's functioning (Pennsylvania Department of Public Welfare, 1975).

Children's Advocacy Centers are organizations that ascribe to accreditation standards of The National Children's Alliance and provide a collaborative community response to child abuse (National Children's Alliance, 2004). Each center must have a written and signed interagency agreement among the seven partner agencies representing prosecution, law enforcement, child protective services, medical services, mental health, victim services and CAC staff that form the CAC. The CAC must be seen as a center of which all partners are equally invested and participate in the operations and decision-

making of the organization and not as an entity of its own. Such an agreement details the roles and responsibilities of each professional discipline and a commitment to work together in the best interests of the child abuse victim and their family (O'Leary, 1994). Although there is no requirement for the agreement to be signed on a recurrent basis, the agreement should maintain current signatures from administrators representing the agencies to ensure ongoing commitment and support of the Children's Advocacy Center and its operations.

Effective teams occur when intentions and actions of all members are consistent with the shared vision as determined by consensus from all team members. The outcomes from such behaviors demonstrate positive movement forward towards the goals and objectives established by team members as a means to achieve. An effective team will demonstrate skills in communication between team members and the ability to translate team actions for those members of his/her discipline at all levels of responsibility. A team is most likely to be effective when it establishes and follows its own guidelines (Wilson, 1992).

Interagency Agreement is defined as a signed document of agreement between the established Children's Advocacy Center and the agencies required to participate as partners that include representatives from prosecution, law enforcement, child protective services, medical providers, mental health and victim services. The agencies and the CAC must agree to work as a team in the best interests of child victims of abuse, track cases from report through closing of the case including legal adjudication (decision made in a court of law), if applicable, and agree to participate in multidisciplinary case reviews on a regular basis (O'Leary, 1994).

Learning Organizations are generative systems grounded in foundations that emphasize dialogue and concerted action in a culture of transcendent human values (Kofman & Senge, 1993).

Multidisciplinary case review teams describe the collaboration of investigative, medical and treatment agency partners who meet on a regular basis to discuss individual cases evaluated in an established Children's Advocacy Center. These case review teams meet the practice standard for CAC accreditation (O'Leary, 1994; Kenty, 2006).

Multidisciplinary teams describe a high level of integration or the transfer of knowledge and skills across traditional disciplinary boundaries. These teams are composed of various professionals who come together to discuss issues from their perspectives and offer recommendations on solutions. (Nicholson et al, 2000).

Team Leader (Coordinator or Facilitator) refers to the case review team member designated by the team as the "point of contact" whose responsibilities include organization of case review meetings, communication with members for purposes of scheduling meetings and sharing recommendations and next steps, communicate with members such cases scheduled to be reviewed, establishment of a meeting agenda, maintenance of confidentiality agreements and facilitation of the case review process (Kenty, 2006).

Team Protocols refer to written documents that describe the operations and directives for team members of a Children's Advocacy Center (O'Leary, 1994).

For the purpose of this study, the term *multidisciplinary team* is used to describe the collaborations involved in the Children's Advocacy Center programs. The term interdisciplinary teams may also be used in child abuse literature and for the purpose of

this study can be interchangeable with multidisciplinary teams. Collaborative teams have been developed in many professional arenas to enhance productivity, improve delivery of services and make efficient use of limited resources. The characteristics of members and criteria for well functioning teams that include other agencies as members has been the subject of a range of research studies (Allen, Foster-Fishman & Salem, 2002); Burke et al, 2000; Guthrie & Guthrie, 1991; Imel & Zengler, 2002; Johnson, et al, 2003; Nicholson et al, 2000; Rushmer, 1997; Yeatts & Barnes, 1996).

Purpose and Research Questions

The purpose of this research was to develop a better understanding of the roles and relationships of multidisciplinary child abuse case review teams and their leaders in Children's Advocacy Centers in Pennsylvania. The primary research question for this study is: How can the CAC team members and the team leader best interact to manage the case review team process to achieve the team's goals?

The secondary questions are:

a. In what ways and to what extent does the team leader engage with the multidisciplinary case review team members?
b. What practices does the team leader utilize to nurture and sustain multidisciplinary case review team relationships?
c. In what ways and to what extent are team member and team leader roles supportive of the team's goals?
d. In what ways and to what extent are team member and team leader relationships supportive of the team's goals?

e. In what ways and to what extent does the team acknowledge and deal with divergent points of view among its members?

The proposed benefits of such research are to provide increased understanding of how case review team members can best relate to each other and the team leader can best guide the team towards their goals. Findings from this research can be shared with existing CACs struggling to sustain or re-energize their teams and centers interested in developing this standard towards national accreditation or any multidisciplinary team seeking to enhance member interactions.

Research Focus

The research conducted explored roles and relationships of multidisciplinary child abuse case review teams and their leaders that are comprised of members from different disciplines in fulfilling an essential standard of Children's Advocacy Centers: Case Review.

The data for my research has been gathered from in-depth examination of the case review teams at five Children's Advocacy Centers in Pennsylvania. The voluntary purposeful selection strategy is discussed later in the Methods section, Chapter Three. The centers chosen were based on criteria that included meeting national accreditation standards developed by The National Children's Alliance. The accreditation standards are described more fully in the Literature Review, Chapter Two.

Multidisciplinary case review in a CAC provides input from various disciplines to determine the needs of the child and family while achieving individual objectives relative to their areas of responsibility. A team leader (also known as a team coordinator or team facilitator) is chosen by each case review team to organize and guide the case review in

meeting their determined goals. Although a staff member of the community's Children's Advocacy Center may take on this role, not all case review teams utilize a CAC staff member as the team facilitator. This leader, or facilitator, depending on discipline identity and role, may guide the team in ways that are different but still meet the expectations of the team. The subjective experience of the team members and the designated team leader is what Mertens (1998) refers to as the center of this inquiry. I employed document reviews, a team member self-report survey, non-participant observations, guided team member interviews and team leader interviews to best understand the team relationships, roles and processes under study.

Significance of the Study

Understanding how child abuse team members work together when the members are so diverse in their backgrounds and experiences could provide a guide for other communities looking to develop CACs and help strengthen established team relationships or indoctrinate new members in CACs struggling with personnel and administrative changes. The organizational structures of CACs are diverse and include stand-alone non-profit agencies, hospital-based, government-based and programs within umbrella agencies such as victim services or mental health agencies. Centers need to find ways to sustain and enhance their programs through creative and diverse financial means such as contractual agreements and fundraising and also in terms of achieving and maintaining strong team and community relationships. Financial and relationship sustainability are critical areas in the development and maintenance of Children's Advocacy Centers. Collaboration among non-profits, public agencies and private business and industry is increasingly considered a requirement in obtaining funding. The findings from this

research may encourage partnerships by identifying aspects of team member and leader relationships that are most conducive to achieving the goals of a successful team. This research may also assist multidisciplinary teams in evaluating the team process and relationships to better understand what works and what might inhibit the achievement of the team's goals.

Although effective multidisciplinary teams have demonstrated that sharing resources and coordinating services reduces duplication or gaps in services to the client population many agencies may be reluctant to collaborate for fear of losing their individual program identity or impede their ability to perform their discipline-specific tasks (Chadwick, 1996; Chandler, 2004; O'Leary, 1994). This possibility as well as other challenges is further explored in the literature review.

Multidisciplinary team efforts demonstrate the practice of blending team members' strengths and accepting their differences for the purpose of achieving a common goal. By studying team members who have been organized to respond to the problem of child abuse, there is an expectation that by observing their behaviors and relationships certain qualities will be identified that may assist other groups to form effectively functioning teams. Qualities of respect, trust, open communication, a commitment to achieving the mutually accepted goal and acceptance of differences in roles and responsibilities are important to an effectively functioning team.

A multidisciplinary team presents challenges that may not be present in teams within the same or similar organizations. Members from diverse disciplines (investigative agencies, medical, mental health and victim advocacy services) bring with them personal backgrounds and professional experiences of the organization with which they most

closely identify. These experiences define the "lens" through which they perceive the world around them. It is this "lens" that may create conflict with other team members. Understanding and addressing conflict is an important consideration to sustain and grow teams.

It is vital to the development, sustainability and growth of child abuse multidisciplinary teams that their expectations and practices reflect a whole system approach rather than attempting to manipulate individual parts that may work in conflict with each other.

Theoretical Framework

Multidisciplinary teams are organized to tackle issues that cannot effectively be solved by only one system's efforts. Factors that deter members from working together effectively include lack of sufficient time to devote to team activities outside each member's professional responsibilities, differences in professional language used, differences in norms established by individual agencies and different training experiences that affect the "lens" through which each member views their role and participation within the team (Kenty, 2006). The theoretical concepts considered in researching the case review team are just as diverse. This research will explore the roles and relationships of multidisciplinary child abuse team members and their team leaders. Systems theory, learning organizations, appreciative inquiry and theories on transactional and transformational leadership will be discussed. These theories will provide a basis of understanding of the information and communication exchanges between team members and team leaders, as well as the importance of understanding roles and developing working relationships. The theoretical influence and impact on case review team

members and leaders will be considered along with other alternative theories that may present themselves throughout the course of this study.

Systems Theory and the Social Systems Perspective

Systems theory, in general, describes a framework that regards all forms of matter as systems and, therefore, possessing properties that can be studied. These properties, when combined in various ways create relationships that make them interdependent at varying levels (Scott, 1998). Characteristics of systems that describe their diversity include patterns of relationships, their purposes or goals and common attributes among its members (Dubois & Miley, 2008).

This research will focus on systems theory as it relates to human systems and their behavior in social interactions and organizational structures. The team members that comprise the case review teams under study come to the table with personal and professional experiences that may be perceived at odds, initially, with those of other members. Case review teams are formed with shared goals that include minimizing additional trauma to abused children through coordinated responses and providing healing and justice for the victims and non-offending family members. Child victims, family members and individual team members are affected by many systems – schools, work, communities, government, courts, medical and mental health, as well as many others. When studying human systems, it is important to understand their behavioral responses from an ecological level, how they adapt to changes from their environment, and from a general systems theory, that studies operations and interactions between one another (Dubois & Miley, 2008; Scott, 1998).

Theorists have studied human behavior from many diverse perspectives. Sigmund Freud's approach, using a "medical-model," viewed clients as patients. His theory was predicated on the idea that the problems were within the patient and caused by genetics, metabolic abnormalities or personal experiences of trauma and not a result of any exterior influence. The medical-model focused on assisting patients to learn to adapt to their social situations with respect to their emotional and behavioral problems. They learned to adjust to their social environment unaware that the environment may also be impacting their problems. Social service programs began to recognize that psychoanalysis alone was not as effective as originally thought to treat a client's problem. As the environment began to be recognized as influential in the emotional and behavioral development of humans, the social services field reformed their thinking and developed a reform approach that sought system change to benefit their clients. The Social Work profession adopted a social systems perspective based on systems theory (Zastrow, 2010).

Key concepts found in systems theory include "…wholeness, relationships and homeostasis" (Zastrow, 2010, p.49). Teams as systems compare well to these key concepts. Systems theory asserts that the wholeness of an entity produced is greater than the parts from which it was made. Multidisciplinary teams are strengthened by its diverse members and produce a combined effort that leads to the accomplishment of a shared goal. The concept of relationship asserts that the patterns and structures of the elements (such as individual clients or team members) are as important as the individual elements themselves. Team member relationships foster trust and understanding that positively affect outcomes. Homeostasis is a state of balance that is important to maintain and preserve the system. As individual clients change within systems other individuals, such

as team members, must learn to adapt to such changes to maintain stability. As in groups, changes in team composition (new members join, established members leave) require adjustments of members to maintain the stability and effectiveness of the team. Therefore, the key concepts of wholeness, relationships and homeostasis can be viewed as collaboration, trust and balance when examining multidisciplinary teams. These key components are necessary to establish a successful and effective team. The relationship between team members is an important area of study in this research.

As with the reform approach – transitioning from a psychoanalytic view to a systems perspective – the Social Work field has explored an ecological approach that studies the transactional exchanges between people and their physical and social environments. Transactions, when they occur, become the processes used by people to influence the world around them. Feedback, a transaction process, facilitates honest communication developed from trust and respect and can increase understanding and conflict resolution (Zastrow, 2010).

An emphasis of this approach is the interactions of people with their environments. This is demonstrated by the many systems with which a person interacts. Zastrow (2010) describes three areas of focus for Social Work: developing problem-solving and coping capabilities, relationship- and resource-building, and reforming systems to meet individual needs.

The Children's Advocacy Center Program case review process incorporates these three areas as it strives to achieve the shared goals of providing services that meet the best interests of the child. Improving the entire systemic response to child abuse delivers secondary influences in the abused child's community. Changes in individual

perspectives and points of view from each discipline help to build client and agency trust. Change occurs through exchanges between the various systems. Although change creates stress, the outcomes are not always negative. Improved communication and understanding of historically "turf-protective roles and responsibilities" can create a new level of cooperation that meets everyone's needs.

In addition to the transactions that occur between people, another area of focus must also be the transitions individuals, families and groups experience as they transition from one life stage to another. These transitions require adjustments and successful transitions demonstrate that learning has occurred. Families experience life changes that can be expected or unexpected, welcomed or feared. As well, groups can also experience cycles of development as groups form, stabilize, adjust to conflicts or changes (such as when new members join or long-standing members leave) and then re-form.

An ecological model focuses on interpersonal needs and issues and then seeks out intervention strategies that are appropriate (Zastrow, 2010). As well, environmental stressors can create barriers and difficulties in functioning. Individuals may experience stressors related to a disability as they confront specific barriers in their environment that affects their functioning (Dubois & Miley, 2008). As well, a child's death or a violent abusive act on a child may create tension and disrupt a case review team. A strong team can rally around the member in distress and provide much needed support.

The social systems perspective developed as a means to understand the interrelated networks that occur between people and the social structures and environments they come into contact with throughout their lifetime. These networks can

be viewed as the parts, or subsystems, that make up the whole of the network and also, from a broader view, as one of many networks that make up a larger system.

The system as a whole is stronger than its independent parts (Dubois & Miley, 2008). Family systems are an example of a highly organized system with interdependent relationships as component parts. When viewed as part of a larger network, families make up neighborhoods whose parts may be independent (as separate families) but still rely on other families in the neighborhood to maintain that network. System boundaries are described as "points that differentiate one system from another" (Dubois & Miley, 2008, p.61). The functionality of systems depends on the knowledge of and exchange of resources. Case review teams, like neighborhoods, possess many resources and their effectiveness depends on their willingness to make team members aware of them and accessible to the entire team. Encouraging this exchange of information, cross-training among disciplines and achievement of shared goals, the team's leader becomes critical to its success.

Systems in Organizations

In an effort to best appreciate the importance of learning and leadership in organizations, a discussion on systems in various organizations is needed. Systems are defined in many ways depending on the context in which they are being examined. Human service curriculum focus on family and group systems as a means to help students interested in working in the field of social services understand their functions. Systems theory has been studied in conjunction with family therapy to help understand the psycho-dynamic relationships between family members (Bentovim, 1998). Bentovim (1998) specifically studied the development of language in family therapy groups and

found important issues to be considered including communication, group environment, alliances, boundaries and group tasks and relationships.

As Bentovim (1998) describes the actions of a family therapist, this role can be likened to the role of case review team leader. The team leader, as with the therapist, must make alliances with team members, co-construct solutions and be aware of the attributions of power and authority that can affect the course of teamwork. Traumatic and stressful events become imprinted on individuals and these life experiences affect all their relationships. As with a family experiencing dysfunction due to traumatic events such as abuse, team members may bring their own life experiences to the table and affect the relationships with other team members and thus, the outcomes for the children they are trying to serve. It is important to keep systemic approaches in mind throughout all interactions. Bentovim (1998) described the benefits of utilizing systemic interventions in family therapy and his conclusions offer insight into how systems theory can be effective in understanding the psychodynamic relationships among other groups such as members of a team. Many studies have concentrated on human interaction and how important relationships are to the success of an organization.

Scott (1998), in his book, *Organizations: Rational, natural and open systems*, characterizes systems as a combination of parts, the relations of which become interdependent. This combination is further characterized by both similarities and differences and the resulting structure ranges from simple to highly complex. The structure also varies among the type of system being constructed: mechanical, organic or social. Mechanical systems, such as deriving from scientific disciplines, have rigid and constrained structures with limited behavior and relations that are determined. Organic

systems are associated with rapidly changing environments that can provide flexibility of response. For example, a “clan organizational structure” demonstrates lateral management rather than vertical control as in a highly structured organization. The organic system’s group member associates their personal career interests with the company’s success. As such, goal congruence is enhanced and results in long-term commitment by the company and long-term employment for the employee. Scott describes social systems as loosely coupled. The emphasis in a social system shifts focus from only one element to groups or a larger organization (1998).

There are many elements of organizations to be considered and studied. Identification of those that most impact this research of team leaders and team members will be discussed.

Social Structure

The organizational element of *social structure* refers to patterned or ordered aspects of the relationships among participants, or members, of an organization. This element can be divided into three components (Scott, 1998):

1) Normative Component includes values, norms and role expectations**,** beliefs and prescriptions governing the behavior of participants. Role expectations for case review team members include helping team members to understand the actions they are directed to take based on the discipline for which they are employed. They must also be open to views presented by other team members that support the shared goal of acting in the best interests of the child. It is further expected that if actions must be taken that conflict with actions required of other team members that they will be done in a manner that inflicts the least amount of trauma as possible to the child victim and non-offending family member – and in doing so, to the team as well.

2) Behavioral Component focuses on actual behavior rather than prescriptions. Emphasis is placed more on the regular activities, interactions and behaviors of an individual or class of individuals. Such behaviors can include power structures (influence) or sociometric structures (attraction/rejection). For example, the team leader defines the behavioral structure of the case review team. A successful team will have a team leader who behaves in a manner that demonstrates positive recurrent behaviors. Their constancy becomes an expectation by members of the team.

3) Social Collective Component occurs when the normative and behavioral structures become interrelated and influence one another. This collective can take the form of a formal or informal social structure. In the context of this research study, individual team members whose relationship is specifically defined within their own discipline can exemplify a formal social structure. An informal social structure does not distinguish between the characteristics of the positions and the prescribed relations of the team participants. It is this structure that a case review team strives to form and may be the most difficult for members to comprehend. Members who are most comfortable in a rule-dominated structure may be most uncomfortable in a structure that encourages fluidity of thought and flexibility of action. To participate fully, team members must be open to cross-training: instructing others about the responsibilities of one's own discipline and learning about the challenges and needs of other disciplines and how both can coordinate needed services and interventions.

Goals, another element, are defined as conceptions of desired ends. Case review team members in a CAC should have explicitly or implicitly accepted acting in the best interests of the child victim as the shared goal of the team. The model was developed to put the child victim at its center and the collaboration of the systems involved completing

their discipline-specific tasks for the case with the least trauma to the child. Depending on the needs of a particular discipline this may not always occur. At times this may prove to be in conflict with goals of other team members. Maintaining clarity of purpose for the case review team creates challenges that must be attended to regularly to achieve the shared goal (Scott, 1998).

Technology is defined as the place where the group's work is done. Technology describes the technical skills and knowledge of individuals. Team leaders should understand their role and what skills they will need to be effective leaders. An important component for case review teams is to educate and train other team members regarding the individual member's discipline of origin, the associated tasks that must be completed, the challenges those tasks present and the benefits of coordinating actions with others on the team (Scott, 1998).

Environment of organizations consists of the physical, technological, cultural and social surroundings to which it must adapt. While individual members may feel adept at carrying out their discipline-related tasks and activities, they may not understand the Children's Advocacy Center model. Behaviors required to effectively partner may be foreign and are not something agencies focus training on. Lack of understanding of this environment may result in rejection, conflict, miscommunication or misperception of actions by other members. These elements should not be considered in isolation. They form a system of elements that affect all team members. They should not be focused on individually but as interrelated components.

Scott further defines three perspectives on organizations. Each may provide some explanation of structure of a particular Children's Advocacy Center, dependent on the needs and wishes of that community. Procedures, guidelines, protocols and services

provided may also vary but always within the scope of the standards for national accreditation. Elements of these organizational perspectives and their relativity to Children's Advocacy Center case review teams are described as follows:

1) Rational System is a closed system separate from its environment. It encompasses stable and identifiable participants. Two features of this system are the pursuit of specific goals and that the organizations are collectives that have a high degree of formalized structure (Scott, 1998). These systems may define the disciplines of origin of the individual team members and also the parent structure, or Board of Directors, under which a Children's Advocacy Center may exist or to whom it answers.

2) Natural System is a closed system separate from its environment; encompassing stable and identified participants. Unlike the rational system, this system focuses attention on what the participants do – their behavior – and not what they are supposed to do. Participants are pursuing individual and multiple interests, that may be both common and divergent, but they demonstrate commitment to the organization and its value as a resource (Scott, 1998). Team members may attend meetings solely for personal interests that may or may not support the shared goals of the team. They may attend and receive information that advances their needs but not reciprocate with regard to sharing information, skills or knowledge to other team members. Unless all members share the view of social consensus, a version of social conflict may exist, or as may happen more commonly, a version of passive social conflict where information sharing becomes a one-way street. This may be more difficult to change, as an individual or individuals do not often recognize it until its behavior has become ingrained as acceptable.

3) Open Systems are open to and dependent on flows of personnel, resources

and information from outside. The environment has great influence on shaping and supporting organizations. The functions may be fluid between the environment and the organization. This system sees a variety of participants and these individuals have multiple loyalties and identities. Participants cannot be relied upon to hold common goals or to routinely support the organization. This system does not provide the structure to develop community collaborations and joint investigations of child abuse necessary for the child advocacy model. An open system has members with multiple loyalties and identities and even though case review team members may represent their individual disciplines of origin, they come together with a shared goal. Team members that subscribe to the open system theory on the case review team would create conflict and confusion. Children are not well served by members who cannot commit to the shared goal of the team.

Learning Organizations Theory

Peter Senge, Director of the Systems Thinking and Organizational Learning Program at the Massachusetts Institute of Technology Sloan School of Management developed a theory of learning organizations that incorporates what he has identified as five disciplines that enable any organization to overcome disabilities that may threaten their viability and sustainability (1990). According to Senge (1990), "learning organizations are organizations where people continually expand their capacity to create results they truly desire, new and expansive patterns of thinking are nurtured, collective aspiration is set free and where people are continually learning how to learn together" (p. 3).

A discipline is described as a body of theory and technique that must be studied and mastered to be put in practice. It is a developmental path that employs an artistic"

rather than a "management" focus (Senge, 1990). Senge's concept of "The Fifth Discipline" is a form of "systems thinking." Systems' thinking makes the subtlest aspects of the learning organization understandable. Senge argues this is a new way individuals perceive themselves and their world. It integrates all the disciplines into a fusion of theory and practice. A "shift of mind" is at the heart of the learning organization. According to Senge it allows us to see how our own actions create the problems we experience and that we are no longer separate but connected to the world. Understanding one's perceptions leads to a greater awareness – a discovery of how each creates their own reality. The "shared vision" that is necessary for the learning organization, or as in the study proposed here, the multidisciplinary case review team, is required to make the "dream" of a collaborative, effective team a reality.

Senge's (1990) five disciplines are described as follows:

1) Systems thinking is a conceptual framework. Business and human endeavors are systems. Often organizations and individuals get caught up only looking at the parts they play and not the whole pattern of change**.**

2) Personal Mastery is described as a specific level of proficiency experienced as a clarifying and deepening of personal vision and encompassing a spiritual foundation.

3) *Mental Models* are deeply ingrained assumptions (perceptions) that influence our worldview and how we take action.

4) Building Shared Vision occurs when organizations translate individual vision into a common identity that allows each person to feel personally invested in future goals.

5) Team Learning starts with dialogue. Open lines of communication are critical. Even with such dialogue, divergent views may arise. Such views present an opportunity

for learning. Senge (1990) believes that recognizing and surfacing defensiveness among team members can actually accelerate learning.

Senge (1990) suggests that understanding the five component learning disciplines in relation to each team member may determine how the members of the team act and react to each other. The more introspective the team members are about how their beliefs, values and behaviors influence their team relationships the more open they may be to learning. Examining the multidisciplinary child abuse case review teams through Senge's learning organizations' "lens" can provide an understanding of the importance of effective team relationships and clarity of team purpose. As these components are considered they must be viewed as a continued state of learning not a "be-all and end-all" way of thinking or practicing. The multidisciplinary case review team must be flexible enough to adapt to changing personnel and an ongoing need for continued cross-training among the disciplines. Cross-training is important to ensure each discipline continues to focus on the child and non-offending family's needs in relation to the continuum of involvement throughout the process.

Encouraging multidisciplinary child abuse case review team members to participate in an open exchange of information will lead to the identification of client service gaps or duplication of efforts that can focus energies by the team that will result in new learning experiences.

Understanding the roles and responsibility of the team leader will assist teams in designating a leader with skills that guide and encourage learning of the team and achievement of team goals. Findings from this study can assist teams in developing selection criteria that reflects the best leader "fit" for their organization and community.

Team members will follow and support a leader who inspires them, or provides something that they want as they strive to achieve a shared goal (Northhouse, 2001).

Team Leadership Theories

Leadership in work teams has received increasing attention by researchers. Work teams, such as multidisciplinary teams, have been studied to determine effectiveness and challenges faced by the team. Team leadership has been studied to determine the effectiveness of the leader in moving members towards their goals (Northouse, 2001). Multidisciplinary teams are at times self-managed, where each member holds the same level of power as others and there is not a formal leadership structure. Northouse (2001) notes that these empowered teams may assign a traditional team leader in a permanent role or the leader's role may be rotated or shared among members. The selection or assignment process of choosing a leader in multidisciplinary child abuse case review teams may not be as important as the influence the leader has on the team members and whether the leader is able to guide the team towards success and avoid pitfalls that may derail them from achieving shared goals.

Transactional and transformational leadership theories provide a basis of understanding the relationship between leader and team member. Transactional leadership is defined as an exchange of value between leaders and subordinates to advance the agendas of both. Transformational leadership is a process that changes and transforms members. Leaders' exchanges with members involve values, ethics, standards and goals (Northouse, 2001). Chemers (1997) believes that a successful transactional leader will understand the needs of subordinates (members) and that rewards valued by the subordinates play an important part in influencing behavior and motivating the

members. Chemers reviewed research on operant conditioning and summarized that "leaders who apply rewards contingent to subordinate performance are likely to be more effective" (1997, p. 69). In addition, other factors that positively influenced the leader-follower relationship included high levels of mutual respect and trust, shared interests and the expert power of the leader and referent power of the follower.

German sociologist, Max Weber, established the basis for transformational leadership when he identified leaders who were capable of transforming goals of followers from those of individual goals to collective achievement or shared interests (Chemers, 1997). Weber's theory of bureaucracy established three levels of authority. The rational-legal authority establishes a strong base for administrative structures. Therefore management skills are best sought and utilized. In order to advance the need to protect children the development of collaborative relationships among child protective and investigative agencies were encouraged. This example of charismatic authority (Chemers, 1997), rising out of crisis and instability, can be seen in the development of the Children's Advocacy Center model. Something more was needed besides rational systems and bureaucratic management that had previously led to ineffective and disjointed efforts to protect children. The rational system does not allow for decision-making by participants and manages by control thus discouraging creativity and collaboration (Scott, 1990). In the rational system, "Structure is celebrated; action is ignored" (p.55).

James MacGregor Burns (1978) described the contributions of transformational and transactional leadership to human purpose. Followers of transactional leaders realize individual goals that satisfy basic needs and the means to achieve them – honesty, fairness, commitment, for example. Transformational leaders "raise" followers to achieve

long-term outcomes such as liberty, justice, and trustworthiness (1978). Leaders bear a great responsibility to their followers through their role as teachers. Burns suggests that the premise of transformational leadership is to guide followers to unite in the pursuit of a collective goal despite their separate interests. He asserts "the achievement of significant change…represents the collective or pooled interests of leaders and followers (p. 426)". Team leaders for case review teams also must move team members towards a like goal, a task that may be particularly challenging given the interagency makeup – and thus, diverse interests and frames of reference – of team members.

As I approach this research I am hypothesizing that effective multidisciplinary case review team leaders will demonstrate the ability to utilize both transactional and transformational exchange with team members. Tangible benefits received by case review team members would come in the form of information sharing to determine charges of alleged perpetrators and findings of abuse (from prosecutors, law enforcement and child protective services), increased knowledge of child victim's health and wellbeing (from medical and mental health providers) and any barriers to accessing services such as lack of transportation or cultural differences (from victim advocacy agencies). An example of tangible benefits of case review teams occurs when they often meet to discuss ongoing investigations of child abuse cases. It is not unusual that team members from one discipline may share crucial information that directs decision making such as, obtaining search warrants to seize computers or other evidence or knowledge of why a child victim may no longer want to ride the school bus to school because a sibling of his or her alleged perpetrator rides the same bus.

Intangible benefits include what Kenty (2006) identifies as increased understanding of child abuse, increased communication and trust among team members, as well as a more respectful and child-centered systemic response to child abuse (Kenty, 2006).

Team leaders who value and practice planning, open communication and sharing information and the spirit of teamwork, develop a team that is prepared to make effective decisions. In his book, *The Leadership Moment*, Useem (1998) suggests that preparation and planning for current, future and unexpected needs offers a prescription or "guiding principles" that would serve a leader well. Multidisciplinary child abuse case review team members are drawn from disciplines whose missions define them as first responders and helping professionals so it can be suggested that they would appreciate a leader who is decisive and prepared. Useem's (1998) identification of leadership as "the act of making a difference (p. 4)" is an important point of reference in considering the qualities that are desirable for members, and leaders, of multidisciplinary case review teams addressing issues of child abuse.

Research Benefits

The benefits of this research include identifying the point-of-entry and means to most effectively orient new team members to the mission and goals of the Children's Advocacy Center case review team and the expected practices of the team process. Understanding multidisciplinary case review team roles and relationships and, in particular, the role of the team facilitator, can provide a guide for community agencies (public, private and non-profit) to follow that can strengthen team relationships, explore ways to reach consensus on the team's shared goals and lead to the achievement of those

goals. Transferability of the research findings to other private sector and non-profit organizations may facilitate resource sharing through the development of interagency teams. On a larger scale, observations of communication and leadership patterns in multidisciplinary teams may inform organizations and assist in recruitment and retention of committed team members. The successes of the team can attract new sources of funding that may be interested in supporting organizations that have learned to join efforts and conserve resources.

I have chosen to describe and analyze the culture and community of team members in Children's Advocacy Centers through the case review process. Hammersley (2002) describes ethnography as the best method to understand social reality when the researcher immerses themselves in the everyday life of the subjects under study. Understanding the culture of diverse CACs in Pennsylvania will aid in learning about teams and how they interpret their own roles and those of their fellow members and leaders. Although, long-term contact with the case review teams would have provided more opportunities to gather data and further understand their beliefs, values and behaviors, I believe the multiple sources from which data was gathered has answered the research questions posed as well as raised additional areas for consideration.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a history of child abuse in the United States that includes the transition from a society that viewed children as possessions to one that treated them as "small adults" and finally to a society outraged by child maltreatment. It will also provide a broad summary of child welfare services and programs that ground the reader in understanding the components of children's needs and society's responses to those needs. National, state and local policies that direct actions to support and protect children are explained. How these policies are interpreted, funded and administered at the direct service level will provide the reader with an understanding of how child welfare needs are translated into real programs and services that effect children's lives and in the process, provoke social change. This change includes federal and state legislation that has resulted in positive changes in improving the lives of children in the United States. Among the changes that significantly improved children's lives was the societal and systemic shift to developing coordinated responses to child abuse through the use of multidisciplinary teams.

A review of the development of multidisciplinary child abuse teams in Pennsylvania and concludes with a description of the research focus of this project – the Children's Advocacy Center (CAC) model - a collaborative community response to child abuse is also included. Additionally, background information on the CAC model as representing best practices in responding to child maltreatment and describes the program components and accreditation standards is presented (O'Leary, 1994). As this study

focuses specifically on one of the accreditation standards - Case Review - this chapter concludes with information describing the purpose, structure and process of multidisciplinary case reviews.

Historical Review of Child Abuse and Child Welfare

While child abuse has been recognized at various stages of history as a threat to the welfare of society, the issue was often either overlooked or ignored (Baron, 2005; Jacobson, 2002; Lazoritz, 1992; McCabe, 2005; Schene, 1996). Historically, public outcry to child maltreatment has been responded to with reactive efforts rather than proactive efforts by the various systems involved in its identification and investigation and the community-at-large. Additionally, society has often viewed abuse, particularly within the home, as a "family problem" (McCabe, 2003, p. 2).

References to infanticide, incest and severe discipline can be found in the Bible and were considered an acceptable part of many cultures (McCabe, 2003). Cultural norms, environmental forces and societal trends and challenges have shaped the construction of perceptions of childhood (Jacobson, 2002). McCabe, in her book – *Child Abuse and the Criminal Justice System* (2003) provides a summary of early civilizations and their various beliefs regarding the value of children in their societies. Early Romans and Greeks believed children must be worthy of survival and parents whose children bore physical or mental handicaps were often encouraged to kill them. Some German and Native American cultures in the seventeenth and eighteenth centuries would toss infants in bodies of water to determine their hardiness and worth (Brissett-Chapman, 1995; McCabe, 2003). Archaeological excavations of buildings and structures, such as London Bridge and the walls of the city of Jericho, have led to the discovery of bodies of children

suggesting their families may have viewed them as unworthy and disposable. Children who were lucky enough to survive infancy during this time were viewed as property by their parents and guardians. In cases of abuse or maltreatment, legal authorities were powerless to intervene (McCabe, 2003).

Physical abuse in biblical times has been supported and documented in religious writings. The Book of Proverbs is credited with writings that have led to the popular adage, "Spare the rod; spoil the child" which many have taken literally. Although not a biblical commandment, versions of this sentiment have religious roots and were commonly cited by those who practiced corporal punishment or practiced what now would be considered child abuse (Baron, 2005). Corporal punishment has been used as, and continues today to be, a means to demand obedience and duty from children. In Britain, dating back to 1860, the practice of "caning" children (beating with a cane or branch) was permitted by law. With its purpose, "to correct what is evil in a child" (Baron, 2005, p. 46), parents could inflict moderate and reasonable corporal punishment. The cane was outlawed in England through the 1986 Education Act, but beating is still legal in English homes and private schools (Baron, 2005).

Parents during the Middle Ages commonly "rented" out their children as indentured servants much like African American slaves during the nineteenth century. Children were dependent on their adult masters for basic needs and were commonly subjected to physical punishment and sexual abuse. The dawning of the Industrial Revolution saw hard labor being done by children. Their small size meant they were ideal for jobs such as sweeping chimneys or cleaning machines. Child labor was cheap and

children were considered disposable (McCabe, 2003). Particularly in rural areas children were viewed as objects of labor and put to work at very young ages (Jacobson, 2002).

The subject of sexual abuse was not given close attention until the mid-to-late 1970s. From a criminal justice perspective the subject was taboo. In many families, females, including daughters, were considered possessions of the male head of the household and thus subject to his commands and abuses (McCabe, 2003). Recognition of and support for sexual abuse victims took many years to occur. Society seemed to find it easier to accept physical evidence of abusive acts.

Changes in the perceptions of the value of children (Lazoritz, 1992; McCabe, 2003; Schene, 1996) came slowly. The federal government and individual states only began to enact laws to protect their most vulnerable citizens – children - in (Lazoritz, 1992; Schene, 1996). As early as the mid 1700's reforms to improve the lives and living conditions of children were being considered. Even with these efforts some orphaned poor were often placed in institutional settings with the insane or disabled. Government funded institutions based on training, rehabilitation and discipline were established to care for children who were orphaned or whose parents could not provide basic needs or educational opportunities for them (Axinn & Levin, 1975). By the mid-1800's, houses of refuge, similar to institutions for dependent or homeless children, were offered as a shelter that emphasized the development of moral and obedient children. Children in these shelters were often encouraged to become good citizens through a "vigorous course of…discipline" (Axinn & Levin, 1995, p.47). These shelters, or almshouses as they were known, were eventually disbanded and child welfare reformists lobbied successfully to establish foster family homes and specialized institutions for children. The first

Children's Aid Society, established in New York in the 1870's and the practice of "boarding out" of children became the forerunner of the foster care and adoption system in the United States. (Axinn & Levin, 1995; Karger & Stoesz, 2002).

The first White House Conference on Children in 1909 was led by President Theodore Roosevelt and included such welfare leaders as Jane Addams who met and discussed the plight of families and children. This conference served as a model for attracting and justifying attention to specific social welfare needs (Karger & Stoesz, 2002).

Working conditions for children and women were increasing matters of great concern and were a focus of early child welfare advocates. Even with the tireless work of Jane Addams and her staff at Hull House, a settlement house, in Chicago, it would be decades before child labor laws limited the hours per day children could work and set minimum ages for leaving school (Brissett-Chapman, 1995). McCabe (2005) argued that societal changes began with the establishment of Child Labor Laws in the early 1900's. Prior to this children were not viewed as individuals in need of protection and there were no legal support systems to ensure the rights of children (McCabe, 2005).

Child Welfare Services and Programs

Although the history described above might suggest the condition of children in the United States has improved dramatically in more recent times, the U.S. still falls behind other countries in terms of children living in poverty. An international study conducted in 1996 ranked the United States last in the important category of nations that invest in income assistance to raise children out of poverty. Poverty is one variable that influences the care children receive and for many children, particularly infants and very

young children, produces the most dire consequences such as high infant mortality due to poor health care and inadequate nutrition (Giavannoni, 1995; Karger & Stoesz, 2002). Giavonnoni (1995) writes in her article, "Childhood", that "the economic circumstances into which children are born and under which they live are strong determinants of their chances to survive at all (p.435)."

The development of public social policies that directly or indirectly benefit children consists of cash assistance, food stamps or housing assistance. The onus for receiving such assistance relies on parental participation in the labor force. If parents do not participate in the labor force (by circumstances that prevent them from doing so, such as disability, addiction, mental illness or dependent care of children) then public assistance programs can provide coverage of basic necessities and health care for dependent children. Children are afforded these benefits, if criteria are met, through two major social welfare programs: Supplemental Security Income (SSI) that provides for children under 18 years of age with a disability (U.S. House of Representatives, 1990) and Aid to Families with Dependent Children (AFDC) enacted as Title IV-A of the Social Security Act of 1935 (Social Security Act of 1935).

The federal and state governments between 1935 and 1996 shared responsibility for the funding and administration of the AFDC program. As the federal government lessened its role in administering this program the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 instituted a block grant program, Temporary Assistance to Needy Families (TANF) that is primarily under the control of state governments (Karger & Stoesz, 2002; Liederman, 1995). With a role limited to funding and oversight, the federal government's directives regarding how funds are to be

spent often is at odds with states and counties who may interpret funding differently and apply that funding to programs and services in a less than uniform way. As an example, many county human service agencies in Pennsylvania interpreted TANF funding in such a way that allowed for funds to be utilized for purchased services for families such as child abuse evaluations, residential placements for dependent and delinquent juveniles and services to the homeless, among others. Recently, the federal government has tightened this flexibility and many counties must now find local or state funding to maintain these services or cut them from their budgets. Child welfare programs have since the early 1980's have worked to improve the lives of children, despite budget constraints, through philosophical and practical social changes ranged from a punitive system for families who abused their children to an emphasis on child-centered, family-focused practices to strengthen, support families and keep and reunify families (Liederman, 1995) to ensuring permanency planning of children who previously languished in the foster care system for years while family service plans were not met and children returned to their natural families remained at risk.

The Adoption Assistance and Child Welfare Act of 1980 was considered the most important child welfare legislation enacted in several decades providing subsidies to adoptive parents. (Karger & Stoesz, 2002; Liederman, 1995). This act supports the concept of permanency planning and enables many children who have special needs and therefore, are hard-to-adopt, find permanent homes.

Child maltreatment issues and the emphasis on child protection has only seen a legislative response for a little over thirty years with the enactment of the Child Abuse Prevention and Treatment Act (CAPTA) of 1974. This act provides funding to states and

local communities in response to growing public demand for actions to prevent, identify and treat cases of child abuse and neglect (Liederman, 1995).

Concerns about child welfare have stirred emotions and debate for several hundred years in the United States. The perceptions of children as deserving of a safe and secure environment in which to grow to healthy and well-adjusted adults has come a long way, but many children still suffer in unimaginable ways.

In the United States, cases of child maltreatment were unlikely to be met with public outcry until the early 1900s when the case of "Mary Ellen," a nine-year old child in New York City, was discovered being abused at the hands of her guardian. Without laws protecting children from their parents or guardians in existence, those advocating for her removal from her guardian's care resorted to pleas before the court citing animal cruelty laws established by the Society for the Prevention of Cruelty to Animals (SPCA) and declaring Mary Ellen in need of protection as a member of the "animal kingdom" (Lazoritz, 1992). The Prevention of Cruelty to Children Act of 1875 established that law enforcement could investigate reports of physical abuse and neglect but courts did little to prosecute the offenders (McCabe, 2005).

The courts systems' judicial decisions critically impacted protections for children. In 1944 the U.S. Supreme Court confirmed the state's authority to intervene in parental relationships to protect children and in 1966 they held that a juvenile had a statutory right to a "waiver" hearing to take advantage of the jurisdiction of the juvenile court system (National Association for the Counsel of Children website, retrieved October 19, 2007).

More and more attention has turned to the plight of maltreated children in the United States and laws have been enacted to provide protection to this vulnerable

population. Federal and state mandates instituted formalized reporting and investigative procedures and developed a bureaucratic organizational structure at all levels of government. Mandatory reporting laws adopted by all states required physicians and professionals to report abuse. These laws offered immunity for good faith reporting and are recognized as a significant measure to protect abused and neglected children (NACC, 2007).

Child Abuse and Protective Services in Pennsylvania

Pennsylvania enacted the Child Protective Services Law (CPSL), Act 124 in 1975. This comprehensive legislation encouraged complete reporting, established ChildLine, a statewide central registry, and created child protective services agencies in each county (Pennsylvania Department of Public Welfare, Annual Report on Child Abuse, 1999). Since the initial law was established additional amendments have been added to increase investigative roles and responsibilities, expand access of information and notification of alleged perpetrators, require background checks for prospective child care workers and foster parents and expand the definition of child abuse to include cases of children put at imminent risk by their caretakers

Mandated reporting of suspected child abuse was included in an amendment to the Domestic Relations Code (23 PA.C.S.) as Omnibus Amendments in the Act of 1994, No. 151 (Pennsylvania Domestic Relations Code, 1994). Act 127 of 1998 enhanced the ability to protect children through increased collaboration and improved community involvement among investigative systems. This act established multidisciplinary teams to review cases of child abuse and established multidisciplinary investigative teams including a prosecutor, law enforcement, child protective services and a medical

professional (Pennsylvania Department of Public Welfare, 1999). Although multidisciplinary teams were mandated to be established for the purpose of reviewing reported child abuse cases, legislative mandates did not provide universal guidelines for such teams nor did they provide funds to support these teams. The development of a multidisciplinary team approach began to be viewed as a more effective and efficient response to the problem of child abuse.

Multidisciplinary Teams in Human Services

The medical community was the first to consider the importance and efficiency of including other agencies whose responsibility it was to respond to child abuse cases in the identification, investigation and treatment of abuse (Fontana & Robison, 1976). Hospitals were using the practice of establishing child protection teams since the 1950's. Denver physician C. Henry Kempe first drew attention to the issue of physical abuse of children. He published an article in 1962 in the Journal of the American Medical Association in which he exposed the reality that parents and guardians were battering children causing severe physical injuries, even death. This work is regarded as one of the most significant events that led to public and professional awareness of child maltreatment. (Helfer & Kempe, 1997; NACC, 2007).

In 1973, the New York Foundling Hospital established a program to treat the family unit of children who had been diagnosed as maltreated. They utilized a therapeutic multidisciplinary team approach in a demonstration study of maltreating mothers that included the interventions of medical, psychiatric and social services professionals. The support that these professionals provided was determined to be critical to the study's

success in improving children's health and the offending parent's emotional stability (Fontana & Robison, 1976).

Researchers had become interested in studying child maltreatment and in 1962 Dr. Kempe used the term "battered child syndrome" to describe children who had been physically mistreated by their parents and guardians (Fontana & Robison, 1976). As seen by the evolution of child abuse recognition and response, and in conjunction with government intervention and the establishment of laws to protect children, multidisciplinary teams (MDTs) were viewed as an effective approach to ensuring the safety of abused children and reducing the risk of maltreatment of other children in the home. The emergence of multidisciplinary teams highlighted the importance of consulting with professionals regarding medical, legal, educational or mental health issues related to a report of child abuse (Helfer & Kempe, 1997).

The first child protection laws were enacted by Colorado and Pennsylvania in 1975. Teams were developed to identify barriers to service delivery and facilitate and expedite the treatment of children and families (Wilson 1992). Many advantages were discovered through the implementation of multidisciplinary teams such as:

- training other team members about each other's professional roles and responsibilities;
- public education and awareness of the scope and nature of child abuse
- directing policy and legislation in an effort to efficiently use resources and allocate additional resources where most needed; and,

- structure and monitor evaluation and research activities to improve existing services and discover new approaches to respond to the problem of child abuse (Wilson, 1992).

In Pennsylvania, the legislature mandated that all 67 counties establish MDTs but did not specify a universal procedure nor attach funding to address the financial needs for creating such structures. As a result, there was a range of differences in both the interpretation of the mandates as well as the programs developed at the county level to implement the policies. The county District Attorney's office is mandated to form multidisciplinary teams (MDTs) to review cases of child re-abuse and severe physical or sexual abuse. Many MDTs are coordinated by local county Children and Youth agencies and include, but are not limited to, the following members:

- investigations (district attorneys, law enforcement, child protective service workers, juvenile and adult probation, attorney general), medical (physicians, Social Workers, public health nurses, emergency department workers),
- mental health and mental retardation (psychologists, case managers, supervisors),
- schools (teachers, school administration, school psychologists and counselors),
- prevention agencies (home visitation programs, early education centers),
- victim support services (rape crisis, domestic violence, victim/witness assistance),
- faith community (pastors, rabbis, pastoral counselors) and,
- others who can contribute to the individual cases presented for review.

Beyond the monthly meetings of professionals from diverse settings who may or may not have had contact with children in abusive situations, child victims and their non-offending families were still experiencing gaps in needed services and fragmentation and/or duplication of services that further added to their traumatization. Police, child protection workers, physicians, hospital Social Workers, teachers, district attorneys and others involved in the investigation of the abuse interviewed and re-interviewed them. The average number of interviews a child was subjected to was ten. Often, a young child who may not have been able to describe the abuse was considered to be lying rather than considering the child may just be too young to possess the language needed to express what happened. The child giving inconsistencies from one interview to the next often meant that allegations were not viewed as credible. Additionally, the child's developmental ability was not considered regarding whether or not they were capable of providing the expected details.

Professionals working closely with child victims through the investigation and their treatment began looking for a better way to accomplish their professional goals without sacrificing the well being of the child and family in the process. Guthrie (1991) agreed that services utilizing interagency collaboration for youth-at-risk must be child-centered and not agency focused. Previously, a child would be provided services to fit a particular program rather than considering individual needs. By strictly adhering to a program's guidelines, the child can get lost in a system not tailored to their unique needs or receive duplicative or fragmented services.

Child-serving professionals looked for better ways to ensure children's safety, coordinate investigative procedures and hold perpetrators of child abuse accountable for

their actions while also attending to the needs of children trying to heal from their abuse. Adopting a coordinated systemic approach that would be able to be replicated in communities across the United States seemed an impossible dream.

A Coordinated Systems Approach to Child Abuse

Media attention has increasingly bombarded the public with horrific acts of abuse against children. Insidious acts of sexual abuse, severe physical abuse and neglect, physical restraint, torture and even death inflicted by parents or guardians have, for short periods of time, attracted the attention of the public and led to outcries that have effected social change (Brissett-Chapman, 1995). Highly publicized cases of child abuse such as Lisa Steinberg, a 6 year old who was adopted by attorney Joel Steinberg of New York City and live-in partner, Hedda Nussbaum, a published children's author, was beaten to death on November 2, 1987 by Steinberg. Steinberg's other adopted child, Mitchell, a 2 year old boy was also determined to have been neglected while in their care. The 1995 case of Elisa Izquierdo stirred public opinion as well. Her mother, a drug addict living in New York City, beat this 6-year old child to death in November 1995. Both cases were covered by national media and brought to the public issues of a broken child protective system that were unable to protect these two children.

Child abuse cases are complicated and those involved in the investigation of the allegations and treatment of the child discovered that a coordinated approach was necessary despite the seemingly different focuses involved. Physical abuse cases were the first to receive the attention brought about by the medical community (Fontana & Robison, 1976). Suzanne Sgroi (1982), in her book, *Handbook of Clinical Intervention in Child Sexual Abuse,* believed that the multidisciplinary team review of child sexual abuse

cases was also a useful tool in case management and also served a broader purpose - that of increasing awareness of and improving the community's response to the problem.

Tragic stories such as those above were not isolated cases that only occurred in large urban areas. In other parts of the country, investigative and treatment systems were struggling to find solutions to this widespread problem.

Children's Advocacy Center Programs

In Huntsville, Alabama in the early 1980's, District Attorney Robert "Bud" Cramer, Jr. saw firsthand the fragmented services that were available for child abuse victims and their non-offending families. Children's Advocacy Centers (CACs) grew out of that community's child sexual abuse task force. The purpose of the program was to improve the systems' response to all forms of child abuse and by engaging all investigative and treatment agencies (O'Leary, 1994). District Attorney Cramer initiated a system of collaboration among investigative agencies, medical personnel, social services and victim services that would provide integrated and non-duplicative services that would lessen the trauma felt by these young victims. Prior to such cooperative efforts inexperienced professionals conducted repeated interviews with child victims in locations that were not child-friendly; the CAC approach assured that child friendly environments for interviewing children were in place.

In 1985, the first Children's Advocacy Center was established in Huntsville, Alabama and later became the home of the National Children's Advocacy Center (NCAC). The purpose of this center was to refocus attention on the child victim and provided needed support for the non-offending family members (O'Leary, 1994).

Eleven CACs sprang from less formalized investigative and treatment teams in various cities around the United States and organized a national office in Huntsville, Alabama. In 1993, the NCAC boasted thirty-four full member centers and received the first dedicated federal funding of $250,000. The next year the four regional offices began receiving federal funding beginning at $500,000. Over the next eight years these programs provided training and technical assistance to all communities interested in planning, establishing, expanding or needing to sustain a CAC. The regional centers received $3,000,000 in federal funding in 2007 to continue providing supports to communities (National Children's Alliance, June 17, 2008).

In1991, Philadelphia became the first CAC organized in Pennsylvania. By 1999, four more centers were established in New Castle, Pittsburgh, Harrisburg and Delaware County. Mentoring and training by CAC staff as well as technical assistance provided by the Northeast Regional CAC, one of four regional CACs established by the U.S. Department of Justice, increased the scope and geographic reach of CAC services throughout the Commonwealth to the current ten (10) accredited member centers, ten (10) associate member centers (these centers provide services at some level but are lacking all the necessary components to achieve NCA accreditation status) and six (6) developing multidisciplinary teams as reported by the Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams (2007).

The National Children's Alliance and the CAC movement are supportive of research that studies components of the CAC model. As interest in developing CACs has grown, more and more community and governmental leaders have requested outcome data as a means to gauge the effectiveness of this model. Two important research studies

have provided data that affirms in large part the benefits to establishing CACs as a coordinated response to child abuse (Cross, Jones, Walsh, Simone & Kolko, 2006; NCAC, 2008). Researchers from the University of New Hampshire, Center for Crimes Against Children conducted a longitudinal study comparing four full member CACs with counties of similar size in each of their states that did not have a CAC. The centers participating included Charleston, South Carolina, Pittsburgh, Pennsylvania, Huntsville, Alabama and Dallas, Texas. The researchers gathered data on various aspects of the CAC model including forensic interviews, prosecution of cases, medical evaluations, multidisciplinary teams and parent/guardian satisfaction with the services provided.

The second research study was a cost benefit analysis conducted by the National Children's Advocacy Center in Huntsville, Alabama. This research was funded through a grant from the U.S. Department of Justice. This study compared costs associated with the investigation of a case of child abuse in a community with a CAC and a community without a CAC. The average cost per investigation was determined to be $4,000 with a cost savings of over $1,300 realized in a community that had an established CAC. The data from these two studies have been widely publicized among child advocates and government leaders to help answer the questions as to the effectiveness and cost benefits of establishing the CAC model as a proven community response to child abuse. The U.S. Congress has approved level funding of $13.4 million dollars in support for CACs through the Department of Justice for the past 3 years and is currently considering a substantial increase in funding, to $30 million, to support the growth, development and expansion of CACs and establishment of state chapters in this budget cycle.

Children's Advocacy Centers now number more than 410 accredited member centers and 280 associate member centers in the United States. Many communities are in the process of developing programs within the CAC model. The National Children's Alliance, based in Washington, DC, is the national member organization for CACs (www.nca-online.org).

An Executive Director and a Board of Directors oversee operations and maintain accreditation standards and regular reviews of all programs. The NCA is funded in large part through appropriations directed from the Victims of Child Abuse Act through the U.S. Department of Justice. In addition to support from this national organization, four regional Children's Advocacy Centers were established to provide training and technical assistance to the Northeast, Southern, Midwest and Western regions of the United States to assist existing centers and encourage growth among communities with a desire to develop a Children's Advocacy Center. The NCA and the Northeast Regional Children's Advocacy Center (NRCAC) located in Philadelphia provide support at the local level for established and emerging programs in Pennsylvania.

In an effort to pool the collective experiences of the established centers and encourage the development of new centers on a statewide basis, the Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams was established in 2000. This statewide network provides support and assistance to the 19 established centers and advocates for access to services for all child abuse victims in Pennsylvania.

Although thousands of child abuse victims in Pennsylvania have benefited from the collaborative team approach for interviews, medical exams and mental health treatment that CACs provide, many more child victims live in communities without an

established center. The state network, regional and national resources are important links to all centers and emerging programs to institute and maintain best practices that include the establishment and nurturing of multidisciplinary teams – a key component of the CAC model.

The intent of my research is to explore the roles and relationships of case review team members and leaders and make recommendations that help centers meet the national vision and the mission to protect and treat child victims of abuse through collaborative efforts. Examination of the case review process, often a difficult standard to achieve and maintain, will assist new and emerging centers as well as those established centers that struggle with team relationships. Recognizing positive behaviors and responses that encourage members (elements of appreciative inquiry) will pose opportunities for members of teams to more greatly understand themselves and others (elements of learning organizations). These learning opportunities for child abuse case review teams will lead to the accomplishment of the shared goals.

CACs and County Government

In Pennsylvania, many programs that affect the welfare of children are county-based. Children and families in need of services, such as health care, food and nutrition programs, cash assistance, drug and alcohol services, mental health and mental retardation services, public housing and job training apply within their county of residence. Certain eligibility requirements must be met such as household income, age of children and documentation of mental or physical disabilities in order to receive assistance. County funding received from state and federal funding streams is determined by population statistics, crime statistics and other determining factors.

CACs in Pennsylvania have varying organizational structures. Some are hospital-based, while others are private, non-profit centers with a governing Board of Directors. They may be governmentally associated such as with a district attorney's office or a local child protective services agency. Regardless of their structure, they interact with agencies that are government-based and rely on funding through state and federal funds. The CAC model may, but not always, provide services to only the county in which the center is located. In Pennsylvania, many of the larger urban areas (Philadelphia is an exception), such as Pittsburgh, Harrisburg, Erie and Scranton, reach beyond their borders to provide services to children and families in counties that may not have the resources to develop their own CAC. For example, Harrisburg's CAC, PinnacleHealth Children's Resource Center, has served a geographic region of more than 20 counties for many years and receives funds designated through the child protective services needs-based budgets of eight counties.

As county agencies are increasingly asked to "tighten their belts" less and less funding for service providers is available. It is incumbent upon the leaders of CACs to find other means to sustain their centers while maintaining relationships with county agencies and other non-profits, often competing for funds from shrinking resources. This drought of resources often creates stress and tension among agencies that spills over into relationships among multidisciplinary team members that must work together. It is important to find new ways to view the world that sees the interconnectedness of systems and not individual interactions. Appreciative Inquiry embraces a positive approach to "organizational change that looks for what is going "right" and moves toward it,

understanding that in the forward movement the greatest value is in embracing what works" (Watkins and Mohr, 2001, p.11).

Appreciative Inquiry

It is generally agreed upon in literature and application that the collaboration of multiple disciplines to investigate, evaluate and treat child abuse is preferred practice. It is also expected that challenges, even conflicts, may arise when divergent perspectives, levels of experience and, at times, conflicting procedures arise among those involved. Much attention has been paid to "solving problems" that exist with an emphasis on what is wrong. This process of assessing deficiencies can lead to blame and defensiveness and resistance to change (Hammond, 1998).

Appreciative inquiry (AI) takes a different viewpoint. Rather than focusing on the problem and what happened AI allows those involved to imagine what the situation should be and expend energy to move forward toward fulfillment of this image (Watkins & Mohr, 2001). This process is successful with individuals as well as large organizations. Organizations become focused on their positive qualities and leverage those qualities to enhance organizational change and growth (Hammond, 1998). Agencies are "programmed" to respond quickly to crisis situations. Stressful situations do not allow for much reflection but these are the times thoughtful consideration is most needed.

AI has surfaced as a response to organizational change that might otherwise derail individuals or programs when transformation occurs. It is a new paradigm to be considered for individuals and systems, such as teams, as a practical change process and an alternative view of how to shape the future (Watkins & Mohr, 2001, p.24-25). In order to implement this new change process, it is important to understand the role of

assumptions in organizations. Assumptions are a set of beliefs shared by a group that guides the groups thinking and behavior (Hammond, 1998). Hammond (1998) describes assumptions as:

1) statements or rules that explain a group's belief,
2) an explanation of the context of the group's choices and behaviors,
3) developed consciously or unconsciously by individuals or group members,
4) needing to be made known and discussed before anyone can be sure of the group beliefs (p 15).

Members must feel comfortable in questioning the assumptions or beliefs of a group or an opportunity may be missed to improve effectiveness. AI provides its own assumptions that encourage embracing change through questioning beliefs. The assumptions of AI are as follows:

1) something works in every society, organization or group,
2) what we focus on is our reality,
3) there are multiple realities and reality is created in the moment,
4) asking questions of a group or organization influences the group in some way,
5) people are more comfortable entering the unknown future when they carry forward parts of the known past,
6) the parts of the past carried forward should be the best parts of the past,
7) differences must be valued, and,
8) the language we use creates our reality.

These assumptions present a positive and forward-thinking paradigm that should help groups, such as teams, develop and maintain productivity and sustainability through change.

Appreciative Inquiry may provide practical guidance for complex systems such as multidisciplinary teams to function effectively through natural and unexpected changes related to team and leader roles and relationships.

Facilitating Team Potential

The most valuable asset of CACs is the staff, agency team members and community members who support the collaborative approach. CAC leaders recognize the importance of sustaining and nurturing their human capital. The theory of learning organizations proposes that recognizing human values in the workplace is essential for organizations to realize their potential (Senge, 1990). Senge (1990), in his book, *The Fifth Discipline*, describes the importance of tapping the human potential through encouraging leaders to develop in themselves, and those they lead, "personal mastery" (p. 141) – the discipline of personal growth and learning. A national survey conducted by Kolbo and Strong (1997) examined the nature and characteristics of multidisciplinary teams. The focus was on their organization and functions, but little was written about the human potential within these teams. More recent research has focused on the group process and team cohesion (Hyrkas & Appelqvist-Schmidlechner, 2003; Kovitz, Dougan, Riese & Brummitt, 1984) but still lacked emphasis on individual team member perceptions or qualities of the leader themselves.

Senge (1990) describes team learning as the process of "alignment" and [development] of a team to create the results its members truly desire" (p. 236). This

process can be further described as team members who develop an intuitiveness that facilitates the team learning process. Team learning becomes effortless and occurs without consciousness. This happens when team members learn to trust, develop a level of comfort and safety within the group and are not fearful that either their questions or suggestions will be judged (Senge, 1990). In order to foster an environment ripe for learning it is crucial that the team leader step away from the traditional role of setting the direction of the team or making the key decisions. Rather, a new view of leadership is demanded, one with more subtle tasks. Senge (1990) states that leaders in learning organizations are responsible for "*building organizations* (p.340)" where people expand their capacities and reach their potentials. The first step in this leadership process is that of *designer*. The first task is designing the governing ideas with which the team will operate: its vision, mission, and core operating values. Laying the groundwork for the shared vision is important to foster long-term orientation and commitment that encourages learning.

The second task finds the leader as *steward* of the vision. In the learning organization, the leader's purpose story (the personal and universal definition of his or her life's work) is freely shared with others in the organization and the leader is open to listening to other's visions. The leader is willing to abandon his own worldview as he or she takes on the stewardship (caretaking) for the vision (Senge, 1990).

The final task is the leader as *teacher*. In most organizations individuals rarely get to achieve their vision because their efforts are exerted dealing with day-to-day pressures and crisis situations. The leader in a learning organization focuses not only on events or patterns of behavior, but also on systematic structures and the purpose, or

vision. The leader as teacher fosters generative learning and encourages creativity. Challenges to strategies that become public are opportunities for improvement and change.

This study will examine child abuse case review teams and their leaders through the lens of appreciative inquiry and learning organizations and consider the influence and impact of Senge's (1990) five disciplines in developing their potential.

CHAPTER THREE

METHODS

Introduction

This study of the roles and relationships of multidisciplinary team members and team leaders was conducted using qualitative research methods in order to gain an in-depth understanding of these phenomena. Employing qualitative methods has allowed for the understanding of the roles and relationships of the multidisciplinary team from the perspectives of the members and team leaders, based on a review of team-related documents, interviews with team leaders and team members and from observing their interactions during a case review meeting. My professional experience with the CAC model has been advantageous due to my familiarity with the challenges that exist in developing and maintaining team member relationships and the benefits derived when the outcomes meet the expectations of the model. It is important to recognize that this familiarity influenced the interpretation of findings. I have been conscious that my experience and knowledge of CAC case review teams might influence my perceptions in this study and I have managed this insider knowledge in striving for objectivity when discussing findings and research conclusions.

Research Paradigm

I have used an interpretive/constructivist paradigm in this qualitative study of team members' and leaders' roles and relationships for multidisciplinary case review teams. Mertens (1998) states that in the interpretive/constructivist view multiple realities exist that may change over time and within different environments. As multidisciplinary case review team members must be willing to learn from each other and develop

collaborative strategies to tackle important issues related to child abuse, this view emphasizes personal experience and understanding of individual responsibility and creativity. The role of the team leader of the case review teams is essential in communicating and effecting collaboration among the diverse membership. The interpretive/constructivist epistemological paradigm best reflects my interest in obtaining insights directly from the subjects of the research. I used an emic perspective based on personal experience in working in a Children's Advocacy Center and an etic view through observations of how other team members and team leaders constructed the realities in their own case review process (Mertens, 1998).

Research Approach

I have chosen to use a phenomenological research framework to best understand the experience of case review team members and leaders as they interact with one another. A phenomenological paradigm implies that peoples' experiences and interpretations of the world around them are important. These experiences and interpretations are the focus of phenomenological inquiry. I chose to collect, organize and analyze the data using a case study approach. This approach allowed me to gather in-depth information in a systematic way and construct individual case studies of participant CACs and analyze overall patterns and themes to consider cross-case similarities and differences (Patton, 2002). Patton (2002) emphasizes that phenomenological study is focused on rich descriptions of what people experience. Phenomenological study allowed me to experience the point of view of the team members and leaders in child abuse case review teams. I wanted to gain a deeper understanding of the roles and relationships of the members and leaders and this type of

inquiry allowed me to participate as an observer and interviewer. In employing this type of inquiry I was able to experience the emotionality expressed, both verbally and non-verbally, when discussing difficult and graphic child abuse cases and their responsiveness to other members of their team. The value of observation and group and individual interviews utilizing open-ended questions provided a more vivid picture of their experiences. Qualitative methods of observation (of multidisciplinary case review teams), individual interviews (with designated team facilitators), group interviews (with case review team members) and document review (of signed interagency team agreements, team protocols and mission statements) provided a depth of understanding and richness of detail that I would not have gained by using other research methodologies.

I was aware that Children's Advocacy Centers are complex organizational structures guided by national standards for accreditation. These standards were developed with a commitment to flexibility within each local community in order to encourage creativity on the part of developing centers that are reflective of the communities they serve. Therefore, I expected that centers would have variations in their organizational structure given the specific populations, geographic region and resources available. This expectation was formed from years of professional experience in the field of child abuse and the development of Children's Advocacy Centers.

Researcher Positionality

My professional experiences provided valuable background knowledge that informed this study. The following description of my engagement in the field helps the

reader to understand how my personal past and the emotions that it stirred formed my values and defined my interests.

In reflection, I realize that my chosen profession, Social Work, came very naturally as a result of family circumstances and early social interactions. I was the only child of the union between my mother and father, and a half-sister to my father's four daughters and three sons by a previous marriage and to my mother's son by a previous relationship. My father was 62 years old and my mother 36 years old when I was born. As a child I witnessed the physical abuse of my half-brother, six years my senior, by my father, his stepfather, on many occasions. I also witnessed my father's violent outbursts and physical abuse of my mother when she attempted to protect her son. The abusive experience my brother suffered is still vivid in my memory 49 years later.

Another personal experience of child abuse has also affected me personally and my choice of profession. The father of a family I babysat for when I was 13 years old made inappropriate sexual advances towards me. I did not disclose this information to anyone until I was an adult and never confronted the abuser. As a result, I felt shame, guilt, distrust, confusion and anger – a mix of emotions that shaped my desire to help others whose innocence was similarly disrupted.

These experiences have contributed to my choice of Social Work as an academic and professional choice and the career path that has led to my interest in the advocacy for child victims of abuse. I have chosen to be transparent in terms of how my past experiences have shaped my beliefs and values to best understand the lens through which I have explored the culture of child abuse case review teams in the Children's Advocacy Center model.

As a co-founder of an accredited Children's Advocacy Center located in Central Pennsylvania, I am knowledgeable of the organizational structure and functioning of such centers. I am familiar with many of the Pennsylvania centers as state chapter meetings are often held at my center's location due to its centralized geographic location and accessibility to statewide political leadership. From 2000 to 2004 and June 2007 to June 2008 I was the President of the Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams. I helped to guide several Pennsylvania centers in their development and growth, and mentor their directors. In an effort to maintain neutrality during this research project, I resigned that position as of June 30, 2008. I am, and will continue to be, an active member of the Pennsylvania state chapter organization, but I have not been in a leadership role that would suggest influence or authority over any center that participated in this research study.

I have been an accreditation site reviewer for the National Children's Alliance for eight years and am thus familiar with accreditation standards and the required operating policies and procedures that centers must meet. To maintain objectivity, national accreditation site reviewers are never scheduled to review sites in their home states. Therefore, I have never been in a position of authority that would make recommendations to the national organization on the accreditation applications or process of any CAC in Pennsylvania. Although, as stated before, this experience affords Pennsylvania centers the opportunity to tap my vast knowledge of standards and the accreditation process without bias. The PinnacleHealth Children's Resource Center, the center I currently direct, received national accredited status in May 2005 with the highest designation – "accreditation without recommendation."

Sampling Strategy

A voluntary purposeful sample was used to select Children's Advocacy Centers in Pennsylvania to be part of the study. There were nine accredited centers in Pennsylvania when I began collecting data for this study including the center at which I am Executive Director, which was therefore not eligible to participate and was eliminated from selection. The sampling criteria for the remaining eight were: a) have achieved national accreditation, b) have had a working case review team structure for a minimum of two years, c) conduct regular case review team meetings, and d) center administration, staff and team members are interested in participating.

Eight centers met the sampling criteria and were invited to participate in this study (see Appendix A). Of the eight eligible centers contacted, four were located in Western and Northwestern Pennsylvania, one in Central Pennsylvania and the other three were located in Northeastern and Southeastern Pennsylvania.

Five centers (60 per cent of centers meeting eligibility criteria) responded to the request and all those that agreed to participate were selected for this study. The five centers are geographically spread out across Pennsylvania: one center is located in the western part of the state, one in the center, and one in the northeast and two in the eastern part of the state. Two centers are located in highly populated urban areas with many governmental and human services resources available, two in mid-size cities with a mix of urban, suburban and rural populations with varied resources and one in a rural area with few resources.

Data Collection

Upon receipt of approval from the Institutional Review Board (IRB) data collection for this study was conducted in such a way as to ensure credibility of the findings to the greatest extent possible. Methods were implemented with rigor and with documentation of observations through extensive note taking and journaling, recording and transcription of interviews and review of center documents. Additionally, the study incorporated multiple data sources that allowed for triangulation of the findings, thus providing several views of the subject under study.

I have used four types of qualitative data for this research: program documents, a team member self-report survey, observations and individual and group interviews.

Documents

I reviewed each center's written mission statement and program documents, including each CACs signed interagency agreement and team protocols. The purpose of reviewing the mission statement was to identify a stated shared goal and activities that memorialized the efforts of team members to "coordinate or collaborate" with "multidisciplinary team members" as a "community response to child abuse (Chandler, 2004; O'Leary, 2006)." The specific words or statements epitomize the philosophy of the Children's Advocacy Center model.

The program documents required to meet national accreditation standards (signed interagency agreements and team protocols) afford insight into the organizational structure and focus of each center's team. Certain activities are required to occur as a result of multidisciplinary team collaboration: case planning, confidentiality, sharing of information and a method of multidisciplinary case review. I analyzed interagency

agreements and team protocols signed by administrators of the agencies that the members represent in order to determine consistency of goals established for the center and I compared what I found in the documents with the goals verbalized by the team members and leaders during their interviews.

I read each document and assigned criteria for analysis. I created a checklist to ensure consistency of the information collected (see Appendix B). The following initial data documentation I developed is detailed for each type of document I reviewed. Summaries of the documents reviewed - mission statements, interagency agreements and team protocols - are shown in Appendices C, D, E and F), respectively.

Mission statements. To identify CAC mission statements, I compared language from each of five sites and documented evidence of words or phrases that referred to activities specific to a Children's Advocacy Center including "serves the interests of the child and family," "community response to child abuse," and "multidisciplinary team approach;" all three are essential to fulfilling the goals of the Children's Advocacy Center model and forms the basis for the development and implementation of the model (National Children's Alliance, 2004; O'Leary, 1994).

Interagency agreements. I developed criteria and compared each agreement on the inclusion of concepts, language and/or actions necessary to establish and promote multidisciplinary collaboration and coordination of services to child abuse victims. Each signatory represents an agency's commitment to abide by procedures that have been outlined. I organized the required components included in the interagency agreement into categories. These are: the organization's mission statement; the stated purpose of the agreement; identification of the required multidisciplinary team member agencies;

discipline-specific responsibilities are outlined; services to be offered; guidelines for required activities and signatures from required partner agencies signifying their commitment to the team.

Conceptually, the more comprehensive the Interagency Agreement, the greater likelihood that procedures will be followed and the integrity of the CAC model will be maintained. This is predicated on the belief that agencies will be more likely to put procedures into practice if a written agreement exists. In practicality, not all of the participating agencies management or supervisory staff may be aware of or accepting of the agreement and may communicate this verbally or non-verbally to direct service workers. A signed agreement can provide common ground to inform current and new agency workers and be used to settle conflicts more easily than if such an agreement did not exist. Further, when agency leaders change, the agreement is more likely to be supported if it is in writing and has a history of acceptance of all agency administrators. It is important to keep current with such changes and obtain their signature as a sign of their commitment.

Team protocols. In much the same way I organized data from the interagency agreements, I did the same with the team protocols. I asked each CAC director from the participating centers to provide their team protocols. I received team protocols from four of the five centers. One of the centers only provided the narrative answer to their accreditation application that briefly explained the procedures of the team. I contacted the director of this center to request the protocols and was told I had received all they had on file. The narrative I received is not considered a team protocol and I noted on the matrix I developed for this document “no team protocols [were] available.”

CAC team protocols provide a roadmap for any new or current team member to follow regarding operations and procedures of the established Children's Advocacy Center. Each protocol represents an agency's written procedures for operations. Protocols should be comprehensive and provide detailed roles and responsibilities of all partner agencies of the CAC.

I examined the protocols provided to me by the directors of the CACs. I established categories that included expected and required components developed with input from all required disciplines of the CAC. The categories consisted of the following protocol components: statement of purpose; outline of discipline specific roles and responsibilities; discipline-specific services; procedures addressing intake, joint investigations, pre- and post-case planning, forensic interviews, case review, medical exam referrals, referrals for mental health and victim services, and case tracking; confidentiality and sharing of information; criteria for cases referred to the CAC, and, strategies for resolving conflict between team members and agencies.

Team Member Self-Report Survey

I developed a self-report survey (see Appendix G) that was introduced to participating team members prior to my observation of the case review team. Of 68 team members present during my site visits, 49 (67%) completed the survey. The purpose of the survey was to obtain descriptive information such as: gender, county of residence and employment, education level, area of study, certificates held, identified professional discipline, years as a CAC team member, current position title and years in discipline, number of years employed in current position, if they had supervisory responsibilities, their awareness of the CAC interagency agreement and if they participated in the

development of CAC protocols. Each member was also asked to provide an answer to the question, *"Tell me about a time when you were proud to be a member of the CAC case review team."* I collected these responses from the team members to create a basis of understanding of the framework and composition of the members of the case review teams.

Observations

I observed one case review team meeting of each CAC participating in the study. This observation afforded me the opportunity to examine the case review process and look at the roles and relationships exhibited by the team members and the team leader.

I introduced myself to the team members and described the purpose of the study. I presented the members with the participant agreement forms for signature and passed out the self-report survey asking for it to be completed and returned by the end of the meeting. At four of the five centers I was asked to sign a confidentiality statement prior to the start of the meeting.

I positioned myself away from the other team members so that my presence and note taking were less distracting to team members. I created an observation checklist to ensure consistency of the data collected (see Appendix H). The observations included: the pre-meeting gathering of team members and a description of the physical space of the meeting (lighting, chair placement, location of room, outside noise levels, equipment available, privacy, convenience including restrooms and refreshments available). I also noted the disciplines represented, the communication patterns between team members and distractions displayed by team members, identification of team member roles and relationships and facilitation by the team leader.

I summarized the notes from each site including my impressions and analysis of the observations. The case reviews were not audio taped, to ensure confidentiality of the cases discussed, but brief field notes were made during the observations and detailed journal notes about each case review experience was completed immediately following the meeting. Meeting observations are summarized in Appendix I.

Interviews

Two separate interviews, using a structured interview guide with open-ended questions were conducted either before or after each center's case review team meeting. An individual interview with the team leader and a group interview that included members of the case review team participating in the scheduled meeting were completed for each participating center.

Team leader interviews. I conducted one interview with each identified team leader following the observed case review. I used an interview guide of open-ended questions (see Appendix J). I followed an identical format of questions in each interview. I introduced the intent of the interview and proceeded to ask eight prepared questions. If necessary I provided additional explanation of the question for clarification dependent on the response provided by the leader. Ample time was available for the leader to answer each question. All interviews were audiotaped.

The content for four of the centers was transcribed from the audiotapes. In one instance, the audio file of a team leader interview was erased due to my error. A follow-up phone call was made to the team leader. With her verbal permission (recorded) I conducted the interview again using the same interview guide. The content was then transcribed. In this particular case, there did not appear to be any negative effects on the

information gathered or any reticence on the part of the team leader to answer questions a second time.

I conducted interviews with the identified leaders of each case review team on the day of the observation with the exception of site #4 whose leader was not available prior to the meeting to conduct the individual leader interview. Contact information for the leader (county Assistant District Attorney) was provided to me by the center so that I might schedule a future time to conduct the interview. I was able to complete the leader interview by phone approximately six weeks after the case review visit. I developed a matrix of initial themes from the team leader interviews (see Appendix K).

Team member group interviews. I conducted one interactive group interview with each case review team to better understand team leadership, roles, relationships and responses to divergent views of team members. This was completed as I followed a prepared interview guide of open-ended questions (see Appendix L). Their responses were audio recorded. In only one case review, a team member elected not to participate due to concerns that the agency that employs that individual may not approve of that member's participation. Team Members were assured that the general questions asked were the same for all centers in order to maintain consistency as only one interview was conducted per center.

Four of the team interviews took place after the case review team observation. An additional date for the interview of the team members in case review team #4 was necessary as no team members stayed after the meeting due to their work responsibilities. Arrangements were made with the team leader to conduct the interview via conference

call several weeks later. A matrix of initial team member group interviews can be found in Appendix M.

Data Analysis

Data analyzed included detailed field notes and ongoing journal entries on data gathered from document review, responses to a self-report survey, notes from participant observations of case reviews and transcripts of individual and group interviews of team leaders and team members. From the data analyzed I created individual case summaries of the centers studied. I assigned a pseudonym for each center to protect the identification of the individual Children's Advocacy Centers participating in the study.

I developed a codebook that detailed the sources of data used and the information gathered from each center. I performed content analysis of the data examining and comparing the interviews and observations conducted and from this I organized the data in the form of matrices. Using inductive analysis (Patton, 2002) I discovered themes and patterns from the data collected across all data sources.

I kept an audit trail to ensure what Guba and Lincoln (1994) refer to as dependability and confirmability of the data collected and analyzed. The audit trail demonstrates that the manner, method and construction of the data are embedded in existing contexts and sources and were not formed by my interpretation alone.

I originally planned to use qualitative software to manage the data collected but elected to complete the analysis by hand as data was collected.

Data Reduction and Coding

I began data analysis by reviewing all data. It was important to sift through, organize and compress the data collected. My purpose in organizing and examining the

data is to make sense out of the volume of data I collected in order to determine the significance in relation to the research questions and communicate this in a way that others understand and can benefit from the findings. The following is a description of the steps taken to reduce, code and analyze this collective data.

Documents

I had requested and received documents from the Director of each participating CAC. I read and reviewed each document. Based on my experience as a national site reviewer, professional experience as a CAC director and knowledge of the requirements of the written documents, I developed a checklist (see Appendix B) to determine if established criteria specified in the National Children's Alliance standards for accreditation (National Children's Alliance, 2004) were met for each document from each participating site. I organized the data into categories that reflected the components expected of an accredited CAC. I noted if a center was missing any components and noted special circumstances or individual center variations. This information was transferred to a separate document review matrix for each type document. The following is a description of the matrices for each document, the categories selected and how they were chosen.

Mission statement. Organizations develop mission statements to describe the purpose and activities of the operation that is shared by the members of that organization which guides their behavior to achieve the collective goals. I asked each CAC Director to provide the mission statement of their CAC. I began by writing out each mission statement from the centers participating in the study. These are listed in Appendix C. Identifiers within the mission statement have been eliminated to maintain confidentiality

but the context of each statement remains intact. The CAC model was developed with key concepts and expectations in mind. Three general concepts included in the Accreditation Guidelines for Children's Advocacy Centers (National Children's Alliance, 2004) are: a focus on the interests of the child victim and non-offending family members, developing a community response to child abuse and utilizing a multidisciplinary team approach. These ideas principally guide the expectations of CACs and form their mission.

I felt it also important to consider the description of each CAC type. The model includes a standard on "Organizational Capacity" that requires a CAC to be a private non-profit, affiliated with a non-profit umbrella agency or part of a governmental entity to become accredited. The structural form is meant to be flexible dependent on the needs and resources of the community in which it resides. This form is identified in the Mission Statement Matrix (Appendix D) developed.

I noted in the comments column if the mission statement was clear in its intentions, if it included information in the specified categories and if this information was detailed or vague.

Interagency agreements. Written interagency agreements are a required component for all accredited Children's Advocacy Centers. I examined the interagency agreements for this study to determine if required and/or expected components were present. These components include: presence of the CAC's mission statement, a stated purpose of the agreement, a list of the agencies that comprise the multidisciplinary team, an outline of specific roles and responsibilities of each required discipline, detailed services, the presence of guidelines to address joint investigations, case planning, case review and confidentiality and information sharing among the required team partners.

And finally, I examined the signature page to ensure that all required agencies were represented.

I created a matrix (Appendix E) from the data I collected from each participating center and listed the components present in each center's interagency agreement. I noted if any of the components were missing and any special circumstances or organizational structures that explained individual practices that did not meet the categories I developed.

Team protocols. Written team protocols more specifically describe the procedures and guidelines to accomplish all the goals and objectives of the CAC mission and they have been formulated with input and feedback from team members representing all the required disciplines.

I examined each center's protocol for required written components that described the process and procedures of each participating center's activities. These components are listed in Appendix F and include: details outlining the roles and responsibilities of each discipline as a team member of the CAC; the specific services provided by the CAC, including but not limited to, forensic interviewing; the protocol of each center must describe the type of case accepted for services at the CAC.

Case criteria/case selection can vary among centers. Some CACs may only see alleged cases of sexual abuse, while others may also see serious physical abuse and still others may broaden the type of case seen to include child witnesses, sexual exploitation cases or exposure to pornography. The type of case is not as important as having a defined protocol that reflects the decision and acceptance of the team (case criteria is decided by each team and often driven by prosecution input and available community resources). Additionally, I examined the team protocols for a description of the process

by which cases seen at the CAC are reviewed in a multidisciplinary approach, i.e., the case review. The frequency, location and structure of the case review meeting are also individualized to meet the needs of each CAC team. The responses varied for each of the participating centers. Within the case review structure, I examined the protocols for evidence of how the team members are expected to communicate. The protocols are also expected to contain language that denote the multidisciplinary response to child abuse developed by their center and includes the seven required disciplines as team members (prosecution, law enforcement, child protective services, medical, mental health, victim services and the CAC). I also documented on the matrix additional areas of focus of the centers or corollary services that were provided for in the protocol beyond the required components.

Team Member Self-Report Survey

I reviewed each completed self-report survey and narrative response and created a matrix (see Appendix O) containing summaries of these data. The following describes the steps I took to sort, organize and report the data collected from the survey.

I conducted an initial analysis of the responses to the open-ended question from the end of the survey and created a list of recurrent themes from each participating CAC. A second analysis was completed where I identified recurrent narrative themes and patterns across all five sites. These cumulative responses represent the positive feelings the team members have about themselves as members of the case review team

The open-ended question was included at the end of the survey. Responses were taken from individual team members in answer to the question, “Recall a time when you were proud to be a member of the CAC case review team.”

The recurrent themes were then color-coded for each site as follows: Clayton Center = blue; Hudson Center = pink; Jackson Center = orange; Lexington Center = green; Marion Center = yellow. Themes were narrowed down into the following categories: pride, collaboration, links to services, team, benefits to child/family, prosecution, positive resolution, team process for conflict resolution, learning process, healing of victim, justice for victim, leader enjoyment, professional relationships, multidisciplinary and different perspective. Further narrowing down the categories resulted in identifying three themes that contained three or more responses from the sites. The three themes identified included: multidisciplinary team/collaboration, positive impact and child/family.

"Pride" was not used as a category since it was the subject of the question posed at the end of the survey.

Observations

I created categories to organize large chunks of data gathered from the observations from each site. The data I obtained is based on observations of pre-meeting activities, meeting logistics (when meeting occurs, if on-site or off-site of the CAC and if food items were provided), what disciplines were represented, if a confidentiality form was offered to be signed, observation of physical surroundings, activities of the meeting and communication patterns between leader and members. Variations of case review meeting structure, identified leader and physicality of facility were expected. Attendance by representatives from each discipline is required by accreditation standards.

In order to best understand the exchanges between team members and leaders, I tracked the discussion on paper, documenting the meeting site by drawing the meeting

space and identifying the team members represented by their discipline. As the meeting began I tracked the exchanges by drawing lines from member to member and leader to member. A summary of these exchanges is included on the matrix created (Appendix I). I noted distracting behaviors, side conversations, domination of meeting by leader or member, lack of communication by members or leader and evidence of conflict and examples of resolution, if any.

Interviews

Team leader interviews. I transcribed each interview and reviewed it for recurrent themes and patterns. I examined the responses for positive or negative remarks and categorized the themes as such. In addition, given research questions 1c and 1d, I identified which themes could be categorized as describing a role of the leader or the leader's relationship with the team. In sorting the themes I discovered that some could not be described as a role or relationship but could be a resource for both the leader and team members to use in gaining a better understanding of themselves, the child and family or the functioning of their center and the CAC model. The matrix developed to document my examination of the leader interview can be found in Appendix K.

Team member group interviews. Similarly, I transcribed each group interview and extracted recurring themes and patterns. I created a matrix, separating positive and negative responses, and determining if the themes described roles, relationships or were resources upon which team members relied in demonstrating behaviors and practices of their team experience (see Appendix M)

For both types of interviews completed, I have defined, for the purpose of this study, the role, relationship and resource identified for each theme in each interview as

follows: a “relationship” is defined as a rapport existing between team members that positively or negatively impact the achievement of their shared goals. The “role” of the leader or team member is the perceived or actual task or professional expectation within their individual discipline or within the team.

I define a “resource” as a foundation or basis of understanding or source of strength to assist the team leader or team member. It can take the form of a shared belief or joint product that guides the leader and team member.

Interview themes. Following the review of interview themes from both the team leader and group interviews of team members for each study site, I compiled recurrent themes from across all teams studied (see Appendix N). I found that more responses related to relationships among team leaders and team members than described their perceived. Each center had resources upon which the team members could rely and reference regarding the behaviors or beliefs expected with their team.

Quality

In an effort to define quality of qualitative research, Guba and Lincoln (1989) created criteria to judge qualitative research with four categories they determined would best fit the interpretive/constructivist paradigm: credibility, transferability, dependability and confirmability.

For this study, credibility, which Guba and Lincoln (1989) proposed as analogous to internal validity, was enhanced through the use of several strategies including, but not limited to: persistent observation (attending case review meetings), peer debriefing (utilizing neutral, disinterested peers to reflect on findings, analysis, hypotheses, etc.), progressive subjectivity (sharing personal values and judgments regularly with peer

debriefers to document constructions and processes of change), member checks (provide an opportunity for respondents to verify if the data collected accurately reflected their positions) and triangulation (use of multiple data methods such as document review, interviews, observations and self-report surveys) (Mertens, 1998).

Transferability, analogous to external validity or generalizability, refers to the researcher providing "thick description" (careful and extensive) of the time, place, context and culture of the study site in order that readers can assess similarities between the study's findings and their own situation or experience (Mertens, 1998). I have provided a detailed description of the location, atmosphere, relationships, communication cues (verbal and nonverbal), similarities and differences within documents and recurring themes from group and individual leader observations, interviews and self-report surveys. These descriptions are detailed in the Findings section.

I have documented expected and unexpected emerging patterns and themes in this study through a dependability audit to attest to the quality and rigor of the analytical process. This occurred in conjunction with the confirmability audit detailed below through the use of field notes and journals.

In assessing confirmability, the analysis is detailed in field notes and ongoing journal entries that occurred as data was gathered from document review, participant observations of the five case reviews attended, focused group interviews of the case review teams and individual interviews of the team leaders. This audit ensures that the data is traceable to original sources. It also provides insight into the manner, method and construction of the data and that it is embedded in real and existing contexts and sources and not my interpretation alone.

Guba and Lincoln (1989) offer several means to ensure the credibility of qualitative research. Although they express that transferability, trustworthiness and credibility can be seen as the counterparts to post-positivist's means of demonstrating the validity and reliability of quantitative data. However, with greater acceptance and understanding of qualitative methods it is no longer necessary to find a direct link between the two approaches. In conducting my research study I employed the following methods to maximize the credibility of the findings.

Peer debriefing. Peer debriefing (Mertens, 1998) occurred several times following completion of my data collection. Peers included a therapist who is a former staff member of the CAC I direct, a student in the Administration and Leadership Studies doctoral program at the Indiana University of Pennsylvania who has professional experience examining multidisciplinary teams in Pennsylvania, and the Project Director of the Northeast Regional Children's Advocacy Center who in her position provides training and technical assistance to developing and existing CACs. These three peers were consulted and helped me maintain neutrality during analysis. They were not employed by any of the county agencies at the CACs under study or, at the time of consultation, with my own CAC.

I found peer debriefing to be a valuable tool in examining the data and grounding my perspective. One of the debriefers suggested that power and authority may be useful in considering leader-team member relationships and although these concepts are important influences, I chose to focus on behaviors demonstrated by the leader and team members that indicated how they best interacted in managing the goals of the team. This

method enhanced my thinking and the quality of the study. It was a strong source in establishing credibility of the findings.

Member Check. I offered each center an individual report, upon request, so that participant team members and leaders could review the data to verify that the constructions developed were an accurate reflection of the data collected. The participants only requested a report upon completion of the study. During the interviews I asked participants for clarification of their answers to ensure I could accurately interpret their responses.

Following completion of the study, I sent each CAC Director a copy of the Findings Chapter for their review. Each of the five Directors was asked for their feedback and perspectives related to clarity and accuracy of the information I reported. Four of the five Directors I contacted responded in writing. One Director contacted did not respond at all. Two of the four Directors who responded had been present at the case review meeting I observed and agreed the findings accurately reflected their experience of that day. Two Directors who responded were not in attendance at the meetings I observed but did confirm the correctness of my description of their center's demographics and physical space. Both expressed appreciation of the information and one wrote "all your information about our Center is accurate, very accurate."

One of the Directors who had been at the case review meeting I observed reported positive changes that occurred since I was there over a year ago. This Director had been a co-leader of her Center's case review team and I had observed negative interactions between her and a supervisor of one of the disciplines represented at the meeting. The Director remarked that her team had attended a team building training after that meeting

and communication and relationships were much improved. Her comment helped me to put into perspective that the observations and interviews I had conducted were only a "point-in-time" and that prolonged engagement – additional opportunities for substantial involvement in observing and interviewing the team and its leader – would provide a deeper understanding of the team's functioning, relationships and culture and build trust (Guba & Lincoln, 1994). Although, I believe the data obtained is valuable and sufficient to draw broad conclusions, additional contact would have allowed me to further immerse myself into their experiences and become more knowledgeable about their beliefs and behaviors.

Triangulation. I used triangulation to demonstrate the consistency of evidence from the data I collected using the four data sources in this study. Guba and Lincoln (1989) support the use of triangulation in establishing credibility but caution that its usefulness is limited to the cross-checking of factual data. Patton (2002) finds triangulation to be an "ideal (p. 247)" strategy to exhibit credibility of the findings. He believes that using a variety of methods make the study less vulnerable to errors. He does point out that although consistency of findings across different sources may be desired, inconsistencies are also valuable in their discovery. Finding inconsistencies in the data obtained from multiple sources offers the opportunity for deeper insight between the approach used and the phenomenon under study.

I used the following multiple methods from which data was collected: I conducted a review of mission statements, interagency agreements and team protocols from each of the CACs that participated in the study; I obtained descriptive information of each member and a narrative response to an open-ended question through the development of

a self-report survey that many team members completed; observations of case review team meetings afforded me the opportunity to examine the teams in action discussing cases and interacting with other members and the leader; and, I conducted individual interviews with the identified leader of each case review team and group interviews with the case review team members (Mertens, 1998).

An audit trail is crucial to demonstrating that rigorous practices were employed throughout the process. I kept a research log and journal of all documentation recorded through document review, the self-report survey, observations, and interviews.

Limitations of Research

The particularity of the interdisciplinary nature of the CAC teams and their relationships may limit transferability of findings to other types of organizations or teams.

Another additional limitation relates to veracity of data quality in that it is possible case review team members may have responded positively on the issues discussed during interviews or focused discussions as a result of wanting themselves or their Center to be seen in a positive light. As well, team member behavior during observations may have been generally favorable based on their awareness of being observed. In addition, some participants, such as center directors, were familiar with me and this may also have affected the results. I reduced this risk by removing myself from a position of authority as state chapter president prior to any data collection. I was not familiar with individual team members or many individual staff members of the centers.

Another limiting factor relates to the singular visit to centers that resulted in one observation of the case review team in action and one interview experience with the team

leader and with the team members as a group. The data obtained may not be reflective of consistent practice. Additional observations may have afforded a more consistent picture of positive interactions as well as divergent points of view and the behaviors, or lack thereof, from team members and leaders to resolve issues. The elimination of bias may have been mitigated or eliminated by a more formal effort to obtain member checks. Feedback from all the participants was not obtained and may have led to clarification or elaboration on responses from the data.

I offer my findings with the understanding that limitations of the study could have resulted in bias based on several factors. The fact that I visited centers that were interested in participating, as they volunteered from a small group of eligible centers, may have enhanced the data because they were willing participants. I recognize that I could have possibly learned more from some of the centers that did not volunteer that would have perhaps provided a different perspective and their results may have contrasted with the centers that were involved.

Although each of the above may have limited the results of this research study it lays the groundwork for other researchers to continue study of how leaders and team members can best work together to achieve their shared goals.

The findings of this study are presented in the next chapter and provide an interesting look at the results of the research I conducted.

CHAPTER FOUR

FINDINGS

The purpose of this study was to examine multidisciplinary child abuse case review teams and determine how the roles and relationships of CAC team members and the team leader best interact to manage the case review team process to achieve the team's goals. In this chapter, I present findings based on qualitative analysis from multiple data sources that answer the primary and secondary research questions and elicit consideration for future research. The findings are described in rich detail intended to allow the reader to feel the experience as closely as possible without having actually participated in the data collection (Patton, 2002).

Organization

In this chapter I first provide demographic information gathered from a team member self-report survey that provides a profile of the team leaders and team members who participated in this study.

Next, I introduce case summaries on the five participating centers. These summaries draw on data gathered from a review of agency documents, observations and interviews conducted during a one-time visit at the time of a case review meeting. A general description of the geographic context of each agency is provided to capture the general essence of the communities included in this study while ensuring confidentiality of the individual centers. Each center has been assigned a fictitious name to maintain confidentiality. The center names chosen are common city or town names in the United States, none of which are found in Pennsylvania.

Finally, I provide a summary of the major findings from all the sites followed by responses related to the primary research question and each secondary question. The findings presented are the result of all the data gathered from the CAC study participants as individual case studies.

Profile of Team Members Across Five Centers

Self-report surveys were completed by team members from each of the study sites. The information gathered offers an overall picture of the composition of the teams. General data about study participants who completed the survey can be found in Table 1. Identified in this table are team member and team leader gender, age and whether their home and work counties are the same or different.

Table 1

Case Review Team Demographics

Gender	#	%	Age range	#	%	Counties of home and work	#	%
Male	10	20.0	20-29	9	18.0	Same	40	82.0
Female	39	80.0	30-39	19	39.0	Different	9	18.0
			40-49	6	12.0			
			50-59	11	23.0			
			60-69	3	6.0			
			No Response	1	2.0			
Total	49	100.0	Total	49	100.0	Total	49	100.0

Note. There were a total of 66 study participants present during the team observations. Of this total, 49 completed the self-survey.

The majority of team members are not surprisingly female, considering many of the case review team members participating in this study represent social service programs that traditionally encompass a mostly female workforce. The age of team members is fairly well represented across the first four ranges. The identification of counties where team members live and work is significant as the centers each provide

services to children and families generally within the boundaries of the county in which the center is located. Team members who work and live in the same county as the CAC may be more invested in the case review team process to support their home community.

Team members and leaders supplied the following data (see Table 2) that describes their education level and the extent to which they possess professional qualifications for their current employment. Team members represent a diversely educated population with 82% achieving professional qualifications in their chosen career. I did not ask about other specialized training or certifications that members might have acquired to enhance their skills or knowledge in their area of responsibility. There may have been a greater response to this question with fewer members having no response.

Table 2

Case Review Team Member Education Level and Professional Qualification

Education Level	#	%	Professional Qualification	#	%
High school	3	6.0	Law	3	10.0
Associate	2	4.0	Medicine	1	3.5
Some college	2	4.0	Nursing	1	3.5
Bachelor	15	31.0	Law Enforcement	4	13.0
Master's	21	43.0	Social Work/Counseling	12	40.0
Ph.D.	2	4.0	None	9	30.0
Law school	3	6.0	Total	49	100.0
Medical school	1	2.0			
Total	49	100.0			

Team members who completed college (31%) and those that earned a Master's degree (43%) compose 74% of survey respondents. Many social service and professional

occupations require a minimum of a Bachelor's degree and often a Master's degree to meet professional qualifications.

Table 3 presents data about the longevity of team leaders and members in their current employment as well as how long they have served as a case review team member.

Table 3

Case Review Team Member Years Employed in Current Position and Years as Team Member

Years Employed in Current Position			Years as Case Review Team Member		
Range in Years	#	%	Range in Years	#	%
0-5	26	53.0	0-5	37	76.0
6-10	14	29.0	6-10	8	16.0
11-15	4	8.0	11-15	2	4.0
16-20	4	8.0	16-20	0	0.0
20+	1	2.0	20+	0	0.0
No response	0	0.0	No response	2	4.0
Total	49	100.0	Total	49	100.0

As demonstrated by the data, respondents reported more years of experience in their professional field than as a member of the case review team. The obvious advantage is that the members bring with them case knowledge and practical skills that can be shared among members from other disciplines.

Responses to two survey questions were revealing of team members' awareness of and engagement in the formalized structure of a Children's Advocacy Center. Table 4 provides a summary of the responses to these two questions.

Table 4

Awareness of CAC Interagency Agreement and Participation in Protocol Development

Awareness of Interagency Agreement	#	%	Protocol Development Participation	#	%
Yes	42	85.7	Yes	24	49.0
No	7	14.3	No	25	51.0
Total	49	100.0%	Total	49	100.0%

While the majority of team members were aware of the formalized agreement among the agencies represented on the team, less than half of the respondents acknowledged that they had participated in the development of the protocols. Two of the centers had been in existence longer than the other three studied and also have team members with the lowest mean number of years in their current position. It is likely that, due to attrition, these two teams did not have as many members still involved on the case review team who had originally participated in the development of team protocols. It is important to consider that team members may not be as invested in following the protocol if they were not involved in its development or may not be familiar with the reasons why certain procedures must be followed.

An open-ended question to explore team member's feelings of pride (*Recall a time when you proud to be a member of the CAC case review team*) for themselves and others as members of their case review team was included in the survey. Participants provided a written narrative answer to the question that afforded them the opportunity to privately share their responses. The narrative question posed to the case review team members was answered by 57.9% of those who completed the survey.

Team members provided insights into their perceptions of the team when it is successful, and therefore, when they feel personal pride. Examples of the narrative responses are included in each center's case summary.

Case Studies of Multidisciplinary Case Review Teams

The following case studies represent the data collected from review of each center's documents, observations of a single case review meeting, interviews with the case review team leader and interviews of the case review team members. Each case study begins with a short description of the center's geographic location and general information about the participants and their knowledge of collaborative agreements and operational documents of the CAC.

Case Study: Clayton CAC

The Clayton CAC has been in operation since 1998 but did not achieve national accreditation until 2006. Clayton is located in a mid-size city in eastern Pennsylvania. Its current Executive Director has led the organization since 2000. The scope of its reach, geographically, extends beyond the county's borders. The center provides services to surrounding rural counties that do not have access to a CAC in their local communities.

The day I visited Clayton, 15 team members were present for the case review. The breakdown of sex for those present was one-third male (5) and two-thirds female (10). This particular group included the most members (2) in the 60-69 age range of those who completed the self-report survey from all centers participating in the study. All disciplines were represented at the meeting. Nine team members completed the survey. Those reporting the number of years as CAC case review team members had the largest average out of all the study's participants at 4.1years.

The same nine respondents acknowledged their awareness of the Interagency Agreement signed between the partner agencies, while only a little over half were actually involved in writing the team protocols that define the operations of the center.

Based on a review of written documents (mission statement, interagency agreement and team protocols), observations (of a case review team meeting) and interviews (with the case review team leader and team members) of this case review team, an overall picture developed of individuals who appeared to work well together, and seemed to genuinely care for and respect each other. They used positive terms to describe themselves and the results the team has achieved as evidenced in the interviews I conducted. They described how their working relationships have expanded beyond sharing information at a formal scheduled meeting into their daily activities of investigating child abuse cases and treating victims. The relationships they have developed were appreciated by the members as voiced in their interviews. Having an established team with members who are comfortable with each other may present a challenge when accepting new members or procedural changes. As one law enforcement team member noted,

> We've been very fortunate that it is a consistent team; that the main parties have been with us for a while so not having a lot of new people coming in and having to go through that whole initiation process is really beneficial.

Mission, agreement and protocol. I examined the Clayton Center's mission statement for the key concepts that were previously identified in the Methods section as: (1) having a focus on the interests of the child victim and non-offending family members, (2) developing a community response to child abuse and (3) utilizing a multidisciplinary

team approach. The Clayton CAC included verbiage referring to all three key concepts in their mission statement.

The signed interagency agreement from the Clayton CAC was examined according to the criteria and categories previously detailed in the Methods section. This center's interagency agreement met all criteria and included their mission statement, purpose of the agreement, explanation of services to be provided, guidelines for operations and all required signatures representing each discipline. The Clayton CAC is the only one in this study that had such a comprehensive interagency agreement.

I examined this center's team protocols for required written components previously described in the Methods section. The Clayton CAC's protocols were missing several of the components, such as case criteria/selection, identification of the team leader, and means of communicating with members. It only made a vague reference to case tracking and specific services provided such as forensic interviewing in its interagency agreement. The written protocol was missing mention of the representation from mental health and victim services as required attendees at the Clayton CAC's case review meeting,

Individual narrative responses. The written narrative responses from the nine Clayton team members who completed the self-report survey included several recurrent themes. Most prominent in their responses were examples of pride in their team and the personal gratification that they can impact decisions to benefit the process. A mental health worker explained "now that we [therapists] are involved I feel like we give law enforcement and the DA's office a piece to help cases with information and background; a different perspective that they wouldn't have otherwise." A child protective services

worker responded “when a defendant in a child death case was arrested after many months of law enforcement pursuing defendant. MDT members worked diligently to bring case to closure.” Another child protective services worker described “all the time I am very proud to be a CPS worker and part of the CAC team.”

Observations. I had never visited this center’s location before the day I scheduled to observe and interview their case review team and leader during their monthly meeting. I had little knowledge of their organizational history and did not pursue this information prior to the meeting in order to maintain neutrality. My previous contacts had been with the center’s Director and a staff member who attended the quarterly state chapter meetings usually held in Harrisburg. Visiting their center in Clayton for the first time, I felt determined to be seen as a researcher and not as a colleague. I found this to be difficult, initially, as the director introduced me to each team member as “the person who taught [her] everything,” a reference to previous mentoring consultations we had over several years as she worked, with others in her community, to develop their Children’s Advocacy Center. My initial apprehensions did not last long however and I settled into my role quickly.

The center itself is located in a well-maintained multi-story house located within the city limits of a medium-sized city in the northeastern part of Pennsylvania. Its physical location is convenient to investigative agencies and medical facilities and conducive to the center having well attended monthly case review meetings.

I was warmly greeted by staff members and embraced by the CAC Director when she arrived. As I gazed around the entranceway and waiting room I imagined how children and families might feel upon coming to the center for the first time. I felt

welcomed by the space through the child-friendly decorations and placement of furniture that was reminiscent of entering a friend's living room. Although the rooms were small, the Director reported that space is adequate for the interview and medical services conducted there. I imagined team members feeling comfortable in the space provided as evidenced by the décor and furnishings that lent a "homey" feel to the center.

The team meeting room and agency offices are located on the second floor. The conference room is small and doubles as the team observation area for their interviews. Furnishings in the room included ten chairs surrounding a rectangular conference table. Two additional chairs were placed in the two front corners of the room. I placed a participant agreement and team member self survey at each seat around the table. As team members entered, the director introduced me to them. Just before the meeting began I described my purpose in being present, explained the informed consent agreement and asked if they had questions. There were no questions and I collected the signed documents. I settled myself to the side of the room to begin my observations of the team meeting. Prior to the commencement of the meeting the team leader passed around the team's confidentiality sign in sheet for signatures of all those present. I signed this as well. The center director gave me a blank copy of the team's confidentiality form to retain with my records.

The team meeting. I positioned myself in the front corner, trying to remain as unobtrusive as possible. A list of cases to be presented was distributed. During team introductions prior to the start of the meeting I noted that representation from all required disciplines were present except for the physician. The Director explained that he would be arriving late. Latecomers did arrive approximately fifteen minutes into the meeting

and included the physician. The entrance of those team members occurred smoothly and without distraction to the meeting interactions. I did note that when new members entered the room the leader did not acknowledge them nor did she stop the meeting to introduce them. As a group they appeared to assimilate comfortably into the team. The Center Director did explain my presence and the study documents were passed to those entering for their signature. Time for questions was provided and everyone signed the consent forms.

I recorded my impressions of the setting's physicality and atmosphere and of the team member interactions prior to and during the meeting. Overhead and natural light from a large front window overlooking the city street provided adequate lighting. Food and drinks were brought in by the director and other team members and put in the middle of the table. Members helped themselves to pizza and soda, as the director explained (for my benefit) that members took turns providing lunch and that day's offering was courtesy of the district attorney's office. Team members helped themselves and chatted informally with each other. The atmosphere seemed pleasant, comfortable and familiar to the members attending. I noted laughter and discussion included personal issues (members asking about each other's families) as well as cases or situations such as those prosecution and law enforcement were working on. During the meeting there was some moving around as members settled in but this was not disruptive to the process.

The team leader was easily recognizable as the assistant district attorney and team members deferred to her directives. This leader was well prepared with an agenda on her office's letterhead that was handed out by a staff member of the CAC.

I was attentive to the communication patterns of the team and developed a rough schematic that detailed where the disciplines were seated and noted the frequency and direction of questions and responses between the members. The team had developed a routine means of presentation whereby the law enforcement officer begins the discussion by presenting the case. It appeared that members were actively listening as demonstrated by their attentiveness to the members speaking, nodding of heads and by a lack of side conversations that can otherwise be distracting in a group setting. Team members continued eating as the case was presented. These behaviors seemed to demonstrate member's respect of the team process. In response to the case presentations, other discipline representatives provided related input: specifically, mental health representatives discussed the child's mental health issues and offered assessments for prosecution, specifically providing their opinions on how the child would "hold up" during court questioning.

The exchanges among the team members occurred most frequently between the prosecution, mental health, law enforcement and child protective services. I noted that mental health representatives were asked regularly for their opinions and suggestions regarding cases reviewed. All exchanges were respectful I observed no disagreements between members. I was attentive to team member posture and observed only one member sitting quietly with arms crossed who seemed closed to any communication, but when engaged by the team leader, this member fully participated. One law enforcement officer did speak over a child protective services worker, but this did not invoke any negative facial expressions or comments by the affected team member.

I considered the relationships and roles of the team members and team leader during my observations. For example, the mental health therapist seemed to be viewed as a respected professional among members of the team as she was asked frequently for her opinion and suggestions. As well, the child protective services supervisor was shown respect as evidenced by the manner in which members reacted when she announced her retirement during the meeting. Her announcement was met with warmth, concern and positive acknowledgements. A CAC staff member collected and recorded information about cases throughout the meeting.

The team leader was efficient in her role as facilitator of the meeting. She moved the group to the next phase and kept track of time, at times interrupting discussions to keep the flow of reviewing cases moving. Her body language demonstrated her interest and information seeking as I noticed her leaning in when others talked, particularly with the mental health and law enforcement representatives.

Cross-training among team members occurred when the physician presented interpretations of medical findings of cases for the team members. In addition, mental health team members were sought out to explain behaviors that informed team members how best to interact with child victims and their families. The team leader appeared to have a strong, positive relationship with all the team members. Overall, this case review team seemed to embrace an informal social structure and the members present appeared relaxed and comfortable with the process and each other.

Interview with team leader. I met with this team leader immediately following the case review meeting I had observed. The team leader is a female prosecutor who identified herself as “head of the special victim’s unit in the district attorney’s office.”

She agreed to be interviewed, signed the consent form and we moved from the conference room to an adjacent office. During our interview, we were interrupted several times by team members with questions for her regarding cases. The interview began with my request for background information on how she had become involved with the CAC. She explained that the prosecutor's office had been at the forefront of establishing the CAC and took the lead in developing protocols and leading the team meetings. Based on this historical involvement the prosecutor acknowledged her leadership role with the case review team by explaining that she "naturally took the lead" but at the same time she seemed to minimize her role as leader by stating "today [I'm] basically just a facilitator for discussion on the cases." She acknowledged that her role required her to facilitate team collaboration as well as be mindful of her own discipline-specific tasks that accomplish the comprehensive collection of evidence that will lead to successful prosecution. Despite her modesty in describing her role, she demonstrated confidence during the meeting when she included all members in the discussion. When asked what the team does well, she proudly described their communication as one of the team's strengths. This leader expressed how important education is for the team members and her strong belief in the CAC concept as she emphasized a collaborative approach. Continued education to expand team learning was one of her wishes. She acknowledged that to improve practice the team members needed to continue in their training and education. She stated, "experience is great, but you also need to be trained and educated on patterns and of behavior of [victims and perpetrators] and I would love to see money for that training."

During my interview with this leader, comments about the positive relationship she has with team members surfaced. Positive comments were noted in the areas of commitment, leadership, respect, acceptance and shared goals. Most notable was her assessment of the importance of collaboration among the team members and how their relationships demonstrated success. She stated, "that intimate working knowledge of each other is crucial to [our] success."

There were few negative responses from this leader as she emphasized that the team respected each other and communicated well during team meetings and on a daily basis. She compared the team to a "family unit so there are problems from time to time but team members, especially the CAC Director are very good at tackling issues immediately and in a non-threatening and encouraging manner."

The pride this leader feels for her team was evident when she became emotional in describing their commitment,

> What I admire most about our team is … we believe in what we're doing and nobody in that room is here for financial reasons, or glory, because there is none. They feel strongly about protecting children and about stopping child abuse… I am very proud to be the leader [of the team].

Sentiments expressed by the team leader carried over to the group interview I conducted with the team members.

Interview with team members. The interview with the team members took place immediately after I completed my interview with the team leader. The team leader was not able to stay for the meeting and therefore was not present during the group interview. The interview took place in the conference room where the case review had been held. All disciplines, except for prosecution which had been represented by the team leader, were represented at the table.

In response to my first question regarding how team members prepare for the case review, the CAC Director, a member of the case review team, gave a summary of expectations including attendance at meetings and being prepared to present information about their assigned cases. Several team members nodded in agreement to her response. Team members seemed to understand the mechanisms that took place to select the cases and prepare them for the meetings. They also seemed to understand their roles individually as well as how they relate to those of other team members in order to accomplish joint investigations. A detective explained,

> As far as law enforcement, we work hand-in-hand with children and youth on most of these cases so any case that they put up for suggestion we go over it, we get notification of what cases are going and we just bring our files.

All the team members responded enthusiastically about their working relationships when I asked how all the team members work together. One detective remarked "I think we work GREAT together to be honest with you." This sentiment was repeated no less than three times in his response to my question. I sensed that his effort to get his point across was genuine and that he felt strongly about members cooperating with each other. The CAC Director also commented on the respect demonstrated by the team for each member, despite the diversity of backgrounds, expected roles and tasks, and explained,

> We're a team who understands that we come from different perspectives and we respect what [team member] has to do, [he] respects what I have to do and where I may come from so we have differences sometimes, but I think there is that mutual respect.

I found the respectful relationships between team members to be generally evident during my observations of and discussions with the team. The only negative comment from a team member, who seemed to speak "carefully" around the topic of

team leadership, came from an agency supervisor who had announced her retirement during the team meeting. She said,

> I'm leaving so I can say whatever I want to say. I think we have a tendency after a certain period of time, to kind of drift away from the focus. I think that what would make for a better meeting would be if we were more focused on the discussion and when people start to kind of drift away that there be a person who is responsible to bring them back…I would like to see more focus when we drift away.

The above response could indicate that some team members may harbor impressions about the team leader's facilitation skills that they may be uncomfortable expressing in front of her.

Case Study: Hudson CAC

The site of this CAC is located in a rural area in western Pennsylvania and the town is home to a university. This center has been described by its leader and team members as rural and with insufficient resources to meet the needs of the child victims and families seen in its service area. Yet, despite the geographic location and lack of abundant funding, this center and its team have achieved a great deal. The Hudson CAC was organized in 2005 by an active group of civic volunteers that included support from the academic community located in this rural area. Through their support and commitment, the Hudson CAC was able to achieve its national accreditation just one year later, in 2006. The current Director has been in place from the center's beginning. The physical location is a single family home on a quiet street within walking distance of small shops and restaurants. It is surrounded by small businesses and other family homes. It blends into the community to allow child victims and their families to feel comfortable and safe when visiting the center.

The day of my visit seven team members attended. This all female group represented each discipline active with the center. At the time of my visit medical services were not available at this center and children and families were referred to another CAC approximately one hour away. Only six of the seven team members who attended completed the self-report survey. The responses from the members regarding the number of years they were members of the CAC case review team revealed that on average they had been active during most of the time of the center's development and operations. The team members were well established in their careers and were employed on average almost eight years in their current positions.

All of those responding to the survey acknowledged their awareness of the signed Interagency Agreement with 80% having actually been involved in writing the centers' protocols, demonstrating that many of the same team members remain involved in the center's operations.

Mission, agreement and protocol. The Hudson CAC's mission statement, when examined for the key concepts of focus on the interests of the child victim and non-offending family members, develop a community response to child abuse, and use a multi-disciplinary approach in the response, found that it only contained a reference to "…improving our community's response to child abuse and neglect." This simple statement does not provide any description of the organization's present capabilities, activities or structure.

Regarding the Hudson CAC's signed interagency agreement, all criteria and categories I identified in the Methods section were included but lacked reference to how information sharing was conducted and how confidentiality was ensured. Additionally,

case review and case planning were addressed as specific guidelines under each agency's list of responsibilities and did not apply uniformly to all disciplines. Examples include, specified circumstances whereby the child protective services agency becomes involved in case planning and case review only with cases referred from their agency; the district attorney's responsibilities did not describe involvement in the case review or case planning process other than limited to investigative involvement and filing of charges; and, law enforcement's list of responsibilities did not reference attending regular case review meetings at any time.

Despite the lack of inclusion of guidelines for sharing information and confidentiality or uniformity of case review and case planning activities in the signed interagency agreement, this center has a robust team protocol that included most of the expected components.

Individual narrative responses. The Hudson CAC's team responses centered on themes involving case outcomes such as arrests, prosecutions and convictions of alleged perpetrators of child abuse that they define as success. Their responses described a connection between such success and having a positive outcome for the victims and the community and for themselves as team members. A university professor, acting as a team consultant, described her feelings of pride "when there is a positive resolution of the case that benefits child/family/society."

A mental health worker responded "when we successfully link individuals to appropriate service and when a conviction is obtained." A team member representing law enforcement expressed feelings of pride as "anytime our office can successfully

prosecute a case ... see the victim start their healing process." A child protective services worker explained her feelings of pride surface "when perps [perpetrators] get sentenced."

The Hudson team members were consistent in their enthusiasm for their team throughout this research process. The pride they felt for their individual roles and the established collaborative relationships with fellow team members was evident. A victim service worker summed up the team's feelings of pride in this written narrative response:

> I am very proud of the team each and every time we meet. For years we (member's center) did advocacy work with very little information and no collaboration. We have come a long way and I appreciate the team and all the members and the collaboration on behalf of the victims.

Observations. The Hudson CAC is located in a white, wood frame home that had once been a commercial business and has been renovated to accommodate the CAC. Located one block from a main street, it sits in the midst of residential homes and small businesses. Besides a small sign next to the front door, there is nothing else to distinguish it as a CAC. The lack of signage is purposeful and is meant to maintain confidentiality for those receiving services. I was met by the CAC Director who for this center also acts as the case review team leader. She informed me that investigating agencies have access to the center after regular business hours if needed.

Upon entering the center, I noticed the rooms that had once been used as living space had been converted to accommodate the needs of the CAC. On the first floor was an open space that housed a waiting area for families and office space. In what once might have been the dining room was an oval conference table with seating for eight. Additional chairs flanked the large front window that looked out onto the front yard. When I arrived, members were already seated around the conference room table. The CAC Director, as team leader, took a seat at one end of the table. I provided information

about my research study while passing out the participant letter, informed consents for signature, and the team member self-survey. I collected all signed consent forms prior to the start of the meeting.

Team members identified themselves as representing the required disciplines. The county detective, who is part of the district attorneys' office, identified herself as also representing prosecution. I have observed this before in my experience on accreditation site reviews where a team member from one discipline states they can "represent" another discipline that is not in attendance. I have wondered if it is possible for one discipline to accurately represent another. Their perspectives, assumptions and beliefs are shaped by their own experiences and may not be fully felt or understood simply by "residing" in another discipline's space. In this case, no one else at the table objected and I noted the information. Another law enforcement representative who had been expected did not attend. In addition, team members included a professor of child development from the university who introduced herself as a consultant to the team to help understand children's growth and behavior.

The atmosphere of the meeting was very informal and relaxed. The confidentiality form was not immediately presented to me to sign and I asked to sign it at the end of the meeting. The CAC Director was attending to many details and was not immediately aware that I was not asked to sign in. She was appreciative when I did so at the end of the meeting.

The team meeting. The team leader made several announcements including acknowledging the receipt of a box of candy sent by a police detective from another county who had referred a case to the center and wanted to thank the CAC for their

cooperation in interviewing the child victim. The team members seemed very pleased and proud of this recognition. The Director noted that the gift would serve as snacks for the case review members as the center did not have funds to provide lunch as she would like to be able to do for them.

I took a seat along the wall and the meeting began with the leader's announcements. The team leader was easily identified as she took control of the meeting by summarizing the first case and providing commentary. The leader talked fast and was interrupted several times by her cell phone – taking the calls rather than waiting until later. Although the members did not appear distracted by the multi-tasking the disruptions interrupted conversation and prolonged the meeting. Communication among members seemed to flow back and forth from team leader to one member at a time and rarely involved other members. There were no overt disagreements and all participated except the local university professor who did not provide input or consultation on any case.

Team members were engaged in the process but there was not much discussion between members and little cross-training was observed. The team leader was clearly viewed as in being charge and members respectfully deferred to her control over the meeting. As the only staff member of the CAC, the Director is responsible for all aspects of its operation including administration, forensic interviewing, case tracking and case review. I observed the leader keeping track of case notes, answering cell phone calls related to referrals to the center, providing information on the forensic interview she had conducted and engaging team members during the case review meeting.

The relationships between the team members appeared close and familiar. Much of the discussion that occurred was based on the community being so small that many team members constantly run into clients in public places. Many of the members, and the leader, did not refer to written information, but rather relied on memory when discussing their contacts.

Team members acknowledged that they determine case success by legal outcomes and the child's reaction. The team members seemed pleased when they announced what they considered good outcomes for the child in terms of alleged perpetrators being arrested, charged and successfully prosecuted. They demonstrated their satisfaction by their smiles, laughter when discussing humorous interactions with familiar individuals related to the case and sighs of satisfaction when case updates related to victims and their families were described.

The team member interview, as reported next, included the team leader/CAC Director. Her presence did not seem to deter team members from sharing their feelings and their comfort with her at the table appeared genuine.

Interview with team members. I met with six of the seven team members following the case review meeting. One team member was unable to stay, but the remainder of the members reflected diversity among the disciplines represented. I began by asking them to describe their case review process and how they prepare for the meetings. Each discipline described their role and the information they bring to share at each meeting. Only one member representing an academic institution, minimized her involvement stating, "my involvement is minimal. I am here to discuss any concerns regarding developmental issues with children." I found this statement to seem more of a

justification for her presence than an explanation of how her expertise was used in the context of the team's case review process. She did not provide any comments during the case review meeting and seemed as much an observer as myself.

In response to my question asking how team members work together, the members in attendance, representing mental health, child protective services, law enforcement, victim services and the CAC, all acknowledged positive changes having been experienced in relationships with other team members. The victim service worker explained that she had received a negative reaction from a state trooper when she questioned the response a victim received from this law enforcement professional. Prior to the CAC's existence, the victim service provider felt her involvement as a support person for the victim was dismissed by the law enforcement officer as unimportant. When the CAC became established, this victim service provider stated that she initially felt unable to express herself in his presence at the case review meetings. She stated, "…he made me feel afraid of him, but over time I have learned to speak out at the meetings and our relationship is much improved."

The victim service worker expressed to the group that she now feels more confident and respected during the case review meetings. Other members concurred with the description of positive changes have occurred with relationships since the CAC was established in their community.

I then asked the group what they would do to change the case review process to maximize its benefits. A law enforcement officer stated "I would be prepared and bring current information to the group." The team leader/CAC Director explained "I would like to provide case names no later than one week prior to the meeting. This is my goal,

but sometimes it gets so busy that I end up doing it the day before or even at lunch before the meeting." This last comment brought laughter from the group although the team leader's self-deprecating comments seemed to be an apology for not providing the team with ample notice of the cases to be discussed. Given the center's lack of human resources to tend to the multiple tasks and responsibilities, the team leader has nonetheless seemed to maintain positive relationships with the team members and garnering their respect.

The question I posed regarding their three wishes for the case review team was initially met with laughter but then they all paused in thought. The mental health worker mentioned the importance of technology and data collection to track the children and families who were seen. The child protective services representative hoped another multidisciplinary team retreat could be arranged. She explained "another MDT retreat would be great as a way to work on relationships and planning for the team." The team leader/CAC Director added "the last retreat we had was great. We all went away and could really focus on issues. Funding is an obstacle to this and it would be nice if there was enough money to do it every year."

She continued with another wish that seemed to exasperate her, as if this was a painful process and taking a lot of her time and energy,

> The other wish I would have would be for the medical component to be ready to go. It is coming but is very slow. We have the space ready and the physician is finally attending regular board meetings, but she needs to complete the policies and procedures. Right now families must go to [another city] for medical care. It is hard to tell families, 'your child needs a medical exam and you will have to drive to [another city] for that.

The wishes expressed were practical in nature. Although lack of funding may be a

factor in achieving some of their wishes, others, such as developing a medical component, are systemic and may cost more in terms of the director's time, which is already stretched in many different directions.

Team members did provide some parting comments that validated my earlier observation that the team's measure of goal achievement and success is often described as achieving positive legal outcomes as well as providing important services for the child victim especially mental health treatment. The team leader/CAC Director explained positive outcomes for the team occur "when we are able to obtain a conviction and an appropriate stiff sentencing for the perpetrator." A mental health worker stated "our agency provides the majority of treatment services for victims of child abuse, their siblings and non-offending family members and we see the difference having the CAC has made."

Interview with team leader. I interviewed the team leader, CAC Director, on two occasions. The first time was immediately following the observation of the team and interview with the team members. The interview was audio recorded. Technical difficulties with the audio recording required me to conduct a second interview by telephone using the same interview questions. Based on my written notes and recollection from the first interview, her answers to the questions were not significantly different.

I asked her how she came to be involved with the CAC and she related that although she had some knowledge about the organizations she had not worked with any of them previously. She was told by a colleague that a position was available that was described to her as "part-time pay and full-time work," yet she took the job because the

work met her passion and interest of "making a difference for kids and their families." She described her role as the leader in a very descriptive and self-confident way,

> I see my role as a conductor where I am bringing together all the different entities making sure that each entity is heard and being able to bring all the different voices to the table and then be able to gel it to make a difference. (You know) I'm responsible for the reminders for the meeting. I'm responsible for sending out the case review part for the meeting. Really I've been the one who's made a decision… about how we made determinations about what cases got reviewed, so it really established the policies and procedures for our center as it related to the MDT.

This team leader clearly has multiple responsibilities as the CAC's sole staff member. Although she verbalizes her intention to "making sure each entity is heard," my observation of the case review meeting found that team members responded unilaterally with the team leader and rarely with each other. This team leader's strength lies in her ability to multi-task and guide others, but it could also be a detriment if team members perceive her as fully capable and do not offer to share the responsibilities, given how stretched she perceives herself to be in meeting all the needs of the children, families and team members.

I asked her to tell me what her team does well and to talk about her proudest time as leader of the team. She related "they take this serious and most members really value the MDT so they come prepared to the meetings. They come in with all the updated information."

In describing her proudest moment, she related a case that initially began with a lot of conflict involving different opinions from the team members. She said,

> Coming from all those different perspectives we were able as a team, a very, very young team, to be able to sit down and process it [the case]. And it didn't divide us and I was really proud of that.

An important aspect of team leadership is the ability to manage conflict within the

team. This leader seems to recognize the differences among the members and sees her role as central to maintaining the team. When I asked her to describe a time when team members did not agree on a case and her role in the conflict, she again asserted,

> The way I see my position is again, I'm a conductor, I'm not a player. I'm not in the orchestra; I'm the conductor because I pull all these entities together. Each time that I am successful in having an entity view a situation through a lens other than theirs or have them come to a common understanding, even if we agree to disagree, I believe I've made a difference in the bigger systemic kind of issues.

This leader is aware of her strengths and her team demonstrates trust in her as evidenced by their respect and deference during the meeting I observed and it would seem the pride they appear to express in their written comments as well as the team interview. Yet, her strength may become a deterrent to the team if they rely solely on the leader and do not learn from each other. As much of the leader's abilities are considered strengths for the team, her all-encompassing involvement in all the center's activities may have created complacency among the team members who seemed to defer to the leader to do everything.

In concluding this interview I asked this leader what her three wishes for the team would be. Her responses included: to be able to go to training together again, to have consistent law enforcement presence at the meetings and to have the funds available to treat team members occasionally such as having lunch for the meetings. Her strong desire to sustain and improve the team is evident and her longevity with the program demonstrates her commitment which is important in leading any team.

The greatest asset the case review team has appeared to be its leader, who also directs the CAC program. The team leader expressed great commitment and passion for what she does and takes great pride in her team. She recognizes the challenges in finding

funding and resources in a rural area, and maintaining a commitment from some team members (law enforcement) is an ongoing task. She expressed a strong desire to improve aspects of the team.

Case Study: Jackson CAC

The Jackson CAC is located in southeastern Pennsylvania and is a program within an umbrella social service agency. Jackson can be described as a midsize city and it is also the seat of government for the county. This center has been providing services to child abuse victims since 2003, and achieved national accreditation in 2007. This center is the "youngest" in terms of accreditation received among those centers participating in this study. The current Executive Director has held this position for two years following two previous directors. The location of the case review center has been transitory with changes occurring three times since its inception. In addition to its change in physical address, the organizational structure of the program has been in flux from its initial support by a health system to its current association within an umbrella agency.

The location of the case review for this team that I observed was not located in the Jackson Center's operations space, but in the county administration building in the heart of the city. The team members present for the case review meeting included six males and eight females for a total of 14 participants. Eleven participants completed the self-report survey (seven females and four males) and only six female participants remained after the meeting to participate in the team group interview. Of these 14 team members four disciplines were represented: mental health, prosecution, law enforcement and the CAC. Of the team members who completed the survey, the average number of years spent active with the case review team was 2.4 indicating that many of the members have

consistently been involved since the center achieved accreditation in 2007 but were not since it was founded in 2003. Approximately 91% of team members reported on the survey that they were aware of a signed Interagency Agreement between the CAC and partner agencies. A little over half (55%) of respondents stated they had participated in protocol development despite my being told by the CAC Director that no written protocols existed. It is possible that team members did not understand the difference between an interagency agreement and detailed team protocols and procedures and therefore their report of involvement in the development of such may be misleading.

Mission, agreement and protocol. Upon request of team protocols for the Jackson Center, I was told that the only documents in existence for the center were the mission statement and interagency agreement. No data was available for this center regarding team protocols.

The mission statement used by the CAC does not specifically reflect its purpose but rather is the general mission for the umbrella agency in which the CAC exists. The umbrella agency describes its mission as "a multi-service organization that improves the quality of life for children, adults and families who face obstacles" Its mission did not identify the "obstacles faced" as child abuse nor mentioned any multidisciplinary team involvement. The "obstacles" can be defined in many ways. Stakeholders of the CAC may not identify with this general mission and members may interpret their goals and objectives in different ways.

The Jackson CAC was the only one that did not include a mission statement in their interagency agreement. This lack of inclusion seems to further demonstrate that the mission of the umbrella agency was not accurate or helpful in describing the intent of this

CAC. Other key components not included were mention of discipline specific roles and responsibilities, detailed services provided or guidelines for required activities. Only one discipline, victim services, was not represented on the signature page of the agreement.

As previously stated, team protocols were not available for this center.

Individual narrative responses. Of the eleven self-report surveys that were turned in by team members, only three members answered the narrative question. Acknowledgement that child victims benefit from team collaboration, feelings of connectedness to the team and a sense of responsibility to ensure inclusion of all members during team meetings described the respondent's feelings of pride. A mental health worker wrote that she was proud when the team "collaborated between agencies to be able to help our children." A law enforcement representative was brief and unwavering in his response "I [sic] proud to be in this program period." The Jackson center's CAC Director, who is also the case review team co-leader wrote "I'm proud every meeting. I enjoy running these meetings and try to make sure everyone participates."

The low number of team members who responded to the question could be seen as an indicator of the lack of responsiveness I observed during the team meeting. More information regarding the interactions and diminished participation is provided in the following description of my observation and interviews.

Observations. The directions I received from the CAC director prior to my visit guided me to an upper floor in the administration building that also houses the county's child welfare agency. I arrived early and had difficulty locating the space for the meeting. I asked several office workers at the elevator but they were not familiar with the meeting

I described. The CAC director arrived and I followed her into a large open area that was a common space between offices. Light from large windows overlooking the city as well as fluorescent ceiling lights made the stark space bright. There were long tables arranged in a rectangle leaving a large open area in the middle which created a distant feeling from any side of the room. Chairs were arranged along the outer sides of the tables with plenty of seating for team members who began to trickle in. The director set up coffee and doughnuts on a table along an adjacent wall and invited arriving team members to help themselves.

As the CAC director was setting up the refreshments, she began describing to me a negative experience she had with a supervisor from the child protective services agency the day before. She was extremely angry and upset especially when she realized the supervisor was in attendance at the case review meeting. The tone of her voice was sharp and high-pitched at times when describing her interactions with the supervisor. Her non-verbal behaviors seemed to demonstrate disengagement from the meeting process as her body was positioned at an angle away from other team members, she did not make eye contact with team members including the co-leader and she deferred the activities of running the meeting to the co-leader.

Prior to the commencement of the meeting, the CAC Director introduced me to the other co-leader of the case review team, a county assistant district attorney who handles all the child abuse cases. I was introduced to the team by the CAC director and provided an explanation of my purpose in attending and the plan to observe and interview the members and leaders after the meeting. No questions or concerns were raised. I passed out the letter of introduction describing the research study, consent form and team

member self-report survey. I explained all the paperwork and asked if there were any questions. I took a seat in a corner of the room to observe the meeting.

The team meeting. This center's case review team is the only one I observed that had co-leaders. The CAC Director and Assistant District Attorney (ADA) shared the duties of team leader for the case review team. The ADA took the lead in the meeting asking if an agenda was available. Upon being told "no" she began by asking questions of a local law enforcement officer who was presenting a case for the first time. The communication patterns I observed involved the ADA as leader who engaged all members at the table, except the mental health representative. The ADA emphasized documentation and offered suggestions to local law enforcement. She brought up mental health issues with law enforcement, but interestingly she did not communicate directly with the mental health team member sitting to her left. The ADA seemed most comfortable in her role as prosecutor in gathering information to assist with her specific case tasks. She did encourage the child protective service workers and law enforcement officials to meet together outside of the meeting. There was some cross-training of members that appeared to occur naturally. For example during the meeting the child protective services supervisor took the opportunity to educate the team regarding child abuse reporting laws. Team members seemed attentive during his explanation and appreciative of the information. As cases were presented, first by law enforcement describing their involvement and then by child protective services, if they were involved, I noticed that the front line child protective service workers in attendance did not stay for the entire meeting. They left as soon as they finished presenting and were not present for the team sharing of information. The child protective service workers seemed to miss

opportunities to enhance team relationships and learn from other team members who shared their perspectives and insights.

Several times during the meeting team members left the table to answer cell phone calls. The CAC Director remained very quiet and she did not interact with anyone during the meeting. Her body language, with arms crossed, sitting sideways and leaning away from the table seemed to indicate she was unapproachable and not interested in engaging with team members. Two CAC staff members were in attendance but had little interaction with any other team members and only directed questions or responses to the ADA.

This experience was very different from the other CAC case review teams I observed. Tension between team members and the CAC Director/co-leader, lack of engagement by one of the co-leaders and a general sense of meeting without purpose or achievement seemed to permeate the atmosphere. Lack of privacy and concern for confidentiality did not appear to be an issue for team members despite the fact that several office workers, unrelated to the team, walked through the meeting space as cases were being discussed. There seemed to be little preparation for the meeting and it ended without discussion regarding follow-up responsibilities or recommendations. The CAC Director, although identified as a co-leader of the case review meeting, did not interact with team members and she seemed to allow her emotions regarding a conflict with an agency supervisor to affect leadership opportunities during the case review. Her frustration continued to be evident during the team leader interviews as she described the negative relationships she experienced with some team members.

Interview with team members. The team member group interview was conducted immediately following the case review meeting and was held in the same space. Of the 14 team members that attended the case review meeting, 11 completed the team survey and eight members remained to participate in the team interview. Those who remained represented mental health, victim services, law enforcement, prosecution, and included the Director and two staff members from the CAC. They moved closer together although the arrangement of chairs and tables seemed awkward and not conducive to a group discussion.

The intake worker responded to my first question regarding the case review process and its preparation by describing how information is obtained from the agencies and notifying them prior to the meeting. The other members acknowledged what she said, but added little to the conversation.

I asked how the team works together and if there are times that are challenging when working as a group. The ADA answered, “When there are issues we send inquiries by phone or email.”

It is interesting that if she meant issues were seen as conflicts or challenging situations, that communication does not seem to be done directly, but rather by other means, thereby avoiding face-to-face contact. By not meeting directly, the team members do not have an opportunity to share their perspectives and build trust with each other (Zastrow, 2010). The consequence of avoidance can cause explanations to become misinterpreted and inhibit open communication and honest feedback.

There was more discussion by team members when I asked what they would change about the case review process to make it meet its maximum benefit. The CAC Director stated,

> It would be great to have all of CYS [child protective services] here. We are trying to change the process that would allow them to be here. We tried having caseworkers come one at a time and then leave but it doesn't provide the best experience nor does it help each member to learn from the others. We tried something new this week and it seems members don't like it. I apologized to them and we will be going back to having all caseworkers in attendance.

The director seemed defensive while speaking and her body language made her appear unapproachable. Her remarks sounded "snappish" and this could be distasteful to team members, especially those that do not know her well.

In response to my last question concerning the three wishes they have for their case review team, the members were much more engaged. The Director hoped for a new facility stating, "we want a facility. Right now we are sharing with another agency and so the facility is not as private or child-friendly as it should or could be." Other team members agreed with her. The forensic interviewer emphasized this point by remarking, "we would want to be co-located. In a perfect world we would have an ADA right there working out of it, ready to act whenever something happens."

At the conclusion of the team interview all the team members left except for the co-leaders: the ADA and CAC Director who remained with me for the team leader interview.

Interview with team leaders. My interview with the co-leaders of this case review team took place immediately following the interview with team members. The team leaders both stated that they view their role as shared between each other. It was interesting that they perceived their roles as shared even though the meeting I observed

found this to be quite the opposite. The ADA took the lead but did not seem comfortable in the process, while the CAC director seemed to sit back and distance herself from the meeting. Many of the comments delivered by the CAC Director during the leader interview were negative in tone and delivered with a mixture of frustration and anger. The ADA seemed very supportive of the Director and described what poor treatment she had witnessed of the CAC Director by some team members that she, the ADA found hard to understand, "I can't imagine sitting over in the [Director's] spot, and all that hostility doesn't get old and some people that were here that are professionals are disrespectful and they act like this in her place of business."

Only the ADA was able to describe proud moments with the team and hope for improvement for the future. The ADA described her cautious optimism this way,

> [I'm proud of] our slow progression – I remember when I first met with the new District Attorney and he said, 'What do you want to accomplish?' I want this I want the [CAC] to work. It certainly was a step in the right direction [today], I mean it had been a while, I'm not kidding. And today the county detective didn't share very much, CYS didn't give us a hard time…special behavior because we had a guest [said laughingly]. Now I know they can do it. Every little step we are taking forward I think is important.

The CAC director did not provide any positive feedback about the team. When I asked what they do as leaders to sustain and nurture the team, she responded,

> It is important. It is tough to deal with some members who could not be here today… (spoken in a high voice with exaggerated tone, she emotionally described what she perceived as a verbal exchange as she mimicked team members) '…I don't have to do this, you guys are stupid, this is all [expletive].' (returned to her normal voice) …said by some of the people who were here today and then some that didn't show up today. If I can nurture people that are rude, I mean it's a hassle, a hassle, I mean some don't even want to talk to me.

Even when discussing wishes for the case review team, the CAC Director

continued to focus on changes that she believed needed to take place by others instead of considering what actions she might take to improve the situation. Her wishes included,

> First would be a team working together. Right now the team is dysfunctional. We need to have old people leave and get new people to 'buy-in.' I am frustrated – I feel like I'm spinning my wheels. Next would be a facility that works and is caring for the CAC. Then money for training and investigation for team members.

My interviews with the co-leaders of this case review team consisted of their expressions of frustration, with little problem-solving or positive feedback given to the team members that did participate. I recognize that this is a "point in time" and it is possible that my observation of the tension between the CAC Director and an agency supervisor was not the "norm," but rather an isolated event. However, the negative tone can affect new members such as the law enforcement officer who attended and was presenting for the first time. His perception of team relationships could be negatively influenced by this experience resulting in a lack of participation during the meetings or absence from future meetings.

As difficult as the conflict with the agency supervisor was to deal with, the leaders could use this as an opportunity, along with the team, to develop conflict-resolution strategies to be prepared for issues that may arise in the future.

Case Study: Lexington CAC

The Lexington CAC is located in a large city in the eastern part of Pennsylvania. Due to the volume of cases seen, services provided are geographically limited. The center has been in existence for more than 20 years, longer than any other center participating in this study. In 2001, the Lexington CAC, which had operated as a full member center for many years, received its first national accreditation (when such became available). The center has had three Executive Directors since its inception, with the current person

holding this position for 18 years. The Lexington Center had remained in the same location since 1990, a three story row home on a bustling corner of the city, until last year when the center relocated to a larger facility. Sin its larger space staff members of this CAC no longer must share offices or, in some cases, desks.

This center had 13 team members who participated in this research study. There were 12 female participants and one male. Only nine members, all female, completed the self-report survey. The age range of those responding proved to have the largest percentage (66%) between 20 and 39 years of age. The average years of employment in their current position was the shortest among the five centers studied, at 5.3 years.

Eight team members responding from the Lexington team were aware of the team's signed interagency agreement with only one member responding "no." Only two team members, both CAC staff, responded that they had participated in the CAC protocol development which may be reflective of the younger age and shorter employment of the team members present.

Mission, agreement and protocol. The mission statement of the Lexington CAC incorporated all three key concepts related to the child and family "promoting healing and justice for child abuse victims" community response by naming the city and including services provided "conducting state-of-the-art forensic interviews, providing victim support services" and utilizing a multidisciplinary approach "collaborating with other agencies to facilitate an integrated response." In addition, this center identified its structure as being a non-profit entity, important information particularly for potential funding sources.

The interagency agreement from the Lexington CAC contained many of the expected components. These included: the center's mission statement, the purpose of the agreement, identity of the required agencies and representative signatures. Two components were missing from the document: no details were provided regarding medical, mental health or victim services and no guidelines related to sharing of information among agency partners was found.

The written team protocols for the Lexington CAC contained all of the expected components detailed in the Methods section. In addition to the detailed roles and responsibilities for the required disciplines – prosecution, law enforcement, medical and mental health services and victim support services - I found specific expectations for the child protective services department to attend the case review set apart from the detailed protocol. This separate document suggests that child protective services requires more detailed descriptions of the expectations of these workers to ensure understanding among all team members of the necessity of their participation. To further stress the importance of their presence child protective service representatives are directed to "refer to the interagency agreement, General Provisions, Section 2, for agreed upon commitment to case conference [case review] from all members of the multidisciplinary team." The other required disciplines have roles and responsibilities that are described in the main team document in general terms. In addition to the expected components, this center has emphasized regular attendance and staff participation by highlighting within the protocol that "all panel [team] members are strongly encouraged to commit to regular representation at the monthly meeting."

Individual narrative responses. Six respondents provided a written answer to the open-ended question on the self-report survey asking to describe a time they felt proud to be a member of the case review team. The recurrent themes found in these answers most often related to team collaboration and the positive impact of the center and team approach. A CAC staff member wrote "there was one case in particular when everyone at case conference commented on ways to help the family that resulted in all collaborative work from all disciplines." Another CAC staff member related "a case that fell through cracks and the team caught it and was able to intervene to ensure the child's safety and ultimately prosecution."

In both, the respondent acknowledged the benefit to the child's safety or families needs and focused on the collaborative team and positive outcomes. This is reflected in the following response from a team member representing mental health, "when a case went to court and the perpetrator was found guilty based on collaborative effort." In another response, a second mental health team member described benefits she has personally received in her experience on the team, "it has been helpful to establish a strong link with (CAC) and case review. I have learned additional info about cases that are referred to our agency which has been helpful."

Examining the responses, I have found that members of every discipline can recollect one or more examples of prideful moments during their tenure as team members. Their experiences include benefits to the child and family, although not expressed as often as the benefits to the work each of the disciplines are responsible for and the impact achieving justice can have for the community at large.

Observations. This CAC has a long established history of providing collaborative services to sexual abuse victims, in conjunction with its agency partners, for more than two decades. It is structured organizationally as a private non-profit agency. Its physical location is on the corner of a busy street in a large urban area on the 2nd and 3rd floors of a house. Parking for team members and clients is challenging and its location is not conducive to having the case review meetings on site. The case review meetings are held in the conference room of the District Attorney's (DA) office. Travel to this location takes approximately 30 minutes despite the fact that the DA's office is also located in the city. It is understandable that staff members, and agency partners alike, are very interested in relocating the center. This sentiment was echoed several times during the interviews I conducted.

The team meeting. The case review meeting took place in the District Attorney's office in the center of a large urban area. I drove with the team leader and two other CAC staff members who routinely attend the meetings. The space for the meeting encompasses a large formal conference room with expansive windows overlooking a busy city street. The meeting itself began informally with CAC staff members providing bags of candy that were spread in the middle of a large conference room table. Comfortable, padded chairs surround the table and team members enter and find a seat. A confidentiality form was passed around for the members and me to sign.

Prior to the start of the meeting, the team leader, identified as the CAC Advocate, introduced me and I explained the purpose of my research and passed out the self-survey and participation agreement form to be signed by members attending the meeting. A question was raised by a child protective services supervisor regarding whose signature

was needed on the participation agreement. This supervisor declined to sign stating she believed her agency would not allow her to participate in the study. Her interactions at the meeting were not included in this study. Several child protective services workers did sign the form and their responses are included. The supervisor did not stop the other child protective service workers from signing the form. No other questions were raised and following introductions of the members the CAC Advocate, in her role as team leader commenced the meeting. The leader provided an agenda that listed scheduled times for child protective service workers from the Department of Human Services (DHS) workers to attend. These workers were scheduled every 30 minutes. The leader kept everyone on track and a regimented process was followed. The case presentations were organized with DHS workers presenting the case followed by the forensic interviewer who explained the interview outcome and then the team members asked questions. Team members representing DHS, victim services, mental health and the CAC were present for the meeting. The three disciplines not represented were law enforcement, medical and prosecution, despite the meeting being held in their offices.

There was a team member present from a victim service agency associated with the DA's office who introduced herself as representing the DA's office. Similarly, even though a medical provider was not present, approximately fifteen minutes into the meeting a Social Worker from a local hospital arrived and was introduced as the medical representative for the group. She did not provide any case specific information regarding medical examinations.

I noted lively discussion occurring between the victim service providers and the mental health representative. Both asked probing questions and appeared engaged and

interested in the outcomes and case planning. One of the victim service agencies had only recently been involved in attending the meetings but did not appear intimidated about providing feedback and suggestions to the other team members. The mental health worker seemed interested and engaged throughout the meeting and provided positive suggestions. One of the CAC staff members appeared irritated as reflected in her body language (she leaned away from the table, rolled her eyes and looked away from the speaker) that the mental health worker monopolized the conversation during some of the cases. During the discussions the team leader kept the group on schedule and recorded pertinent information.

The DHS workers that attended did not seem to be comfortable in the situation and seemed unaware of the purpose or benefits of the case review process. Since workers left as soon as their case presentation was completed they did not have the advantage of learning from other team members or colleagues from their own agency. Some workers tried to maintain anonymity of the children's and family's identities further suggesting distrust or misunderstanding of what was expected.

Overall, respect between the CAC and victim services was evident and members appeared to appreciate the input by mental health that encouraged deeper and more challenging thinking about the cases. Just as the team leader expressed in her interview with me prior to the meeting, the team members also shared their wish to co-locate the investigative agencies (law enforcement, prosecution and DHS) in the same building as the CAC. Co-location combined with efforts at team building could improve relationships and increase attendance and involvement which would benefit all team members

Interview with team leader. I had made arrangements to meet with and interview the case review team leader prior to my observation of the team meeting scheduled for later that afternoon. The team leader interview discussion took place in the CAC. Technical difficulties with the audio taping of this interview resulted in my having to conduct a repeat phone interview to fully capture the dialogue for transcription. In reviewing my handwritten notes from the first interview and the responses from the phone interview, I discerned no appreciable differences in the answers given by the team leader. The phone interview took place approximately two months after my visit to the CAC. The team leader was most gracious in complying with my request to interview her a second time. In answer to my first question concerning how she became involved in the CAC she explained that she moved to the area for family reasons. She had previous experience in victim services and was hired by the CAC into their Victim Advocate position. She described this position as "a natural fit." She furthered explained that her role as team leader was assigned as part of her job description for the position she held. She described her feelings about the responsibility as mixed, saying, "about three years ago I ended up receiving case conference [case review] so I'm not sure if that's a blessing or a curse some days (laughter)."

Even though she recognized the challenges such a responsibility entails, in response to my next question, she could easily describe what the team did well and offered an example of a time she was proud of the team. She explained,

> Our team really sits back and I think listens to each other. We really take into consideration everyone's specialties and I think we really try to learn from one another. I think the hard work and going back to the offices and talking to their supervisors and making the kids a priority, is really rewarding to see.

She was able to describe several benefits from the case reviews including,

"exchanging of information makes kids more of a priority on the long waiting list and we usually see that child ends up in counseling much quicker than a child that was not discussed at case conference."

In addition, she explained how she felt when the team is functioning at its best and the benefits the team received,

> It's great and I think that it's a nice team building skill for us to be sitting around and talking about cases. I think it relieves some of our concerns and tensions and everyone comes together and I think everyone's pretty open about the way they feel and it's a great thing to see.

Interview with team members. My interview with the team members took place directly following the team meeting. The only disciplines represented during the team interview were victim services, mental health and the CAC staff. Although the law enforcement agencies and medical representatives were not present, the cohesiveness of those team members who stayed throughout the meeting was apparent. Each member explained their role in preparing for the case review. This demonstrated to me that they took the process seriously. In addition to providing feedback and suggestions on individual cases, agencies described their role more broadly as an opportunity to educate team members. A victim service worker responded that she can also be, "a voice for the latest research and the latest work that we are doing on safety planning, the latest community standards of care."

A CAC staff member described the benefits of cross-training as "[helping] all of us to be more informed in our practice."

When I asked the team members to suggest ways they would change the case review process to meet its maximum benefit, the recurring theme among each member was to have the presence of the investigating agencies at the table, most specifically law

enforcement. According to the victim service representative from the District Attorneys' office,

> It would be really, really helpful to have someone from …the police department…who would say 'well this is why we didn't make an arrest', 'this is why we didn't do that.' So, I think adding people to the table is going to be one of the best ways to pull it together…this is one place where the police figure very heavily in a forensic case conference, and they're not here.

Team members were positive in their comments about the relationships they had with each other and complimented the team leader on her efforts to reach out to include victim service agencies in the case review process. The mental health worker was descriptive about the team's characteristics,

> We have a lot of vocal people (laughter). We've got a lot of feisty people here too, and my experience has been that people don't hold back, but it's never evolved into a shouting match. I've been to some meetings like that, but not here. Here it's always been done with respect and it has moved us forward instead of setting us back.

A victim service worker responded,

> I know that I personally appreciate that [named her victim service program] wasn't even involved in this [case review] for years and recently I met [named the team leader] and she was like, 'why isn't [your agency] at this meeting' and I was like, 'what meeting, what is she talking about' and it was just our own internal stuff. So she [team leader] took the time to reach out to our agency and say, 'you should be here'.

My last question for the team asked for their wishes for their case review team. The answers were simple and unanimous. An example given came from a mental health worker who said,

> I would say a greater police presence, timely updates on all the case even if they are cases we are not discussing and a way to get people here that need the review the most. So I wish there was some way to have more of an even sampling of everybody out there in the field so that we really know what's going on with all of these cases and not just the workers that have more of a collaborative approach and are on top of things.

Throughout my interview with the team, and with the leader, the recurring theme seemed to be frustration due to the lack of attendance by law enforcement team members in particular. Although a prosecutor was not present, the team seemed to accept the victim service worker who identified herself as the "DA representative" and this may have allowed the team to feel they had a connection, or pathway, to the District Attorneys' office. Despite the absence of law enforcement at the table, the remaining members, including the DHS workers that only attended for their individual cases, seemed to take the process seriously and were open to suggestions made by other members in a way that broadened the discussion beyond investigative activities to treatment issues for the child and family. The members voiced hope that the current system would improve and that they had confidence in their team leader to improve relationships with absent members and move the case review process forward.

Case Study: Marion CAC

The Marion Center is located in a mid-size city in the eastern part of Pennsylvania. The center's physical location encompassed two floors of a stately building in the center of the city. Despite its seemingly public location, the center remained anonymous save a small sign on a back door to the building that is secured at all times. Child and family clients, team members and visitors must identify themselves via a speaker and be "buzzed in" by CAC staff. The Executive Director of this Children's Advocacy Center was also its founding director. This center has been in operation providing services within the borders of its county since 2000 and received its national accreditation in 2004. Although it has remained in the same civic building in the city since its inception, due to increased demand for services, an expansion occurred in recent

years that doubled its size from 5,000 to 10,000 square feet. This center has successfully co-located several departmental units from the county child welfare agency as well as a team of detectives from its city police department on its premises for a number of years.

Study participants from the Marion Center included a total of 18 team members who were present for the onsite case review that I observed. Of these, there were six males and 12 females. Fourteen team members completed the self-report survey of which four were males and 10 females.

The team leader and team group interview did not occur the same day as the observation of the team due to scheduling conflicts. The interviews were done by phone several weeks later on the same day as a scheduled case review meeting. I conducted the team leader interview prior to the meeting and the team interview immediately following that meeting. The team interview consisted of just four team members of which only one was male. Even though there was a small number of team members available for the team group interview each member represented a different discipline and they were all active participants in the discussion.

Mission, agreement and protocol. The mission statement for the Marion CAC was comprehensive in its inclusion of the three identified key concepts and gave a descriptive listing of all the services the center provides. It seems, though, that the mission statement, while succinct, was comprised of a combination of goals and objectives rather than describing an organizational mission. The Marion CAC, a private non-profit, did not define their organizational structure in its mission statement as some centers did, although having a center's status identified does not seem to provide any advantage in determining strengths or weaknesses of a CAC. The importance of mission

statements related to team understanding and commitment will be explored further in the Discussion chapter.

The Marion CAC's interagency agreement included their mission statement, the document's purpose and identified all the required multidisciplinary agencies. Discipline specific roles and responsibilities were not outlined for the agencies, and services provided were only mentioned regarding forensic interviews and case tracking. Procedural guidelines were provided for case planning, case review and confidentiality, but did not mention joint investigations or how information would be shared between team members. The center did have signatures from all the required disciplines.

Written team protocols are important to memorialize the team's agreement to work as a multidisciplinary team and should define specific roles and responsibilities for each agency involved and incorporate procedures for specific required components of a CAC. The Marion Center's protocols were much more detailed than the interagency agreement with regard to services provided and procedures related to case reviews. Although the Marion Center did not include detailed descriptions for the mental health or medical discipline, the criteria for case selection was provided. In describing the case review process, the center's written protocols clearly identified the team leader, the case review as primary means of communication amongst team members to share case information, case tracking processes, and required attendance at case review meetings. In addition, Marion also included directives on conflict resolution that specified step-wise discussions up through agency administrative levels and consensus decision-making with the best interests of the child and family in mind.

Responses to narrative question. Eight team members completed a written response to the open-ended question. I examined the responses for recurrent themes and noted a similar pattern as the other centers. The feelings of pride felt by the team members were linked to collaboration, teamwork and forming strong professional relationships. There was an underlying reference that the prideful activities created positive results for children and families, but such statements were not always explicit. A child protective service worker explained "I am always proud to be a member of this team. Every time the members work together to bring a case to a successful conclusion, that protects a child and brings a 'perp' of abuse to justice." A medical provider stated "due to professional relationships formed we were able to achieve rapid intervention for a mother with severe mental health problems after she inflicted severe injuries to a child but before she injured another family member." Another child protective service worker responded,

> I am always proud to be a member of a team doing what I consider one of the, if not the most important, jobs in the world. I am especially proud when we quickly, smoothly and successfully complete investigations as a team that result in abuse being stopped.

Several team members recalled what it was like before there was a CAC in their community and the difference having one now can make,

> I am very proud of the team each and every time we meet. For years we [member's center] did advocacy work with very little information and no collaboration. We have come a long way and I appreciate the team and all the members and the collaboration on behalf of the victims. (victim services)
> There were several times when the entire team played a role in the criminal, mental and medical parts during an investigation. The first time this happened I remembered the actual thrill of all the parts working as one and having a successful event, just like we planned all those years ago. (law enforcement)

The description by the law enforcement officer in this last quote of having felt

"thrilled" when all the parts worked together has been echoed many times by team members the country over who remember the challenges in their work before a CAC began in their community.

Observations. I arrived at the main door, located in the back of the building on a very hot summer day. Without prior knowledge or direction, the general public would not realize that just beyond the door was a child-friendly center where child victims of abuse and their families could feel welcome and safe. When I entered the center, located on an upper floor of the multi-level building, I was greeted warmly by the receptionist and was walked back to the center Director's office. As she gave me a tour of their center we passed volunteers who she proudly explained were busy organizing an art project to increase awareness of child abuse.

I was introduced to the assistant district attorney, who was the case review team leader. The Director had explained the purpose of my visit and requested an interview with the assistant district attorney for me when arrangements were initially scheduled. I learned when I arrived that due to a schedule change we would need to arrange another time to conduct the leader interview. As many of the team members were also unable to stay after the meeting for the planned group interview, we arranged a time to do both interviews via telephone one month later.

The team meeting. The meeting took place in a conference room in the middle of the main floor of the center. The room had no windows that faced the street, but had a window wall facing the main hallway. The room was soundproof so visitors and volunteers could not hear the content of the meeting, but it was distracting and a bit disconcerting to watch passersby while cases were being discussed. The case review team

utilizes technology to enhance the meeting by projecting case specific information onto a screen for all to see (this was only visible to team members in the room). A CAC staff member was in charge of the equipment during the meeting. Seating in the room was organized around narrow tables in a horseshoe shape so all could face the screen. All the seats in the room were full and any one entering late found a chair along the perimeter of the room. A confidentiality sign-in sheet was circulated and I signed in as well. I was introduced and explained the study asking each member to complete the self-report survey and return it to me.

The team leader commenced the meeting and seemed to take the role quite seriously. The leader was efficient and thorough with the cases often asking for feedback from team members and encouraging case discussion. A one point a team member requested assistance with another team member speaking carefully but barely hiding frustration over the situation. The team leader was diplomatic in answering and agreed to look into the situation. This response seemed to satisfy the team member and the meeting continued. Team members were attentive and respectful during the meeting. I noted no side conversations and little discussion that was not related to the meeting. Several team members left the meeting when done presenting their cases.

Interview with team leader. As stated earlier, I had to make alternative arrangements to conduct the interview of the team leader by telephone at a later date. I spoke with the team leader before a subsequent case review meeting followed by the team interview after the meeting. The same questions were asked in this format as when I interviewed other leaders face-to-face, but the disadvantage of a phone conversation is the inability to observe non-verbal responses or reactions. Despite the difference in

approach, I did not feel there was any significant differences in responses to the questions as asked.

My first question asked the team leader to explain the circumstances surrounding the choice as team leader. The explanation provided paid homage to the previous leader, a founding member of the CAC,

> I sort of learned from her…she subsequently left me in charge…She [left] and then I ended up filling her spot and so, I don't know if I was so much chosen to it as I just slid in seamlessly.

The role was described as having occurred rather naturally and without interruption of the team or process. Smooth transitions from one leader to another may not always happen, but if changes are expected and planned for, team members may be more accepting, especially if they are included in the discussions.

Several of the questions I asked dealt with his feelings about his leadership role and his pride in the team. Although he seemed very pleased with the results of the team working together so well, he did not provide specific examples, but rather spoke in general terms,

> I would say that for the most part they [team members] work together very well…bouncing things off each other and supporting and helping each other. The most successful prosecutions I've found are the cases where everybody sort of works together.

In an effort to encourage more depth from his responses I asked a related question, "Can you tell me why you are proud to be the leader of this case review team?" His response included both positive reasons and insight into some of the challenges faced by team members trying to each meet a shared goal but with, at times, different approaches based on their discipline-specific tasks. He explained that despite their

differences, his pride in the team comes from their commitment to helping the victims and families,

> I'm proud of it because everybody really, you know we have our fights and squabbles, but at the end of the day everybody wants the same thing, we want to protect kids and put the bad guys away. And when we fight and argue it's because we are each trying to do that and trying to sort of do it in a different way or come at it from a different angle. But I'm proud because in spite of all that, we generally do work well together and we, I think, successfully handle these cases and I think at the same time we minimize the detrimental impact to victims by doing it our way. So it's really a two-fold thing, we do a better job with our cases and we protect the victims as much as we can.

The Marion CAC team leader described how getting to the shared goal is not always easy and may require negotiation. However, he indicated the team pulls together to achieve what is important and that is supporting the child victim and family while also making the best case they can to realize justice. The team leader further explained that the "hardest part of my job is managing different personalities and people," therefore he recognized the importance of communication and keeping them focused on their goals. This team leader did appear to manage the team well and presented a strong leadership presence especially when faced with divergent views.

Interview with team members. I interviewed the team members from the Marion CAC by telephone following one of their scheduled case review meetings. Only four members of the team were present, but each represented a different discipline. Those participating represented mental health, the district attorney's office, victim services and the CAC. Despite the low turnout for the group interview each member contributed and was enthusiastic in their responses. I asked them to describe the case review team process and how they prepare for the meeting. The members related that due to the co-location of law enforcement, child protective services and CAC staff on the same floor there is

ongoing communication between meetings and this has enhanced relationships. Preparations seem to occur smoothly between the agencies and everyone has responsibilities that ensure efficient and productive meetings.

In answer to my question asking "how do all the team members work together and what do you see in the process when it is functioning at its best?" the team member representing mental health replied,

> We are able to identify what services might be helpful to the family, whether or not there is going to be follow up or support. Whether or not there are directions a particular agency can go and just making sure that the family functions better after [interventions].

A child protective service worker offered,

> I think that we have gone through a lot of changes over the years and I think that our team is functioning fairly well. We have gone through ups and downs; we present more information for discussion and so use that as a tool to not only talk about this investigation but to learn strategies and techniques for future investigations.

Team members, as well as the team leader, seemed to have experienced challenges and described how they had survived and grown over the years. Interestingly, the mental health worker acknowledged that she had just recently started coming to case review meetings and expressed appreciation for the receptiveness of the team for changes that improved her ability to bring pertinent information to the meetings. In support of her remarks a child protective service worker stated,

> She [mental health worker] shares her information because it helps us to determine sometimes whether there is any vulnerabilities with the child that is going to impact their ability to be able to tell us, be able to stand up as a witness, if need be, and all those things, so it's not something we traditionally had access to before.

Longstanding teams, such as the Marion CAC team seemed to understand that

in order to sustain themselves over the years they must learn to accept change and take advantage of the opportunities to look at their process and goals with fresh eyes. A Marion CAC staff member summed their team up this way,

> Over the years personnel have changed and it is really important for any CAC team to recognize that an influx of new people needs to be educated in the team's philosophy. It is easy to become rote and in case presentations of this kind treat it as a requirement instead of working as a really good cooperative team. We just came out of that phase I think. It was like everybody hated coming to meetings and they just presented the bare minimum needed, like "we're done, move on." We've finally gotten back to the reason why we started these meetings to begin with.

This team has learned from past experiences what works and meets the goals they share and what holds them back from accomplishing what they see as success: healing and justice for the victim and a safer community.

Key Themes Identified

Taking into consideration all the data collected from the five case review teams studied, several key themes were identified. The following became apparent from my study:

1. <u>Alignment of written documents with the operations of the CAC is important.</u>

There was a seeming lack of alignment among some of the foundational documents upon which CACs establish their program's direction and operations. This was evidenced in the levels of specificity and inclusion of required components of each center's written documents and, for some centers, a lack of continuity between the documents. The foundational documents included a CACs mission statement, signed interagency agreement and established written protocols describing the team's operations and procedures.

The mission statements of the CACs varied in scope, intent and description of activities. For example, a person without knowledge of CACs would find it difficult to understand the mission of the Jackson CAC. Its stated mission describes the aim of the overall umbrella agency within which the CAC resides but does not specifically address the clients served or what specialized services are provided. The Jackson CAC does not have a mission statement of its own and the one from the umbrella agency could confuse stakeholders and team members alike as to the center's purpose and direction. Likewise, the Hudson Center's mission statement is brief and vague. It consists of one statement, "*The Hudson CAC is dedicated to improving our community's response to child abuse and neglect"* that does not describe the activities or means to achieve this broad intent. The mission statement from the Lexington CAC is an example of a comprehensive mission statement that clearly details the intent and activities of their organization, "*The [Lexington CAC], an independent non-profit organization, promotes healing and justice for child abuse victims in [Lexington City] by conducting state-of-the-art forensic interviews, providing victim support services and collaborating with other agencies to facilitate an integrated response."*

A majority of team members across all five centers were aware that their specific agency had signed an interagency agreement establishing the CAC. The interagency agreements were the most comprehensive document among the five centers and provided guidelines for all required agencies but they were not always consistently followed. Team members had less of an understanding of the team protocols as indicated by their lack of sharing information and participation during the case review meetings and only a little over half had been involved in their development.

Lack of alignment among the documents and their practice seemed to be most present in the Hudson, Jackson and Lexington CACs. The fact that the Jackson Center did not even have team protocols makes it difficult for their team members to know what guidelines or procedures are expected or required. Attendance at and participation in the case review meetings seemed to be the least consistent practice for agencies, particularly investigative agencies, to achieve. Team members interviewed revealed their disappointment with the poor attendance of law enforcement in particular and many felt this discipline could benefit the most from its participation.

2. Trust was experienced at different levels between team members and team leaders.

There were varying levels of trust in leaders and team members as demonstrated by their interactions, communication, and engagement in the case review process. Evidence of teams whose members appeared trusting of the team leader and each other became apparent during interviews with the Clayton and Marion CACs. The Clayton CAC team leader stressed that a crucial factor to the success of the team is their intimate working knowledge that depends on trust between the team members. As well communication among the members appeared interactive and productive as observed during both team meetings of the Clayton and Marion CACs. For example, during the meeting at the Marion CAC, a team member requested the leader address an issue with another investigative team member that was causing some concern regarding procedures. Based on the trust developed between the team members a potential area of conflict was discussed openly among the members.

Lack of trust among team members was most evident during observation of the Jackson CAC case review team meeting. A disagreement between the co-leader/CAC Director and an agency supervisor affected the leadership and management of the team meeting. The co-leader's frustration created tension among the members and may have adversely affected a new team member's perception of the case review process and the team's leadership. Trust issues may be a cause for lack of attendance by some disciplines, such as the absence of law enforcement at the Lexington CAC, but there is no evidence of this based on the data gathered in this study.

3. Quality of facilitation and communication skills varied among team leaders.

Variance in leadership skills and effectiveness by team leaders was evident. Based on observations, most team leaders (Clayton, Hudson, Lexington and Marion) appeared comfortable in the role and confident in their leadership during the meetings. Team members responded positively to these leaders when questions were directed to them during the team meetings. The team leaders of the Clayton, Lexington and Marion CACs were prepared with written agendas and case lists, were attentive to time and engaged team members to participate. They sought feedback from mental health representatives in particular to assist in determining the strengths of the child victim to testify in court.

The team leader from another site, the Hudson CAC, appeared at ease in her role as indicated by the familiar way she greeted the team members and settled into the meeting routine. Her demeanor though was more domineering than facilitating and team members seemed to acquiesce to her presentations thus providing little discussion on the

cases. Communication seemed one-sided and feedback was not solicited from team members.

The co-leaders of yet another team (Jackson) did not seem prepared for the meeting and the co-leader/ADA did not appear comfortable in the facilitator role during the meeting. An agenda was not prepared and team members presented the cases with little conversation or feedback from other team members. No recommendations or follow-up tasks were determined at the end of the meeting.

4. Attendance at and participation in team meetings is highly valued.

Team leaders and team members indicated that representation from all disciplines involved in the investigation of child abuse were important in decision-making processes. Representatives from mental health, in particular, were described as providing a vital addition to the discussion of cases. Their input was sought by investigators and prosecutors to determine a victim's capacity to fully and effectively participate in the court process. Indicators that members valued attendance and participation included observations of the frequency of interactions with mental health representatives during the meetings and by expressions of satisfaction and appreciation for their involvement and expertise voiced during team member and team leader interviews. A child protective service worker lauded the commitment of medical and health services to the team by saying "it is very difficult to get a child in for a medical or therapy and because they are case-conferenced [reviewed] they [children] become more of a priority."

Team members throughout the CAC were very aware when other disciplines did not attend or participate fully in the process and reported this lack of engagement hindered the achievement of the team's goals. Yet, members continued to encourage

those who are not consistently present to attend. One team member praised the team leader describing her efforts to include those not at the table by stating "she took the time to reach out to these agencies and say 'you should be here' and they started coming."

5. CAC Director and team leader boundaries can become blurred.

The responsibilities of the CAC Director and team leader became blurred as observed during several case review meetings. The CAC Director does not regularly attend case review meetings at two of the centers, Lexington and Marion. The team leaders at these two centers have traditionally represented the Family Advocate from the CAC and prosecution, respectively. The Clayton center's CAC Director attends the case review meetings routinely but is not the identified team leader. That role is filled by a prosecution representative who is recognized by the team as the leader.

The attendance and active participation of the CAC Director appears to benefit the case review meetings through their knowledge of the CAC model and understanding of the intent and importance of the case review team process. In the case of the Hudson CAC, the team leader is also the CAC Director and her role seems to encompass all aspects of the center's operations. Given that she is the only employee of the CAC itself, she is responsible for administration of all activities.

6. Meeting locations may affect participation.

Location of the case review meeting seemed to affect the comfort level and attentiveness of team members and team leaders as evidenced by their body language and participation during the case review meeting. Meetings that were held at the CAC appeared to put members at greater ease and produced a less formal atmosphere. Pre-meeting greetings were warm and included personal comments and stories that seemed to

pick up from the last time the members met. The physical surroundings had fewer space barriers that seemed to encourage conversation and facilitate communication. For example, each of the CACs is located in dedicated space for their center. The Clayton and Hudson centers are in remodeled single family homes while the Marion center is housed in a commercial city building. Regardless of the type of structure, stepping over the threshold I felt a sense of familiarity and friendliness and observed the same from the team members. Team members at each CAC-located meeting demonstrated friendly interactions with each other through their verbal exchanges and non-verbal behaviors. Members smiled and laughed when greeting each other. Casual conversations were more prevalent prior to and after the meeting.

Conversely, with the case review teams of the Jackson and Marion centers located at the main headquarters of investigating agencies, the actual process of getting to the meeting was more difficult due to the locations being housed in government buildings in city centers that required members to allow for more time to arrive at the meeting. City parking also may be farther away and quite costly when attending on a regular basis. In addition the meeting space itself was much more formal overall and in the case of the Jackson CAC presented privacy concerns. The meeting space was located in a large open common area that required office workers not related to the case review meeting to walk through while the meeting was in progress to get to other offices. Confidentiality could not be assured in this location. Team members were separated from each other by an awkward seating arrangement that seemed to contribute to a less than friendly atmosphere. Communication flow was direct from questioner to responder and rarely included open discussion among all the members. There was little casual conversation

and no one lingered to talk after the meeting was adjourned except for the few members who stayed for the team interview.

Even when convenience of meeting location for a particular discipline is not an issue, such as prosecution representatives of the Lexington case review team, it does not guarantee attendance and participation. Despite the location being at the District Attorney's office, no prosecutor was present at the meeting I attended and based on information from CAC staff, prosecutor attendance at the meetings is not consistent. This demonstrates that perhaps communication and commitment are bigger concerns that need to be addressed to improve involvement at the meetings than where the meeting takes place.

This study did not find that location was a major factor in the successful management of a child abuse case review team, but rather raises the question about the importance of considering such a factor as having an influence on team member attendance and participation. Meeting location is something worth looking at to generate strong team relationships and involvement.

Each of the themes identified in these findings relate to qualities that appear to be important in effective teams: trust, respect and commitment. Examples and implication of the key themes and concepts are described further in the Discussion Chapter.

Responses to Research Questions

This research study collected data from multiple sources to determine how team leaders and team members can most effectively work together in support of the team's goals during a multidisciplinary child abuse case review team process. The research focused on answering the following primary question:

How can the CAC team members and the team leader best interact to manage the case review team process to achieve the team's goals?

The data I gathered did not completely answer this question. I found many examples of team members and team leaders who demonstrated effective interactions, commitment and respect for the case review team process that supported team goals. Conversely, I also discovered incidences of conflict, lack of routine attendance and low levels of participation that seemed to impede the team's ability to most effectively achieve team goals.

Examples are plentiful of case review team members and leaders who interacted in a positive manner and met the expectations of the case review process. The Clayton and Marion CACs brought together all required disciplines for the case review teams. Attendance and participation was not a current problem although several longstanding members were able to recall the "growing pains" of the centers that led to the effective team relationships they now enjoy. Medical providers were present as team members at both these centers and have consistently attended. The team leader of the Marion CAC was most appreciative of the relationship with and expertise of the physician as well as the technology used during the meeting to expand the knowledge of team members related to medical evidence of child abuse and neglect.

Conflict was most evident as observed at the Jackson CAC. Unresolved issues between the team co-leader/CAC Director and an agency supervisor created tension that was evident before and during the meeting and continued into the leader interview after the meeting. In this case, the leader's expressions of frustration were manifested in her verbal and non-verbal behaviors. Low attendance and low levels of participation was

most apparent during the observations of the Hudson, Jackson and Lexington CAC team meetings. Law enforcement representation and prosecution representation was most markedly missing from the Hudson and Lexington case review meetings while the Jackson Center had all disciplines in attendance, but participation seemed less productive and interactive than the other centers.

A key finding of this research related to the development of comprehensive foundational documents and the awareness and commitment of team members to their content and directives. A CAC's mission statement is a gateway in communicating the organization's intent for what stakeholders (team members) should strive for and deliver. Its message delivers the shared goals of the organizations. The theory of learning organizations is particularly applicable to this process of mission development and transformation of the group's philosophy into practical application resulting in action by the team. One of the key disciplines described by Senge (1990) is the action of "building shared vision" within organizations. Leaders of CACs and case review teams must ensure that members understand the organization's mission and their role in achieving goals associated with that mission.

The interagency agreement is a formal document required for accredited CACs that demonstrates the commitment of agencies to partner and participate in all aspects of the collaborative model. The CACs participating in this study all had a signed interagency agreement but only one (Clayton CAC) went further in defining the expectations of all participating members. The more detailed the agreement the less likely misinterpretation of roles and responsibilities will occur. In addition, a well defined agreement signed by all required disciplines helps to ensure the continuity of

participation in the face of organizational changes that may occur in the agencies ascribing to the agreement.

Team protocols preserve the practices of the CAC in writing to allow continuity of practices in the face of organizational change – within agencies or within the CAC itself. They provide a roadmap for team members to follow and to which they are held accountable. Written team protocols agreed upon by all member agencies can be referred to when agency team members do not meet their previously agreed to roles and responsibilities. Conflict is lessened when team members are held accountable. The conflict described between the team co-leader/CAC Director and the child protective services supervisor from the Jackson CAC serves as an example of how written team protocols could serve to communicate roles and responsibilities clearly and make those accountable if non-compliant. In the case of Jackson, no such written protocols were in existence and interpretation of intentions of process and participation differed between the CAC Director and a partner agency.

Team leaders and team members can best interact to manage the case review process when supported by written documentation that clearly guides the administration and operations of the CAC and by continually working to improve communication and relationships of the team. The Lexington CAC team leader provided an example of such improvement of team relationships when she reached out to the rape crisis programs for their inclusion as team members representing victim services. A rape crisis center worker, present at the case review meeting and group interview, expressed appreciation for the team leader's actions in reaching out to her agency.

This study focused on multidisciplinary child abuse case review teams and their leaders in Children's Advocacy Centers in Pennsylvania. Taking into consideration my experience with case review teams I developed additional questions based on practices that would enhance or engage team member relationships.

The secondary questions are:

a. In what ways and to what extent does the team leader engage with the multidisciplinary case review team members?

The role of the case review team leader is to facilitate case discussion, encourage participation and feedback on the team process, manage and negotiate conflict and coordinate actions as needed to achieve the team's goals (Kenty, 2006). The skills and effectiveness of the team leaders varied among the CACs studied. Each team leader had several years experience in the role and none were expecting any changes to occur. Three of the five case review team leaders represented the district attorney's office. In my experience, this is not uncommon in case review teams nationally. The two whose team leaders were not district attorney representatives were employed in positions at the CAC. I heard from team leaders that they were accepting of their role, but it was not necessarily a chosen one. Rather, team leaders either followed a previous person into the role by virtue of the agency position they held or were CAC staff who led the team as part of their work duties. Overall, the process of becoming a team leader was not due to individual desire but rather by history or by formal or informal role expectation.

Two case review teams (Hudson and Lexington) whose sole identified leaders were from the CAC did not engage all multidisciplinary team members. In both cases law enforcement was either not consistently represented (Hudson) or non-participating

(Lexington) and neither of the district attorney's offices sent prosecutors as representatives. It seems that having an engaged district attorney's office increases the likelihood of participation not only from the prosecution discipline but could increase participation by law enforcement that are working closely with prosecution in the investigation and charging of child abuse cases.

Team members and leaders acknowledged that their engagement is not limited to the case review team meetings. In order to accomplish the work that must be done on each case, contact individually between meetings is necessary to complete tasks. I observed different levels of engagement by the team leader during the meetings. Such engagement included contact at a personal and social level as well as professionally when case questions were directed to a specific team member. A team member from just one center expressed a negative feeling regarding a leader who seemed to lack facilitation skills. A victim service worker remarked "what would make for a better meeting would be if we were more focused on the discussion and when people start to drift away that there be a person who is responsible for bringing them back."

A common theme throughout my interviews with the leaders was the positive impact of team collaboration and the multidisciplinary approach.

b. What practices does the team leader utilize to nurture and sustain multidisciplinary case review team relationships?

Team leaders seemed to have a difficult time answering this question. The theme that resonated with all of them, as well as team members, related to communication being the most effective and necessary means to build team relationships. Even when negative relationships were discussed, communication seemed to be recognized as essential to

improving individual or agency partner interactions, attendance and engagement. Team leaders did not appear to have given much thought to nurturing or sustaining the team.

Some case review teams arranged to provide lunch to members during the meetings that seemed to enhance the social atmosphere but without taking away from the purpose of the meeting. Providing lunch may also encourage attendance through effective time management by scheduling the meeting at a time many team members would be taking a break but also draws them to the meeting if they do not have to provide their own meal. Not all the centers were able to provide this benefit due to lack of finances, convenience or due to time or location of the meeting. The team leader/CAC Director of the Hudson Center felt so strongly about wanting to provide lunch for her team that it was one of her three wishes. She stated,

> I wish that I had money to be able to kind of really treat them and reward them for all the hard work that they do. I don't even have money to feed them. Out of my own pocket I will buy them chips and candy and keep them on my table for the MDT and also for forensic interviews when the team meets. I wish I just could really kind of treat them to a really nice something.

On the other hand, another team leader I observed provided food items but seemed surprised that few members took advantage of the offer. In this example, the team leader's presentation of food items for the team members seemed obligatory as evidenced by her demeanor. She rushed into the meeting room after many members were present and appeared distracted. She complained loudly about a recent negative interaction she had with another team member. My observation was that the gesture of providing refreshments may have been presented with a conflicting attitude that was not inviting to members.

Presenting a positive attitude and setting an example for the team is a greater indicator of leadership than providing food for a meeting as evidenced by the Marion Center whose leader was efficient and attentive to the team member's needs. Team leaders may not always be able to provide tangible benefits to its members such as lunch or training, but demonstrating attentiveness to and understanding of the needs of the team can be a powerful means of nurturing and sustaining that team.

c. In what ways and to what extent are team member and team leader roles supportive of the team's goals?

Team leaders and team members demonstrated different levels of understanding of their roles and activity during the team meetings. The most common role described by center leaders was that of acting as a facilitator for their team. Roles included developing and distributing case lists and meeting agendas, arranging for food, if provided, and communicating to team members about meeting logistics. Team leaders viewed their role seriously and spoke about the responsibility that leadership entailed. Some leaders in describing how they came to be the team leader spoke highly of the previous leader or an influential agency partner who made the transition from one leader to another as a "seamless" experience and one that team members readily accepted. Two leaders' comments led me to wonder if they saw their role as an "assignment" or perhaps just a bothersome task. One leader stated she became the leader because she is in the DA's office and they "take the lead" while another leader described her role as both a "blessing and a curse" and the team leader role is one of the tasks of her job description.

Leaders did not seem to view their leadership role in the case review team as having a direct impact on the shared goal. Almost all comments regarding leader roles were related to describing team interactions, development, education or management.

Although many of the team leaders described their roles positively, some comments were made that caused me to wonder if, at times, team leaders view their role as a task that is performed with little recognition for the contributions of the team or the importance of team decision-making. One team leader described her multiple responsibilities,

> I bring together all the different entities and make sure each is heard; I'm responsible for the reminders for the meeting. I'm responsible for sending out the case review part for the meeting, really I've been the one who's made a decision about putting the review lists together. I was the one who guided us to the point on how we made determinations abut what cases get reviewed and I really established the policies and procedures for our center as it related to the MDT.

Another leader seemed to dictate acceptance of the role, not as team leader but as representative of their discipline, stating "the bottom line is when all is said and done, the team has to respect our [discipline] role in this process and our decision-making."

As with the team leaders I interviewed, team members who participated in the group interview process were expressive in describing their role on the case review team.

Team members appeared to view their role on the team as important and effective in meeting the team's goals. Team members described many more examples of how the case review process helped children and families through the opportunity for information sharing and cross-training among the members who attend and participate. A mental health worker from the Clayton CAC enthusiastically described what she gained from the case review,

> There is [sic] always a lot of people here presenting on the cases. I've been here maybe once in two years where it's been kind of sparse and we're not sure what's going on, but there's always somebody that knows something and someone else can back up or provide more information. I really like being a part of it from a mental health aspect because we can explain maybe where the kid's coming from and the dynamics of the family that we might have a little bit more, or different insight.

In order for the teams' goals to be met, team members expect participation at the meetings. As one team member stated, "if [a] case is being covered you're expected to be there…it's really difficult if somebody doesn't show up."

Team members seemed appreciative of the learning that occurs at the meetings that helps them understand the other member's requirements or process.

Some members see the case review team as important in meeting the team's goal as described by a member from the Lexington Center, "I think just in terms of the goal of providing the best services for these children, it [case review] has been working really well."

Although team members did not have many negative comments related to team processes, several themes were noted. Participants from two centers made comments directed at the need for improved leadership during the case review meeting. Team members indicated they want leaders to take charge of the discussion by keeping team members focused and being able to reduce conversations that drift from the business at hand.

Team members also want more partners participating and are well aware of those disciplines that are missing. Several centers felt hampered in their ability to provide the best outcome to children and families without all the partners represented.

A team member from the Jackson CAC summed up their feelings this way,

> I think the challenge is the people that aren't as open to processing cases and they don't come to the table. I think adding people to the table are going to be one of the best ways to pull the case together.

d. In what ways and to what extent are team member and team leader relationships supportive of the team's goals?

Team collaboration was a theme throughout this study. I found that team leaders believed that such collaboration is responsible for the team's success. One team leader described what he felt to be important by saying that "intimate working knowledge of each other is crucial to success."

Another leader explained "the most successful prosecutions I've found are the cases where everybody…works together. The team went out and worked together and just did everything perfect."

Attendance at and engagement during the meeting were themes that surfaced when team members described what was valuable to them in establishing and maintaining positive, effective team relationships. Team members also expressed the importance of learning from one another and the respect that builds over time as each member comes to better understand the responsibilities and pressures other members face in their specific roles. Although they did not often express the direct impact their collaborative work has in helping to ensure the safety and best interests of the child, the team members seemed to understand that their actions in working as a multidisciplinary team was more effective in meeting those goals than when working in isolation.

e. In what ways and to what extent does the team acknowledge and deal with divergent points of view among its members?

Team leaders and team members acknowledge that differences of opinion

had and will occur during discussions of the child abuse cases in which they are involved. Some team members view such differences as learning opportunities and seem to enjoy the chance to share perspectives and techniques that can enhance the investigation or interaction with the child and family. Others seem to consider the divergent views expressed by team members as distracting and disruptive to their experience on the team. Some centers such as Clayton and Marion have built conflict resolution processes into their team protocols and address the need to problem solve and use consensus to avoid team dissention. I witnessed how the team leader in Marion handled a concern by a team member that was brought up at case review about another discipline's response on a case that was impacting decision-making. This particular leader used a problem-solving approach and appeared to be using a coaching style with the team member that had a calming affect on the situation. The difference in skill level and knowledge of the team leaders was most evident in situations related to issues of divergent views and how they managed the discussion and directed decision-making.

I considered the findings presented and identified qualities of team leaders, team members and the environment in which they work and interact that seems to present the optimum opportunity for positive and productive experiences. A thorough explanation of my interpretation of the findings is presented in the Discussion Chapter.

CHAPTER FIVE

DISCUSSION

Introduction

My research has focused on the examination of roles and relationships of team leaders and team members in child abuse case review teams in Children's Advocacy Centers in Pennsylvania. A model program established in the early 1980's, Children's Advocacy Centers were developed as a means to coordinate the systems involved in the identification, investigation, evaluation and treatment of child abuse victims and support to their non-offending family members. This successful program has been replicated across all 50 states, and is becoming increasingly recognized internationally with programs being established in Australia, Canada, Israel, Japan, Puerto Rico, and Turkey among others.

Although multidisciplinary teams as a phenomenon have been studied for years and are well represented in the literature, research on child abuse teams, and especially case review teams, such as those formed to meet CAC standards, is uncommon.

Many multidisciplinary teams are formed around a specific problem or task that when accomplished, find the team members returning to independent work within their specific agency. The tasks of child abuse case review teams are intended to not be compartmentalized, but intertwined with the needs of each discipline as it relates to the goal of providing for the child's best interests. Successful collaboration is dependent on the respect and trust that develops among its members. Team members I interviewed who could remember years past when collaboration among agencies was not the norm, emphasized that despite their resistance, they were able to learn to accept a different

approach and now could not imagine returning to those days of 'but we've always done it this way.' Moving from such a narrow focus to one that is more inclusive and team supported takes a dedicated effort from agency leaders to direct service workers throughout each organization involved. I found examples of such dedication in each case review team I studied with varying degrees of trust, respect, commitment, collaboration and communication.

This chapter summarizes my findings and provides my perspective on what we now know about child abuse case review team leader and team member roles and relationships and how current theories and approaches may influence team collaboration and achievement of team goals.

Organization

In this chapter I first provide a summary of the study's findings. The summary includes a discussion of key themes and overall concepts discovered from a thorough review of data across all five CACs that participated in this study. The intersection of theoretical concepts and how the findings are demonstrated in practice is explored.

I review the findings in light of the literature I presented in Chapter Two. In Chapter Four I presented the key themes that surfaced in the data collected and described how I identified these as important factors. In this chapter I discuss their significance in developing optimal team leader and member interactions leading to effective multidisciplinary teams.

In addition, I discuss the limitations of the research study and offer recommendations for future practice and research and describe study benefits that apply not only to CACs but to other organizations using a multidisciplinary approach to

manage systemic issues or concerns. Finally, I offer how this research has contributed to the literature and concluding thoughts on the implications of this study.

Summary of Findings

Achieving team goals takes a concerted effort of all team members and a focused team leader. Case review team members must learn to blend and balance their discipline-specific tasks with other agency workers while keeping in mind the best interests of the child victim and their family.

Theoretical concepts explored in Chapter One were demonstrated in practice, at varying levels, during my observations of the teams. I had expected to find that leaders of child abuse case review teams demonstrated both transformational and transactional leadership skills in their roles. What I found was that the case review team meeting itself was not the type of environment where transformational leadership emerged. I had expected transformational leadership within a CAC case review team to be demonstrated through the active guidance by leaders of the team members. Such guidance would have presented itself by leaders reminding members of the team's shared goal – working in the best interests of children – and inspiring them to be more attentive and participatory. I had expected team members to respond to such inspired leadership by demonstrating respect of the leader and each other and making team decisions that were more child – and family-centered.

Rather, I observed case review team leaders as action- and task-oriented and, although team members were in agreement that the shared goal was acting in the best interests of the child, transactional leadership was most often demonstrated during the meetings. I observed tangible benefits of the team members to include receiving case

information that helped them achieve their discipline-specific tasks and cross training by team members that helped inform other members regarding laws, best practice, medical and legal terminology and appropriate treatment for the victim. Intangible benefits included feelings of pride among team members, increased levels of trust and communication, a deeper understanding of the dynamics of child abuse and respect for the collaborative process.

Centers that expressed positive relationships between its members and respect of its team leader attributed open communication to being their most effective tool. Many of the team members I studied acknowledged that they are happy and proud of the relationships they have with other disciplines and the team approach has broadened their perspective on how best to serve the needs of the child victim and family.

Synthesizing the findings from all data sources, documents, surveys, interviews and observations, six themes emerged:

1. Alignment of written documents with the operations of the CAC is important.
2. Trust was experienced at different levels between team members and team leaders.
3. Quality of facilitation and communication skills varied among team leaders.
4. Attendance at and participation in team meetings is highly valued.
5. CAC Director and team leader boundaries can become blurred.
6. Meeting location may affect participation.

These themes that were presented in Chapter Four are discussed in depth in this chapter. From these themes three concepts seemed to summarize elements essential to optimal team member and team leader interactions. These concepts are: **sense of trust** by

both team leaders and team members in each other and the case review process that shared goals will be achieved; **respect** for members and leaders as demonstrated by acceptance of each other's differences in beliefs, perceptions and experiences and acknowledgement that team goals will be achieved through collaborative efforts; and, **commitment** to working as a multidisciplinary team and holding others accountable for their level of engagement in the case review process and CAC model. These concepts are supported by the literature I previously reviewed in this study and by the theories and approaches that were presented.

Thematic Considerations

Six themes emerged from this research study that may be important areas for consideration for existing and developing CACs or other non-profit organizations that function as multidisciplinary and/or collaborative teams.

Foundational documents. The written documents of an organization act as guides for stakeholders to understand the intent and direction and implement the practices necessary to achieve the organization's goals. Stakeholders are defined as "any person, group, or organization that can place a claim on an organization's attention, resources or output … (Bryson, 1994, p.160)" Stakeholders of a CAC may include clients, staff, board members, volunteers, funding groups, government agencies and community members, among others. A CAC's documents - mission statements, interagency agreements and team protocols - must not only align with each other in order to provide consistency and clarity of purpose, but must also align with the behaviors and responses those leaders and members demonstrate in their practice (Chandler, 2006; O'Leary, 1994).

The National Children's Alliance (2004), as an accrediting body, does not prescribe the specific language of the required written documents for CACs but rather encourages such centers to create documents that reflect the community's needs and resources. This allows for the flexibility necessary to reflect the needs of each community in which a CAC is established. Specificity, clarity and alignment of practices helps to ensure the organization's stability and sustainability in the face of social, political, environmental and technological change.

Team trust. Team members demonstrated different levels of team trust as observed during the case review meetings. Further, team members described examples of situations that occurred at team meetings that helped to instill trust in each other or elicited concern that members might not be invested in the team process. The Lexington and Marion CACs provided examples of team trust that I noted during my observation of the case review team meetings I attended. At the Lexington CAC case review meeting team members from the local victim service agency had only recently begun attending and had previously interacted with the CAC on a minimal level despite victims and family members having involvement in both agencies. The new team members praised the CAC team leader for her efforts to include the agency in the case review process. This victim service agency and the local mental health agency trusted the process enough to share client information (with proper authorizations) with the team to serve the best interests of the child and achieve the team's shared goal.

Conflict and disagreement among team members is common and to be expected. At times though, as I observed and listened, I became aware that such interactions if left unchecked can impact relationships not only with those team members directly involved

but also with members on the sidelines such as in the case of the Jackson CAC. Preparation for such situations such as discussing an action plan for conflict resolution and problem solving can help to address issues quickly and with little disruption to the team process.

Team leader effectiveness. Leaders must focus the team members on the wholeness of the team that makes the team system strong and not the individual elements that make up the team (Dubois & Miley, 2008; Zastrow, 2010).

Team leaders can be most effective when they model positive behavior. Team members I observed reacted positively to team leaders they respected. During the Clayton and Lexington CAC case review meetings I observed the leaders taking the initiative to ask team members for their input instead of waiting for them to participate. Team members at the Lexington CAC expressed pride in the actions of their team leader when she sought out representation at the meeting of a community victim service agency that had never been invited to participate before. This team leader demonstrated value in diversity of team membership and may inspire other team members.

CAC Directors proved helpful when involved in the case review process and supported team training and team building opportunities. For example, the Director of the Clayton CAC is in attendance at all case review meetings and provided appropriate suggestions on case management. She also made team members aware of scheduled training and fundraising events and encouraged their participation.

Team engagement. Commitment to the CAC model and collaborative process was viewed by team leaders and team members as successful when all disciplines attended and participated as part of the case review team process. I found evidence to

support this based on my observations of the behaviors and levels of communication exhibited during the team meetings as well as from team leader and team member responses to my interview questions. My observations revealed team members, such as those at the Clayton CAC, who were encouraged to provide their input on cases by an interested and involved team leader. She leaned in when members spoke and asked for more information from each discipline.

When disciplines were missing or attended inconsistently, team members noted the absence and explained the importance of not only having all members present, but active in providing quality information. The Marion CAC described how this had been a problem at one time. A CAC staff member explained,

> As a CAC we struggled with it because of personnel changes. It is difficult to keep up with an influx of new people and you can easily become very rote and see case review as a requirement instead of a good cooperative way to work together. It was like everyone hated coming to meetings and barely presented what we needed. We've finally gotten back to why we started these meetings to begin with.

At times, the absence of a discipline was not due to lack of interest, but rather lack of community resources such as with the Hudson CAC. Due to its rural location, medical services are only available by driving to the closest city with a CAC which is more than an hour away. Team members expressed a desire to develop medical services onsite and include local medical providers in the case review process in the future. The Director explained "we are working towards having a medical component up and running, but it is very slow."

The findings of this study supported the literature that explored the positive impact multidisciplinary collaboration has had on the identification, investigation and treatment of child abuse (Chadwick, 1996; Chandler, 2006; Fontana & Robison, 1976;

Helfer, Kempe & Krugman, 1997). Conversely, this study also found examples where team members representing specific agencies were reluctant to fully participate as a case review team member due to concerns over needs of their specific discipline and seemed to lose sight of the overarching CAC goal explained by Chandler (2004) "to place the needs of the child first." With respect to team goals, I was surprised to find that despite the overall goal under which CACs operate, that of working in the best interest of the child, that the team members' responses about pride in their team did not include more examples related to the child victims or their family members.

Team leaders and CAC Directors must be diligent in reminding current team members of the protocols and process of case review and develop training to new members so they understand early on what is expected of them at case review and why. It would have been helpful to the law enforcement officer who was attending his first case review team meeting of the Jackson CAC if the team leaders had provided him with written procedures for presenting a case before the meeting began. Instead, he had no guidelines and had to be prompted by other members on what information he needed to provide.

Roles of CAC director and team leader. In the CACs I studied I noted a difference in the attendance and participation, of certain team members when a CAC Director, or their designee was also the team leader or co-leader. It seemed the leadership effect on the team diminished when CAC staff members acted as the case review leaders. In three of the five CACs studied CAC staff (Director or their designee) led the case review team and representatives from law enforcement, child protective

services or prosecution may have been missing or if in attendance did not fully participate in the meeting.

The leaders I observed who represented the district attorney's offices seemed to have all disciplines in attendance at the meetings but minimally interacted with CAC staff except in the case of the Clayton CAC whose Director attended the meetings. The leaders I observed who represented Children's Advocacy Centers appeared to have a greater understanding of the CAC model and with their experience as a staff member of the CAC may be more knowledgeable to address CAC operational questions, explain CAC national standards and develop training opportunities that include all team members.

For example, the Jackson CAC had co-leaders with one representing the district attorney's office (ADA) and the other the CAC Director. During the case review meeting the CAC Director was present but did not participate in the meeting due to a negative interaction that had occurred with an agency supervisor attending the meeting. The CAC Director missed an opportunity to provide a learning experience to a new team member from law enforcement who was presenting for the first time. Instead, she deferred her leadership role to the ADA who was not comfortable in the role of managing the meeting and did not engage all participants that included three CAC staff members.

It seemed that in the example presented the boundaries between the responsibilities of the team leader and CAC Director challenged the effective leadership of the team.

Dubois & Miley (2008) emphasized that the leader becomes critical to a system's (team's) success when an exchange of information is encouraged. In a case review team, cross-training among disciplines and sharing goal achievement among team members can

ensure team learning and confidence in all members of the team, not just its leader. The CAC Director can be very effective in providing direction for the case review team, either while acting as its leader or assisting the team leader, in developing and encouraging training opportunities for all team members. The Clayton CAC Director and the team leader from the Lexington CAC announced training opportunities prior to the team meeting. The Hudson CAC Director and team members had taken advantage of a team retreat in the past and found it to be helpful in building team relationships. Cross-training can occur during meetings when team members provide explanations of their own tasks and responsibilities to help other members gain a greater understanding of another discipline. In another example of cross-training, the medical provider explained a medical diagnosis of an abused child in layman's terms for the members of the Marion CAC case review team.

Location of the team meeting. My impression is that the case review meetings that were held in the CAC seemed to contribute to familiarity and a relaxed, casual atmosphere among team members. It is possible that the neutrality of the CAC allows members to experience a sense of joint ownership of the space. Members seemed comfortable in these surroundings, were less formal and experienced fewer incidences of "turf issues (Chandler, 2006). Team meetings that occurred outside the CAC appeared to exude a more formal atmosphere. When these meetings occurred in the "home base" of a specific discipline (such as the district attorneys' or child protective services' offices), others representatives (or participants) from other agencies appeared less comfortable. The CAC location, by design is meant to be a "friendly" space for child victims and their families. In establishing such an atmosphere for clients the setting also becomes a

familiar place for the agency partners. Many team members attend forensic interviews at the CAC where they interact with other disciplines such as victim services and medical providers on a routine basis.

Key Concepts from the Findings

The three concepts of trust, respect and commitment appear to be essential in the development, maintenance and growth of multidisciplinary teams. The literature review presented earlier revealed research most often conducted on teams focused on the benefits and characteristics of effective teams but none studied teams composed of multidisciplinary child abuse team leaders and members. Although this study was limited in frequency of observations and interviews of team meetings and their leaders and members, the key concepts found are consistent with concepts recognized as important to effective team functioning (Allen, Foster-Fishman & Salem, 2001; Nicholson, Artz, Armitage & Fagan, 2000) and the positive impact of multidisciplinary team interactions in decreasing further maltreatment and increasing individual and group understanding (Chadwick, 1996; Fontana & Robison, 1976; Helfer, Kempe & Krugman, 1997; Lalayants & Epstein, 2005).

The following concepts were found at different levels within the centers studied and impacted the quality of relationships and interactions of the team leaders and team members.

Trust. Trust between team members and a team leader is essential for the effective functioning of teams. Establishing trust takes time and effort and leaders cannot take for granted the importance of developing and maintaining trust within the team. The literature reviewed emphasized that positive behavioral and environmental interactions

experienced between people helps to develop trusting relationships (Dubois & Miley, 2008; Scott, 1998; Zastrow, 2010). Additionally, Scott (1998) described formal and informal social structures that collectively integrated norms and behaviors of groups. In multidisciplinary case review teams I expected informal social structures to be developed among members. Establishing a successful informal social structure from discipline-specific formal social structures required team leaders and members to form trusting relationships.

The team leaders in the case review teams participating in this study had varying levels of success in establishing positive relationships among the members of the team. The quality of interactions between team leader and team members seemed to impact the team's functioning and engagement as observed during the team meetings and responses during the interviews. For example, a team member from the Lexington CAC explained "we're all pretty open with each other that if someone came up with something they wanted to discuss nobody would have a problem bringing it to the table to talk about. Everybody is very approachable." The team leader from this center had been praised by team members for her ability to encourage participation and inclusion of victim service agencies as part of the team. During the team interview with the Lexington CAC members seemed comfortable talking in front of the leader about concerns they had with the team process.

A trusting and respectful environment creates an atmosphere that facilitates open communication and encourages honest feedback (Zastrow, 2010). Team members who work in an environment that values and demonstrates trust are more likely to bring issues to the leader and group for discussion (Chandler, 2004). A team leader who encourages

such feedback on an organization's structure and operations and provides opportunities for team members to be a part of the decision-making process creates a culture of trust within the team. The National Children's Alliance (2004) recognized the importance of team member's engagement as a participant in strategic decision-making on individual cases but also in providing feedback to improve the collaborative process. NCA had included such actions as a rated criterion in the Multidisciplinary Team accreditation standard. When team leaders use strategies such as encouraging, cross-training to deepen understanding of each discipline, feedback and team decision-making trust is built within the team and members respond more openly. It is important to recognize that some members may be more comfortable working within settings that define rules and concrete expectations and less comfortable with emotional responses to case situations. Leaders who are sensitive to such needs can increase trust by encourages opportunities for members to learn from and about each other. As trust grows, so does team engagement (Chandler, 2004; Zastrow, 2010).

Conversely, lack of trust between the team leader and team members can impede honest communication as exemplified during the observation of the Jackson CAC case review team meeting. The CAC Director, who was one of the case review team's co-leaders, displayed non-verbal behaviors during the meeting that created an atmosphere of tension that hindered interactions during the meeting. During my interview with the co-leaders she described team members negatively using such terms as "subversive, dysfunctional and jealous." With this team, it is not surprising that I found communication patterns to be more unilateral with individual team members responding

to questions posed by the other co-leader (the ADA) and little engagement between members.

Respect. Chandler (2004) reported in a special report for *The International Society for the Prevention of Child Abuse and Neglect (IPSCAN)* that multidisciplinary child abuse teams were effective in addressing child maltreatment but such programs are at risk of failure when individuals put their egos before the shared goal of the team. Such "turf issues" are well known especially to CAC Directors who must learn how to walk a fine line between support of the individual agencies involved in the process and supporting the team process indicative of a CAC. An intrinsic element essential to the success of teams is respect that develops over time for the team leader and fellow team members. Respect is earned through the team process and is especially evident when members show tolerance and understanding for the diversity of team member attributes, values and experiences (Dubois & Miley, 2008). The level of respect evident in the teams studied demonstrated the team's acceptance of collaboration as a successful means to tackle the problem of child abuse. For example, respect was demonstrated by team members of the leaders in the Clayton, Hudson and Marion CACs. Their team members were cooperative, attentive and respectful to their leader and each other during the meetings and expressed pride in their collaborative working relationships.

Respect for the team leader and members can be challenged when members experience stress related to required deadlines for completing their individual tasks, professional differences that arise between disciplines and differences in the training they have received to tackle the problem of child abuse (Kenty, 2006). I observed stress and tension between a team leader and a team member from the Jackson CAC during the

team meeting. The non-verbal behaviors of the team leader (inattentiveness, body positioned at an angle away from participants, non-participation in the meeting) were not respectful of the team members or of the case review process. Another example of lack of respect for the team process was demonstrated by the prosecution discipline from the Lexington CAC who did not attend the case review team meetings despite the meeting being held in their building. Team members who did attend were complimentary of the leader and each other, but very aware of the non-attendance by law enforcement and prosecution team members.

Varying levels of respect were also evident between the team leader and the team members based on how the leader managed the team meeting. Case review teams whose leaders demonstrated sensitivity for and awareness of team members' individual needs and encouraged participation of all disciplines during the meetings seemed most successful in developing a culture of respect among the members. The team leaders of the Clayton, Lexington and Marion CACs demonstrated effective management of the case review team meetings. The team leader from the Clayton CAC was sensitive to the time constraints of the team members and moved the discussion along within the timeframe of the meeting. The Lexington CAC team members voiced respect and appreciation for the team leader's persistence to gain representation from community victim service agencies on the case review team.

Teams that demonstrate respect for their leader, each other and the process are open to change and when faced with conflict can see it as a learning opportunity rather than a burden or obstacle (Senge, 1990). Such teams are more likely to adapt to change if they respect and embrace their diversity.

Commitment. Collaboration among all partner agencies is the basis of the CAC model. The CAC case review team meeting demonstrates the collaborative process involving all partner agencies. In this study I found that team leaders and team members valued attendance and participation of all disciplines at the case review meeting. Chandler (2004) emphasized agency commitment as key to the participation and attendance of team members in the collaborative process. Other researchers agreed that interagency collaboration requires participants to move from an agency focused perspective to a child-centered one (Guthrie, 1991; O'Leary, 1994).

The foundational documents, in particular the interagency agreement, requires agency administrators to document their intentions to collaborate in writing. Participants of this study expressed in writing the pride they feel to be a part of the team and working towards a shared goal to protect, heal and gain justice for child abuse victims. Family advocates, medical providers, victim service workers, law enforcement officers and other CAC disciplines have described collaboration as "pieces falling into place," "entire team plays a role," "working together," and "collaboration on behalf of victims." Commitment to collaboration and the shared goal to act in the best interests of children are recognized and accepted by CAC team members as crucial to the success and effectiveness of a child abuse case review team.

The leader role is important to instilling and maintaining commitment among a team's members. Senge (1990) in describing the leadership process in a learning organization explained the importance of laying the groundwork for the shared vision of the organization. This is where clarity of purpose and action must be expressed in the

form of foundational documents. From this team members become oriented to the team and committed to the team's goals.

Commitment to the CAC case review team was recognized by team members as a value and many voiced their frustration and disappointment when team members did not attend or participate fully in the case review process. Team members recognized the impact lack of attendance or non-participation during the meeting had on the members in completing individual tasks and group goals. A team member from the Lexington CAC expressed concern that not everyone that investigated child abuse cases was coming to the case review meetings and they were the ones in need of the support and opportunities for team learning the most. She worried that "they [child protective service workers] are not doing what they need to be doing and the workers that do come to the meeting are already working in a collaborative way."

Most importantly, the commitment by team members to work in the best interests of children was expressed by many in the study as satisfying and prideful. Team members, especially those that had been working in the field of child abuse prior to the advent of CACs reflected on the advantages of having such a collaborative team process in their community. A detective stated,

> In the beginning when I first started doing child abuse cases I didn't know that [child protective services] had a certain time period to meet certain obligations. I hear stories from different counties and different police departments that they never got along with [child protective services] and I think how lucky we are to have such a great working relationship.

Limitations of the Study

This study has limitations which could have resulted in bias based on several factors. Centers participating in this study volunteered to do so from a small group of

eligible centers, contributing to a selection bias since these were willing participants. They may have responded positively to the issues discussed during interviews or focused discussions as a result of wanting themselves or their Center to be seen in a positive light. Team member behavior during observations may have been generally favorable based on their awareness of being observed.

In addition, some participants, such as center directors, were familiar with me in my role as CAC Director. This may also have affected the results. I reduced this risk by removing myself from a position of authority as state chapter president prior to any data collection. I was not familiar with individual team members or many individual staff of the centers. Some of the program directors who are familiar with me in other capacities, being a center director myself, previously active in an executive role with the Pennsylvania Chapter of CACs and MDTs, may have likewise had consequences in encouraging positive responses for the centers to be seen in a positive light. I recognize that I could possibly have learned more from some of the centers that did not volunteer that would have provided a different perspective and their results may have contrasted with the centers that were involved.

Another limiting factor relates to the singular visit to centers that resulted in one observation of the case review team in action and one interview experience with the team leader and with the team members as a group. I am aware that one observation of the case review team may not be sufficient in determining either positive or challenging behaviors of members or trends and that occasionally members may have been unable to attend due to illness, work schedules or time off. The true essence of the case review team and its leadership may not have been fully captured by such a “point-in-time”

experience. Additional observations would have afforded a more consistent picture of positive interactions as well as divergent points of view and the behaviors, or lack thereof, from team members and leaders to resolve issues.

The particularity of the interdisciplinary nature of the CAC teams and their relationships may limit transferability of findings to other types of organizations or teams. I am aware that my personal experiences may have influenced my interpretation of the observations. I maintained journal notes that acknowledged my feelings and impressions. I was conscious of how my roles of observer and current Center Director (knowing many of the CAC Directors for many years) may also influence my observations. I found myself wanting to provide suggestions but understood that is not my role as researcher. I was careful to maintain objectivity during the observations and I have considered several alternative possibilities for the various actions I have observed.

Although each of the above may have limited the results of this research study they lay the groundwork for other researchers to continue the study of how leaders and team members can best work together to achieve their shared goals.

Recommendations for Future Practice

The importance of clear and aligned written documents that detail the intent and operations of an organization were an important theme that became evident from this research. Organizations, such as CACs, developing mission statements, operational policies and procedures and interagency agreements should carefully consider these important activities as a foundation upon which the multidisciplinary team will be built. Integrating components of the learning organization that encourage open-thinking and adaptations of individual worldviews to create a shared direction for all team members

may prove to be an effective guideline for programs to follow. Based on findings in this research, existing programs may benefit from revisiting their written documents often and with a critical eye. It may be helpful to enlist an outside source to guide the team and CAC partners through regular inventories of what they have all agreed upon to ensure congruency between the center's vision, mission and protocols and their practical application meeting agency and community needs.

The Regional Children's Advocacy Centers (RCACs) provide free training and technical assistance to emerging and existing CACs. Some communities have accessed grant funds from local businesses and corporations to hire consultants to assist with non-profit development and may be able to provide guidance in this area.

Another recommendation to enhance future practice with multidisciplinary teams would be to develop and/or coordinate team training on a regular basis. Four of the five team leaders from the CACs studied named team training as one of their three wishes for their case review team. The Hudson CAC team leader, as well as the team members, described the benefits they received when they had previously attended a team retreat as facilitating their collaborative relationships and they would do this again when funding is available.

CAC Directors and team leaders would be well served to attend multidisciplinary teambuilding training together and develop and implement strategies to strengthen team relationships and achieve team goals.

Recommendations for Future Research

Future research with multidisciplinary child abuse teams may benefit from observations of and interviews with those in administrative roles of specific disciplines to

determine if supervisors and administrators influence over direct service workers impact their attendance and participation on the case review team. Generally, direct service child abuse case review team members and their immediate supervisors were observed and interviewed in this study.

Another area of future research that was not addressed in this study but might influence team effectiveness is perceived power and authority by team members of the team leader. Three out of five of the CACs in this study had team leaders who represented the county district attorney's office. In my experience, many CAC case review teams are led by representatives from this agency. As described by the Assistant District Attorneys, who were team leaders in this study, their succession to the position was not by their own choice or CAC team decision but by succession or as part of their job expectations at the time they became leader. Yet, in two of the three centers in which they were leaders, all disciplines were in attendance at the case review team meeting. On the other hand, team leaders in this study who represented CACs may not be perceived the same by team members in terms of power and authority. CAC staff may not be perceived to have the same level of influence and their being leaders may be associated with less regular attendance or participation of partner agencies. The Lexington Center, for example, did not have the attendance of two key disciplines, prosecution and law enforcement, despite the efforts of the team leader who represented the CAC and had arranged for meetings to take place in the district attorney's office and in close proximity to law enforcement.

Benefits of the Research

The results of my research can benefit stakeholders by helping them recognize the importance of developing a clear and consistent foundation of written documents and communicating the intent and purpose of the team to its leader and members on a regular basis. Others in the field may find the results of interest and increase discussion in local communities and nationally on how best to prepare team members to collaborate and share information with each other. Ongoing support of the team members and acknowledgement of their work may be helpful in reducing burnout and agency turnover and can lessen the economic impact felt every time a trained worker leaves. Examples of team members in this study who voiced their appreciation for the support of team members throughout this research included a prosecutor from the Clayton Center who stated "we all understand what each other's goals are. They [child protective services] know what I'm looking for. What we do best is communicate." She continued by describing why she is so proud to be a leader of this team "they [team members] feel strongly about protecting children an about stopping abuse, they are dedicated to what they do." A strong support system can improve the quality of work produced and encourage each other to continue to strive for the shared goal of protecting children and helping them heal.

More broadly, these research findings can provide important information to others working on such difficult issues as domestic violence, homelessness, student dropouts, teen pregnancy that cannot be addressed independently by any one agency or provider. The success of Children's Advocacy Centers and the collaborative team approach may encourage multi-systemic change to address other serious social problems. The findings

from this research identify the importance of developing clear and consistent written documents and reviewing them on a routine basis with new and existing board members, agency administrators, direct service workers, staff, volunteers and others involved in supporting the mission of the organization. Organizations looking to create new collaborations will be best served by being inclusive of all stakeholders from the beginning to reduce concerns from programs or agencies that might raise "turf" issues and impede the success of such joint initiatives.

Organizations can benefit from the findings that demonstrated the importance of the team leader providing opportunities for team members to provide honest feedback on what is working and not working related to team processes.

Contributions to the Literature

This study afforded me an opportunity to examine team leaders and team members of child abuse multidisciplinary case review teams in Pennsylvania. My findings will contribute to the literature in several ways. First, little research has been done on the Children's Advocacy Center model. The most extensive research conducted on CACs has been a longitudinal comparison study of CACs and non-CACs that focused on the effectiveness of various components of the model including forensic interviews, medical services and caretaker satisfaction with services provided (Cross, et al; 2006). I have not found qualitative studies that explored the relationships of team leaders and team members of child abuse case review teams. Therefore, this study provides valuable information for CACs regarding key components to consider for optimal case review team interactions and relationships.

Several articles and best practices written by founding members from CACs established early in the movement discussed the importance of developing written documents that described the purpose, intent and operations of a CAC (Chandler, 2006; Chandler, 2004; O'Leary, 1994). This study examined the documents as required by NCA, the national membership organization, and found that alignment of the documents to each other and to the actual practice performed in the CAC was not always uniform. For example, the Hudson Center had a general mission statement that was vague in its relationship to a CAC, an interagency agreement that did not include attending a case review meeting among law enforcement's responsibilities, but a robust and inclusive team protocol. The written documents did not present a unified source of direction or guidance for team members. During the team interview, I learned that in practice the law enforcement agency does not always attend case review meetings. Such variation in the written documents may contribute to inconsistent practice or lack of accountability from the non-attending team member.

The literature did provide support for the key concepts of trust, respect and commitment found to be essential in developing and sustaining strong team interactions and goal achievement (Scott, 1998; Senge, 1990; Zastrow, 2010). For example, Scott (1998), in discussing organic structures, explains that group members are managed laterally rather than vertically, as in traditional bureaucratic systems. Child abuse case review teams in this study were found to be most closely associated with such a structure because they are flexible and responsive to the needs of each other. The leaders in this study managed the team process but not the individual team members. The child abuse case review team most closely resembles a closed system referred to by Scott (1998) as a

natural system. Team members demonstrate commitment to the organization and the leader's responsibility is to guide the members to work together to achieve a team goal.

Conclusion

The research conducted on multidisciplinary child abuse case review teams in CACs in Pennsylvania explored the roles and relationships of their team leaders and members and identified key concepts that are essential to the development and sustainability of collaborative teams. Trust, respect and commitment were found to be important elements in this study and are transferable to the work of any multidisciplinary team.

This research provided me an opportunity to study the case review process of the Children's Advocacy Center model in depth and from both a theoretical and practical perspective. The experience of researching this topic was both exciting and tedious. I learned as much about myself as I did about the topic and the subjects of my research. It is hard to look from the "outside" at a world one lives in everyday. Yet, this same intimate knowledge I possess about the subject helps to validate the findings and makes the contribution to the literature and real world experience more relevant.

REFERENCES

Allen, N.E., Foster-Fishman, P.G. & Salem, D.A. (2002). Interagency teams: A vehicle for service delivery reform. *Journal of Community Psychology, 30*, (5), 475-497.

Axinn, J. & Levin, H. (1975). *Social welfare: A history of the American response to need*. New York: Dodd, Mead & Company.

Baron, J.H. (2005). Corporal punishment of children in England and the United States: Current issues. *The Mount Sinai Journal of Medicine*, 72, (1), 45-46.

Bentovim, A. (1998). A full circle: Psycho-dynamic understanding and systems theory. *Journal of Family Therapy*, 10, 113-122.

Brissett-Chapman, S. (1995). Child abuse and neglect: Direct practice. In Beebe, L. et al. *Encyclopedia of Social Work* (pp. 353-366). Washington, DC: NASW Press.

Bryson, J. (1994). Strategic planning and action planning for non-profit organizations. In R. Herman (Ed). *The Jossey-Bass handbook of nonprofit leadership and management* (pp. 154-183). San Francisco, CA: Jossey-Bass.

Burke, D., Herrman, H., Evans, M., Cockram, A. & Trauer, T. (2000). Educational aims and objectives for working in multidisciplinary teams. *Australasian psychiatry, 8*, (4), 336-339.

Burns, J.M. (1978). *Leadership*. New York, New York: Harper & Row.

Chadwick, D. (1996). Community organization of services needed to deal with child abuse. In J. Briere, L. Berliner, J. Bulkley, C. Jenny & T. Reid (Eds). *The APSAC handbook on child maltreatment* (pp.398-408). Thousand Oaks, CA: Sage.

Chandler, N. (2004, September). Multidisciplinary team models: Special focus on children's advocacy centers. *The international society for the prevention of child*

abuse and neglect: Special report, 1-8.

Chandler, N. (2006). Children's advocacy centers: Making a difference one child at time. *Journal of Public Law & Policy*, 28, (1), 315-337.

Chemers, M. M. (1997). *An integrative theory of leadership.* Mahwah, NJ: Lawrence Erlbaum Associates.

Cross, T., Jones, L., Walsh, W., Simone, M. & Kolko, D. (2006*). The impact of children's advocacy centers.* Durham, New Hampshire. Crimes Against Children Research Center, University of New Hampshire.

Dubois, B. & Miley, K.K. (2008) (6th ed.). *Social Work: An empowering profession.* Boston, MA: Pearson.

Fontana, V. J. & Robison, E. (1976). A multidisciplinary approach to the treatment of child abuse. *Pediatrics*, *57*, (5), 760-764.

Giavannoni, J. (1995). Childhood. In Beebe, L. et al. *Encyclopedia of Social Work.* Washington, DC: NASW Press.

Guba, E.G. & Lincoln, Y.S., 1989). *Fourth generation evaluation.* Newbury Park, CA: Sage.

Guthrie, G.P. & Guthrie, M.W. (1991, September). Streamlining interagency collaboration for youth at risk. *Educational Leadership,* 17-22.

Hammersley, M. (2002). Ethnography and realism. In Huberman, A.M. & Miles, M.B. (Eds). *The qualitative researcher's companion.* Thousand Oaks, CA: Sage.

Hammond, S. A. (1998). *The thin book of appreciative inquiry.* Bend, OR: Thin Book Publishing.

Helfer, M.E., Kempe, R.S. & Krugman, R.D. (1997). *The battered child.* Chicago,

IL: University of Chicago Press.

Hirst, G. (2009). Effects of membership change on open discussion and team performance: The moderating role of team tenure. *European Journal of Work and Organizational Psychology*, 18, (2), 231-249.

Hyrkas, K. & Appleqvist-Schmidlechner, K. (2003). Team supervision in multiprofessional teams: team members' descriptions of the effects as highlighted by group interviews. *Journal of Clinical Nursing*, 12, (2), 1-13.

Imel, S. & Zengler, C. (2002, Fall). For the common good: Learning through interagency collaboration. *New Directions for Adult and Continuing Education, 95*, 41-49.

Jacobson, M. (2002). Local realities: A frontier perspective on child protection team practice. *Child Welfare, 81*, (5), 737-756.

Johnson, L., Zorn, D., Tam, B., Lamontagne, M. & Johnson, S. (2003). Stakeholders' views of factors that impact successful interagency collaboration. *Council for Exceptional Children*, 69, (2), 195-209.

Karger, H.J. & Stoesz, D. (2002). *American social welfare policy: A pluralist approach.* Boston, MA: Allyn & Bacon.

Kenty, M.C. (2006). *A guide for case review in Children's Advocacy Centers.* National Children's Alliance. Support by grant no. 2005-CI-FX-K004 by the U.S. Department of Justice.

Kofman, F. & Senge, P. (1993). Communities of commitment: The heart of learning organizations. *Organizational Dynamics*, *22*, (2), 5-19.

Kolbo J.R. & Strong, E. (1997). Multidisciplinary team approaches to the investigation

and resolution of child abuse and neglect: A national survey. *Child Maltreatment*, 2, (1), 61-72.

Kovitz, K., Dougan, P., Riese, R. & Brummitt, J. (1984). Multidisciplinary functioning. *Child Abuse and Neglect*, 8, 353-360.

Lalayants, M. & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare League of America*, 84, (4), 433-458.

Lazoritz, S. (1992). Child abuse: An historical perspective. In S. Ludwig & A. E. Kornberg (Eds.). *Child abuse: A medical reference* (pp. 85-90). New York, NY: Churchill Livingstone.

Liederman, D. (1995). Child welfare overview. In L. Beebe et al. *Encyclopedia of social work* (pp. 424-433) Washington, DC: NASW Press.

McBain, R. (Summer 2005). The effectiveness of teamworking. *Henley Manager Update*, 16, (4), 27-35.

McCabe, K.A. (2003). *Child abuse and the criminal justice system.* New York, NY: Peter Lang Publishing.

Mertens, D.M. (1998). *Research methods in education and psychology*. Thousand Oaks, CA: Sage.

National Children's Alliance (2008). *History of federal funding for National Children's Alliance (NCA) and Children's Advocacy Centers (CACs).* Presented at the 2008 National Children's Alliance Leadership Conference, June 17, 2008, Washington, DC.

National Children's Alliance (2004). *Accreditation guidelines for Children's Advocacy Centers*. Washington, DC.

National Association of Counsel for Children, retrieved October 19, 2007. *Children and the law: Child Maltreatment*; mhtml:file://C:\Documents%20and%20Settings/tsmith/Local%20Settings\Temporary%20Interne

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

Northouse, P.G. (2001). *Leadership theory and practice.* Thousand Oaks, CA: Sage.

O'Leary, N. (Ed). (1994*). Best practices manual: A guidebook to establishing a Children's Advocacy Center program*. Huntsville, AL: National Network of Children's Advocacy Centers.

Patton, M.Q. (2002). *Qualitative research & evaluation methods.* Thousand Oaks, CA: Sage.

Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams (2007). *Annual chapter report.*

Pennsylvania Department of Public Welfare, (1999). *Annual report on child abuse*. Office of Children Youth and Families, Commonwealth of Pennsylvania, 32-33.

Pennsylvania Department of Public Welfare, (1975). *Child protective services law, Act 124 of 1975.* Commonwealth of Pennsylvania, Department of Public Welfare, Office of Children, Youth and Families, 1-19.

Pennsylvania Domestic Relations Code - Omnibus Amendments (1994). *Act of 1994*. No. 151 (23 PA.C.S.), 1-37.

Rushmer, R. (1997). What happens to the team during teambuilding? Examining the

change process that helps to build a team. *Journal of Management Development, 16,* (5/6), 316-328.

Schene, P. (1996). Child abuse and neglect policy: History, models, and future directions. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny & T. Reid (Eds.) *The APSAC handbook on child maltreatment* (385-397). Thousand Oaks, CA: Sage.

Scott, W.R. (1998). *Organizations: Rational, natural and open systems.* 4th ed.. Englewood Cliffs, NJ: Prentice-Hall.

Senge, P. (1990). *The fifth discipline: The art and practice of the learning organization.* New York, NY: Doubleday/Currency.

Sgroi, S. (1982). *Handbook of clinical intervention in child sexual abuse.* New York, NY: Simon & Schuster.

Shadoin, A., Magnuson, S., Formby, J. & Shao, L. (March 2006). *Economic impact of child maltreatment.* Presented at the 22nd National Symposium on Child Abuse, Huntsville, Alabama.

U. S. House of Representatives, Select Committee on Children, Youth and Families (1990). *Federal programs affecting children and their families, 1990.* Washington, DC: U.S. Government Printing Office.

Social Security Act of 1935, 42 U.S.C. § 301 et. seq. (1935).

Useem, M. (1998). *The leadership moment*. New York, NY: Three Rivers Press.

Yeatts, D.E. & Barnes, D. (1996). What are the key factors for self-managed team success? *Journal of Quality & Participation, 19,* (3), 68-77.

Watkins, J.M. & Mohr, B.J. (2001). *Appreciative inquiry.* San Francisco, CA: Jossey-Bass/Pfeiffer.

Wilson, E.P. (1992). Multidisciplinary approach to child protection. In S. Ludwig. & A.E. Kornberg (Eds.), *Child abuse: A medical reference* (79-84). New York, NY: Churchill Livingstone.

Zastrow, C. (2010). *Introduction to Social Work and social welfare: Empowering people*. 10th ed Belmont, CA: Brooks/Cole.

APPENDIX A

PARTICIPATING AGENCY CONTACT LETTER

[Date]

[CAC Director Name]
[Team Member Agency]
[Address]
[CAC City], PA

Dear [Director]:

I am writing to ask for your center's participation in a research study entitled: *An Ethnographic Study of Multidisciplinary Child Abuse Case Review Teams and Their Leaders in Children's Advocacy Centers in Pennsylvania.*

Your center is eligible to participate because it is an accredited member of the National Children's Alliance (NCA) and team members participate in an organized multidisciplinary case review forum. This research is being carried out as dissertation research at Indiana University of Pennsylvania. The Committee Chair for this dissertation is Dr. Robert Heasley, Associate Professor, Department of Sociology, McElhaney Hall, Indiana, PA 15705, 724-357-3939.

The purpose of this study is to explore the roles and relationships of multidisciplinary case review teams and their team leaders within the Children's Advocacy Center model. The research will examine Children's Advocacy Center's (CACs) practices in meeting the NCA accreditation standard for case review teams and the role of the designated team leader in guiding the case review team towards their goals.

The data from this study will be gathered in multiple ways:

1. A document review will be conducted of each center's stated mission, signed interagency agreement and team protocols or guidelines to better understand the roles and relationships of team members in the case review process.
2. Observation by the researcher of a minimum of one case review at the participating CAC. The researcher will sign confidentiality forms at each center's case review. The researcher will not audiotape this observation and will not keep any record of confidential client information but only written notes on the observation of the team members during the case review process.
3. The researcher will conduct a group interview of team members at a time convenient to the team. Aggregate data will be collected and no individual team members' names will be used. The researcher will request signed permission to audiotape team members during this group interview.
4. The researcher will conduct an interview with the designated team leader of each center's case review team. The researcher will request signed permission to audiotape team leaders during this individual interview.

Your center's participation in this study is voluntary. There is no monetary obligation on the part of the CAC nor is there any remuneration for team members who participate in the study. If your center chooses to participate in the study signed consent is requested of the center's administrator or board representative and will be requested of each participating team member. Anonymity of participants and confidentiality of client information will be assured. There are no known risks or discomforts to participate in this study.

The researcher will make available to each center upon request an individual center report on findings upon conclusion of the study.

This research study has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects, 724-357-7730.

Please be aware that any team member agreeing to participate in this study is free to withdraw at any time by notifying the researcher and without adversely affecting their relationship with the team. Upon notice of withdrawal, all information pertaining to the individual will be destroyed.

If you have any questions about this study please contact me at either my work or home.

Yours truly,

Teresa M. Smith, LSW
Doctoral Candidate
Ph.D. Program in Administration and Leadership Studies

Primary researcher contact information:

Work: Children's Resource Center of PinnacleHealth
2645 North Third Street, 1st Street
Harrisburg, PA 17110
717-782-6802
tsmith@pinnaclehealth.org

Home: 366 Equus Drive
Camp Hill, PA 17011
717-770-0147
717-979-0848 (cell)

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730).

APPENDIX B

DOCUMENT REVIEW CHECKLIST

MISSION STATEMENT

1. What is the mission of the Children's Advocacy Center?

   _____

   _____

2. Does the Case Review team have a mission statement? ____Yes ____No
   If so, please provide

   _____

   _____

3. When was the CAC and/or Case Review mission statement last revised?

   _____

INTERAGENCY AGREEMENT (IA)

1. Is there a signed Interagency Agreement?
   - ❑ Yes
   - ❑ No
   - ❑ Other _____

2. What agencies/services are represented on the Agreement?
   - ❑ Prosecution (agency name) _____
   - ❑ Law Enforcement (agency name) _____
   - ❑ Child Protective Services (agency name) _____
   - ❑ Medical Services (agency name) _____
   - ❑ Mental Health Services (agency name)_____
   - ❑ Victim Services (agency name) _____
   - ❑ Children's Advocacy Center _____
   - ❑ Other (agency name) _____

3. Who are the signatories on the document?
   - ❑ Prosecution (name/title) _____
   - ❑ Law Enforcement (name/title) _____
   - ❑ Child Protective Services (name/title) _____
   - ❑ Medical Services (name/title) _____
   - ❑ Mental Health Services (name/title)_____
   - ❑ Victim Services (name/title) _____
   - ❑ Children's Advocacy Center _____
   - ❑ Other (name/title) _____

4. When did the Children's Advocacy Center (CAC) first become an accredited member of the National Children's Alliance (NCA)? _____

5. When was the IA signed? _____

If more than two years since signed, are there plans to update the IA?

- ❑ Yes
- ❑ No
- ❑ Other _____

TEAM PROTOCOLS OR PROCEDURES

1. Are there written team protocols or procedures?
   - ❑ Yes
   - ❑ No
   - ❑ Other _____

2. Who was responsible for writing the protocols or procedures?
_____.

3. Was this a collaborative process including team members?
   - ❑ Yes
   - ❑ No
   - ❑ Other _____

4. Do the protocols or procedures include who participates in the case review process and their roles and responsibilities in that process?
   - ❑ Yes
   - ❑ No
   - ❑ Other _____

If yes, please describe:_____

5. How do team members access the team protocols and procedures?
   - ❑ Their home agency
   - ❑ CAC office
   - ❑ Electronic means (describe) _____
   - ❑ Other means (describe) _____

APPENDIX C

DOCUMENT REVIEW
MISSION STATEMENTS

Clayton Center
The Children's Advocacy Center of _____ Pennsylvania is a private, non-profit, charitable organization whose mission is to provide excellence in the assessment and treatment of child abuse and neglect. _____ provides medical assessments and child forensic interviews for victims of abuse and neglect and coordinates a multidisciplinary team response to child abuse and neglect in _____ and surrounding counties of _____Pennsylvania. The Center provides child abuse prevention education to professionals and communities served.

Hudson Center
The Children's Advocacy Center of _____is dedicated to improving our community's response to child abuse and neglect.

Jackson Center
_____ is who face various obstacles, and supports their efforts to achieve and maintain self-sufficiency and well-being.

Lexington Center
The_____, an independent non-profit organization, promotes healing and justice for child abuse victims in _____ by conducting state-of-the-art forensic interviews, providing victim support services and collaborating with other agencies to facilitate an integrated response.

Marion Center
The Children's Advocacy Center of _____will foster professional collaboration and cooperation, community education and advocacy related to the neglect and physical, sexual and emotional abuse of children. We will maintain a facility and a working team of representatives from mental health and child welfare services, law enforcement, prosecution, advocacy and health care.

APPENDIX D
DOCUMENT REVIEW
MISSION STATEMENT MATRIX

Site	Description of CAC type	Serves interests of child abuse victim/family	Community response to child abuse	Multidisciplinary team approach	Comments
Clayton Center	Private nonprofit charitable organization	Victims of abuse and neglect	Provides assessment and treatment of child abuse and neglect	Coordinates MDT response	Comprehensive, clear; does not specify MDT partners
Hudson Center	No description provided	Not specified	Dedicated to improving community's response to child abuse and neglect	Not specified	Does not describe organization, does not detail actions to achieve goal, does not detail service area or specify MDT partners
Jackson Center	Multi-service organization (non-specific to CACs)	Children, families & adults who face various obstacles	Not specified	Not specified	Mission not specific for CAC; improves quality of life (client unspecified); may confuse team members as to their goals and focus; does not detail actions specific to CAC.
Lexington Center	Independent non-profit organization	Promotes healing & justice for child victims of abuse	Collaborates with other agencies (non-specific) in an urban city [area]	Facilitates integrated response	Specific actions described that relate to CAC (forensic interviews, victim support) but does n mention other agencies
Marion Center	No description provided	[Provide for] emotional, neglect, sexual and physical abuse of children	Foster professional collaboration & cooperation, community education and advocacy and maintain a facility	Working team of representatives (specifies: MH, CYS, LE, DA, Advocacy & healthcare)	Some of these are goals not a mission statemen focuses on issues rather than child victims of abuse; unsure of meaning of "professional collaboration" (behavior or description of partners)

APPENDIX E
DOCUMENT REVIEW
INTERAGENCY AGREEMENT (IA)

Includes the following components:

1. CAC Mission statement.
2. Purpose of the agreement.
3. List of agencies that comprise the multidisciplinary team and who are represented by the signatures.
4. List of agencies with discipline-specific roles and responsibilities outlined in the agreement.
5. List of services that are provided to child victims and non-offending family members that include forensic interviewing, medical evaluation, access to appropriate mental health and victim services and case tracking.
6. Identified guidelines that include joint investigations, case planning, case review, sharing of information and confidentiality.
7. List of required discipline-specific signatories.

Components included in Interagency Agreement	**Clayton Center**	**Hudson Center**	**Jackson Center**	**Lexington Center**	**Marion Center**
CAC Mission statement	X	X	No	X	X
Purpose of agreement	X	X	X	X	X
MDT agencies identified	DA, LE, CPS, Med, MH, VS, CAC	DA, LE, CPS, Med, MH, VS, CAC	DA, LE, CPS, Med, MH, VS, CAC	DA, LE, CPS, Med, MH, VS, CAC	DA, LE, CPS, Med, MH, VS, CAC
Discipline specific roles and responsibilities outlined:	DA, LE, CPS, Med, VS, CAC	DA, LE, CPS, Med, MH, VS, CAC	None	CAC, LE, CPS	None
Services detailed: - Forensic interview - Medical eval. - Mental health - Victim services - Case Tracking	 X X X X X	 X X X X X	 No No No No No	 X No No No X	 X No No No X
Guidelines - Joint Investigat. - Case planning - Case review - Info sharing - Confidentiality	 X X X X X	 X X** No No No	 No No No No No	 X X X No X	 No X X No X
Discipline-specific					

signatories:					
- Prosecution	X	X	X	X	X
- Law enforcement	X	X	X	X	X
- Child protective	X	X	X	X	X
- Medical	X	X	X	X	X
- Mental health	X	X	X	X	X
- Victim services	X*	X	No	X	X
- CAC	X	X	X	X	X

*Victim services are part of District Attorneys' Office and did not have a separate signature.

**Case review and case planning are specified for CYS only when case involves referral from CYS. Case Review and Case Planning are not part of the general guidelines; rather they are specific guidelines under each agency's list of responsibilities. DA's responsibilities do not describe involvement in the case review or case planning process other than limited to investigative involvement and filing of charges. LE states (pg. 9 #4) that officer is member of MDT, participates in pre & post interview meetings and other reviews of the case – no specific reference to regular case review meeting

APPENDIX F
DOCUMENT REVIEW
TEAM PROTOCOLS

Protocol includes:

1. Statement of Purpose.
2. Discipline specific roles and responsibilities outlined.
3. Services provided per discipline.
4. Procedures: intake, investigation, pre-post case planning, forensic interviews, case review, medical exam referrals, referrals for support services, case tracking.
5. Confidentiality and sharing of information.
6. Criteria for cases referred to CAC, cases reviewed and medical assessment and examination completed.
7. Resolving conflict between team members and agencies.

Components included in Team Protocols	Clayton Center	Hudson Center	Jackson Center	Lexington Center	Marion Center
Purpose described	Yes	Yes	No team protocols available	Yes	Yes
Roles & responsibilities (meet NCA standards-describe deficiencies)	Protocol only covers mandated by CPSL: DA, CYS, LE & Med. Describes possibility of multiple interviews. Not clear who provides forensic interviews of children	Roles and responsibilities for all disciplines specifically addressed. All disciplines included in MDT/Case Review process	No team protocols available	Only DHS has specific guidelines. Other guidelines general for other partners.	Ground rules of team members' functions stated in introduction. Roles and responsibilities describe specifics of each.
Discipline-specific services	CAC Victim Advocate & Forensic Interviewer mentioned in Interagency Agreement only.	Forensic Interview; forensic evaluations; medical exams; intake; LE & CPS investigation; case coordination; case review	No team protocols available	DHS w/separate guidelines; forensic interviewer from CAC	DHS does safety plans; LE collects/preserves evidence; CAC VA does court school; detailed steps on joint investigations & case reviews
Case Criteria/Selection	No information provided in protocol	Any type of SA, serious PA; serious risk; child witness of homicide; sexual exploitation; pornography; cases involving caretakers or non-caretakers.	No team protocols available	Disclosure/possibility of arrest No disclosures/safety concerns Repeat allegations over time	All cases that have received CAC services

Case review mtg. structure	Vague reference to MDT meetings monthly organized by DA office	Meet monthly or as directed by CAC Coordinator	No team protocols available	1x/month @ DA office; 4-5 cases; referred by investigators; 20 min. time slots	Every other week; CAC Dir. Prepares lists; Emergent cases added as needed
Identification of leader	No info provided in protocol	CAC Coordinator	No team protocols available	CACVS Family Advocate	DA or designee facilitates case rev.
Communication	No information available regarding case review	Pre-post MDT meetings; video-recording of interviews; all agencies share info as permitted by law.	No team protocols available	Minutes taken & distributed; recommendations communicated by leader to those not present	Protocol states case conference (review) is primary means of communication between agencies. Agenda predetermined; Steps detailed in writing.
Case tracking	Not mentioned in protocol; vague reference in Interagency agreement	Tracked electronically & manually. Family Advocate responsible for data entry.	No team protocols available	CAC VS Family Advocate updates in NCAtrak; updates solicited from agencies by CAC	Case Conference team responsible to track every case seen at CAC
Agencies attending (specify)	DA office LE – 3 entities CAC medical only CYS (Victim Advocacy & mental health missing)	1 LE – also represents DA 1 CYS 1 Mental health 1 Victim Services 1 CAC 1 Other (Education) (Medical, DA not present)	No team protocols available	CPS – 2 units LE – 3 units DA Med – 2 hospitals MH – (3 agencies) VS – 2 CAC; 1 agency	DA LE CS Crime Victims Coun Medical Services Mental health serv. CAC
Other	Protocol covers detailed procedures for student abuse; confidentiality only mentioned in Interagency agreement; does not address conflict resolution	Protocol does not address issues of conflict resolution; CAC schedules case staffing as needed	No team protocols available	Specific written expectations for DHS to encourage attendance and participation; does not address conflict resolution	Confidentiality specified; conflict resolution – details stepwise discussions thru admin. chains; decisions by consensus w/best interests of child & family in mind

APPENDIX G

TEAM MEMBER SELF REPORT SURVEY

Please complete this brief self-report form below. Participation is voluntary. Information provided will be kept confidential and only aggregate data will be reported. Your participation in this research study will increase the understanding of case review teams.

TEAM MEMBER INFORMATION

1. Male ___ Female ___

2. Age: ____18–25 ____26–35 ____36-45 ____46-55 ____56-65 ____ over 66

3. County of residence _____ County of employment _____

4. Highest Level of education completed _____ Area of Study _____
   Credentials, Licenses, Military Service _____

5. Professional Discipline to which you identify:
   _____Law Enforcement _____Prosecution _____Child Protective Services
   _____Medical _____ Mental Health _____Victim Services
   _____Other (please describe) _____

6. How long have you participated as a member of the Children's Advocacy Center's Case Review Team? _____

7. Current place of employment: _____ Title _____

8. Number of Years employed in above discipline: _____

9. Number of Years employed in current position: _____

10. Do you have any supervisory or administrative responsibilities? __Yes __No

11. Are you aware of the Children's Advocacy Center's signed Interagency Agreement? _____Yes ____No

12. Did you participate in developing the Children's Advocacy Center's Team Protocols and Procedures? _____Yes _____No

13. Tell me about a time you were proud to be a member of the case review team. Be descriptive (please do not identify any victim information)

Additional Comments/Suggestions:

APPENDIX H

TEAM OBSERVATION GUIDE

CAC NAME: _____ DATE:_____

CASE REVIEW MEETING SCHEDULE:_____

MEETING LOCATION:_____

Informed consent for study completed?

- ❑ Yes
- ❑ No

Questions or Concerns raised?

- ❑ Yes
- ❑ No

If Yes, explain:

_____
_____
_____

DISCIPLINES REPRESENTED:

- ❑ Prosecution (agency name) _____
- ❑ Law Enforcement (agency name) _____
- ❑ Child Protective Services (agency name) _____
- ❑ Medical Services (agency name) _____
- ❑ Mental Health Services (agency name)_____
- ❑ Victim Services (agency name) _____
- ❑ Children's Advocacy Center (position)_____
- ❑ Other (agency name) _____

CONFIDENTIALITY FORM

- ❑ Yes
- ❑ No

PRE-MEETING GATHERING:
Demeanor: (laughing, complaining, self-absorbed, engaging others in conversation, etc.)

_____
_____

Atmosphere: (type of room, type of lighting, décor, refreshments/lunch available arrangement of chairs, etc.)

_____
_____

TEAM OBSERVATION GUIDE (continued)

MEETING COMMENCES

Identify Team Leader: _____

Discipline Leader represents:

- Prosecution (agency name/title) _____
- Law Enforcement (agency name/title) _____
- Child Protective Services (agency name/title) _____
- Medical Services (agency name/title) _____
- Mental Health Services (agency name)_____
- Victim Services (agency name/title) _____
- Children's Advocacy Center (position)_____
- Other (agency name/title) _____

COMMUNICATION PATTERNS

- Agenda presented and followed ___Yes ___No
- One or two members dominate the meeting _____
- Organized presentation of case ____Yes ____No
  Describe case presentation:

  _____
  _____
  _____
- Decisions are made by: ____Consensus ____ Majority ____ Leader ____Other (explain) _____
- All disciplines provide input ____Yes ____No
  If No, explain who does not provide input:
  _____

TEAM MEMBER ROLE (identify members by discipline):

_____
_____
_____
_____

TEAM LEADER FACILITATION

- Team Leader is easily identified ___Yes ___No
- Team Leader facilitates meeting (encourages members to participate, maintains timeliness and summarizes case points and next steps) ___Yes ___No
  Describe Leader facilitation: _____
  _____
  _____

APPENDIX I
CASE REVIEW MEETING OBSERVATION

Observations	**Clayton Center**	**Hudson Center**	**Jackson Center**	**Lexington Center**	**Marion Center**
Pre-observation activity	Introduction, explained study, obtained consents & surveys; team members introduced; agenda presented and followed	Introduction, explained study, obtained consents & surveys; team members introduced; agenda followed	Introduction, explained study obtained consents & surveys; no agenda; loose process; team members introduced	Introduction, explained study, obtained consents & surveys; one member chose not to sign and participate; team mem-bers introduced, no agenda	Introduction, explained obtained consents & sur agenda presented and followed; no introductio team members
Logistics	Meets monthly at CAC, food items provided	Monthly at CAC; food items provided	Monthly, offsite from CAC; food items provided	Monthly, offsite from CAC; food items provided	Meets 2 x month at CA no food items provided
Disciplines represented (#)	Prosecution (1) LE (4) CPS (4) Medical (1) Mental Health (2) CAC (2) VS (1) Total 15; 5 males 10 females	LE (1) MH (2) CAC (1) VS (1) CYS (1) Higher Ed (1) Med (0) Total 7; 7 females	Prosecution (1) LE (5) CYS (3) MH (1) VS (1) CAC (3) Med (0) Total 14; 8 females; 6 males	Prosecution (0) CYS (6) MH (1) Med (1) VS (3) CAC (3) LE (0) Total 14; 13 females, 1 male	DA (1) / CYS Solicitor LE (2) CYS (9) Med (2) MH (1) VS (1) CAC (1) Total 18; 12 females; 6
Identified Leader	Assistant DA	CAC Director	Assistant DA & CAC Director	CAC Victim Advocate	Assistant DA
Confidentiality form	Members & researcher signed	Not available signatures	Members & researcher signed	Members & researcher signed	Members & researcher s
Pre-meeting observations	Small conference room table w/chairs around, overhead & natural lighting; lunch provided	Oval conference table w/chairs, overhead & natural lighting, flickering lights, snacks provided, noisy traffic sounds, poor physical facility (ceiling damage)	Large room, impersonal space, not private, tables in large rectangle, distance between members; fluorescent lighting, large windows, some joking, sexual innuendoes among members; disciplines sit together, little personal contact	Large room, conference table and chairs around, large windows, natural and overhead lighting, loud fan noise, temperature very warm, informal conversations among members	Interior conference roon glass wall – meeting vis others in CAC. AV equi at front of room; tables w/chairs in horseshoe pa facing window wall and AV screen.
Meeting observations	Meeting agenda is presented and leader directs meeting; no side conversations, all disciplines provide input; respectful of other's opinions	Leader announces positive acknowledgement of team by outside agency, leader dominates meeting is distracted by phone calls answered during meeting	Leaders identified, only one facilitated meeting; Police and CYS seem to be respectful of each other; poor attitude and cold behavior by other leader	Non-verbal cues from one member of irritation with participation of other. Identified leader in charge of meeting, keeps group on schedule, structured mtg style	one person identified in charge of visual aids; ot members attentive; no s conversations

Communication Patterns	Active listening; no side conversations, exchanges most frequently with DA, MH, LE, CYS, Med (when arrived). Respectful, no conflicts, horizontal discussion	Agenda presented and followed; leader dominated exchange, no disagreements, friendly, familiarity among members, laughter appropriate	Leader asked questions of members, but did not address MH worker directly on issues of MH; other leader does not participate in meeting	Supervisory team member of specific discipline seems guarded Much discussion, some members dominate; Discussion between leader and members, some discussion between team	No introductions of mer Discussion by most mer at the meeting; some frustration following protocols, members offe assistance and discussio careful and controlled;

APPENDIX J

TEAM LEADER INTERVIEW GUIDE

I have been involved in the development and growth of Children's Advocacy Centers for many years. Multidisciplinary case review provides opportunities for team members to share information that meets each individual discipline's required tasks and increases the understanding of the necessary roles of each member. As the designated leader of the case review team process, I am hoping you will help me to understand what your team does well and what challenges their efforts.

1. I am interested in learning how you became involved in the Children's Advocacy Center (CAC). What led to this decision? Tell me about your most rewarding experience.

2. The case review team leader, or sometimes-called facilitator or coordinator, plays an important role in the management of this process. Describe how you came to be chosen and your role as team leader

3. What does your case review team do well? Describe a time you were proud to be a leader of this team. Why were you proud?

4. What is your role when the team is functioning at its best? How does this make you feel?

5. Given what we know about relationships and the challenges of representing different perspectives, as leader what do you do that sustains and nurtures the team? Why is this important?

6. Divergent views from team members representing different disciplines and levels of experience are expected on case review teams. Describe a time when team members did not agree on an approach with a victim, alleged perpetrator or something else. Tell me about your role as leader in this exchange and your feelings about the situation.

7. If granted three wishes as leader of your case review team, what would they be and why?

8. Is there anything else you would like to share about your role as leader or your relationship with team members?

APPENDIX K
TEAM LEADER INTERVIEW THEMES

Clayton Center	Positive	Negative
Role	Acknowledges leadership, representation, role (ownership and responsibility to team)	"no glory" **Role**
Role	Awareness of roles – able to relate what other team member's roles are and how they contribute to the team's goals and interrelatedness with other members.	"no financial rewards" **Role** "deviate from protocol" **Relationship**
Role	Awareness of member contributions: individually and as a team	"doesn't follow protocol" **Relationship**
Relation	Increase awareness to others ("spread the word", "we could help others"	"just as a facilitator" (minimizes self) **Role**
Resource	Protocols ("what you need to do")	
Relation	Interrelatedness	
Role	Leadership	
Relation	Communication/working knowledge	
Role/Rela.	Team roles, team relationships	
Relation	Familiarity – friendliness	
Relation	Respect	
Role	Cross-training – cross-understanding	
Relation	Dedication – commitment (emotions)	
Relation	Expressed emotions (pride, anger, admiration)	
Resource	Shared goals (belief in what we're doing, significance)	
Relation	Success (recovery for victim, successful prosecution, perpetrator accountability)	
Hudson Center		"Mixed messages" (inconsistency) **Relationship**
Resource	Familiar with CACs Passion/Mission (make a difference for kids and families")	
Relation	Shared goals – healing & justice for victims, prosecution of cases, common mission	
Resource	(rewards) Difference CACs make - "significant difference in relationships" 19-20	
Relation	Role as a conductor; pulling all "entities together" 16	
Role	Responsibility – established policies/procedures	
Role	Pride	
Relation	Serious	

Relation **Role** **Role** **Relation** **Relation** **Relation** **Resource** **Role** **Role** **Role** **Role** **Relation** **Relation** **Role** **Role**	Value the MDT Preparation (“come in with all the updated information on the case…” 12) Conflict (“different opinions, different views come together as a young, new team - …it didn’t divide us…” 13) Respectful (“…more respect for each other…” 20) Commitment Rural area/scarce resources Ability to reframe positions – educate – cross-training, supportive 14 Comfort with role System – common understanding Make a difference “my role is to pull all entities together” 16 Team consistency Communication Reward team members/treat Funding challenges	
Jackson Center **Resource** **Resource** **Role** **Relation** **Relation** **Role** **Relation** **Relation**	Familiarity – doing child abuse work Historical awareness – from beginning of CAC development Share information, share responsibilities Group decision Pride Accomplishment – individual “…I want this [CAC] to work” Confidence Relief	Emotional – frustration, anger, foul language (“frustrated – spinning my wheels”) (“…we’re dragging them [along]” 9) **Relationship** Contradiction – nurturing team (said in exaggerated high tone “nurture…hassle” 9) **Role** Hostility Conflicts Negative words – “I am concerned”; I don’t understand”; I didn’t even know there was a problem” 10 **Role** Passive-aggressive behavior “subversive” 12 **Relationship** Jealousy

		Dysfunctional "…DA told me to go to the meetings" (not of free will) **Role**
Lexington Center **Role** **Role** **Role** **Relation** **Resource** **Resource** **Relation** **Resource** **Role** **Relation** **Relation** **Relation** **Relation** **Relation**	Use of humor Team leader "[being leader]…is a blessing or a curse" 18 Listens "considers everyone's specialties" Accepts diversity Learning Share information "…info exchange" 18 Kids made a priority Team building skill Communication – open, talking Relief Perspectives Respectful Validate	Team leader "[being leader]…is a blessing or a curse" 18 **Role** "Automatically the advocate gets the position" **Role** "Concerns and tensions" 19 **Relationship** "Don't do a lot to nurture the team" 20 **Role** "Team members dropping the ball" 21 **Relationship**
Marion Center **Resource** **Role** **Relation** **Relation** **Relation** **Relation** **Resource** **Resource**	Learning Rewarding "every successful prosecution is rewarding" 2 Teamwork "most successful…everybody (sort of) works together" 2 Effortless "seems to all come together" Communication "bouncing things off each other" 3; "keep people talking" 5 Support "help each other" 3 Goals "protect kids, put bad guys away"; "minimize detrimental impact to victims" 4; "do a better job with cases, protect victims" 4 Diversity "managing different personalities and different people" 5 Decision-making (holds onto discipline specific role) "charging decisions exclusively	"fight & argue" 4 **Relationship** "fights & squabbles" **Relationship** "kicked out by the judge"; ? **Role** "not legally sufficient" **Role** "tried it and lost" **Role** "investigates how we think is the right way' 8 **Relationship** "…have our differences, our personality conflicts" 8 **Relationship**

Role	ours”;	
Role	“they have to…respect our role…” 6	
Role	Control issues	

“**Relation**” = Relationship (between team members; their interactions with one another or other professionals, staff, clients, etc.)
“**Role**” = Role of the leader or team member (perceived or actual task or professional expectation within their individual discipline or within the team).
“**Resource**” = Resource is a foundation or basis of understanding or source of strength to assist the team leader or team member. It can take the form of a shared belief or joint product that guides the leader and team member.

APPENDIX L

CASE REVIEW TEAM GROUP INTERVIEW GUIDE

I have been involved in the development and growth of Children's Advocacy Centers for many years. Multidisciplinary case review provides opportunities for team members to share information that meets each individual discipline's required tasks and increases the understanding of the necessary roles of each member. As members of the case review team process, I am hoping you will help me to understand what your team does well and what challenges your efforts.

1. Tell me about your case review process. Describe your role in preparation for and at the case review.

2. Given what we know about relationships and their challenges in representing different perspectives, how do all the team members work together? When functioning at its best, how do you see the case review process?

3. What would you change about the case review process for it to meet its maximum benefit? Specifically what could you do to bring about this change?

4. Do team members have an opportunity to provide feedback to the group? To the team leader?

5. If granted three wishes for your case review team, what would they be and why?

Thank you for participating in this research study and taking the time to talk as a team about your experience in the case review process.

APPENDIX M
CASE REVIEW TEAM INTERVIEW THEMES

Clayton Center	Positive	Negative
Role	Acknowledge others (“CAC Director did that” p.26)	“give up a little piece of who we are” 19
Resource	Process (select mutual cases, requests, attendance important)	**Relationship**
Relation	Share	“have to go through whole initiation
Relation	Enthusiasm	process” (burden for new team members)
Resource	Attendance (“lot of people here” 24; “I like the fact …so many people are here” 25)	**Relationship**
Role	Awareness (cross – training, cross-knowledge)	“we get off target”; “drag it out…”;
Resource	Historical knowledge	**Relationship**
Relation	Working relationship (“made lives a lot easier” 27)	everybody doesn’t hear what’s going on’
Relation	Emotions (pride “ I really like being a part of it” 25)	(drift from focus) **Relationship**
Relation	Case resolution – understand/know conclusion (“…healthy to see fruits of our…” 23)	“leader lacks facilitation skills to focus th
Resource	Common goal (focus);	team” (team didn’t corroborate team lead
	Justice	**Role**
Relation	Respect (mutual)	
Role	Family contact (“personal connection; motivation”)	
Resource	Differences, driving force; different perspectives	
Relation	Consistent, Balance (positive attributes of team)	
Relation	Friends, familiarity (share lunches)	
Relation	Team growth	
Hudson Center		“…my involvement is minimal” (no
Relation	Sharing information (back & forth)	interaction during meeting) **Role**
Resource	Historical awareness – before CAC (sees difference/improvement)	“ be more prepared – bring current
Relation	Relationships – improved, positive change, need to continue working on relationships, gain	information to group” discrepancy from
	confidence in the team, feel validated and supported.	what is said from what I observed **Role**
Relation	Respected	“…[being prepared] is my goal, but I get
Relation	Familiarity – provide moral support	busy…” **Role**
Relation	Communication – provide moral support	
	Rural area – close relationships, knowledge about members, little turnover/consistent	

Relation **Resource** **Role**	membership Funding; Planning Pride "…I love my team…" 7 Positive outcomes – healing/treatment of child; conviction of perpetrator	
Jackson Center **Role** **Role** **Relation** **Relation** **Resource** **Relation** **Relation** **Relation** **Role**	 Process – CAC intake; ADA Facilitation Collaboration Identifying with team members Awareness of victim's needs Informing entire team Communication "good communication" 4 (Contradiction – Director frustrated) Learning – cross-training in meetings and outside meetings	 Frustrated Director in and out of the mee "…interaction doesn't just happen in the meeting" **Relationship** Apologetic – for changing process **Role** Contradictory **Relationship** Lack of confidence of team leaders **Role**
Lexington Center **Role** **Relation** **Relation** **Relation** **Relation** **Relation** **Role** **Role** **Role** **Role**	 Dual role (identifies as part of a group) Issues Concerns Team functioning "those at table work together very well" 5 * Connecting Information shared – provide information, expertise, insight Informed decisions Referral source "deals with sexual trauma" Voice Safety planning	 Team functioning "falling in between the cracks" 3 **Relationship** "forces the system to work" 7 **Relationsh** "those not at the table aren't open to processing cases" **Relationship** "lack of credibility" **Relationship** "…and they're not here"; 10 **Relationsh** "absent agencies" 10 **Relationship** "no formal aspect set up…" 11 **Role**

Resource	Community standards of care; continuity of care "bridge the gap" 7	
Relation	Invested in process "those at table work together very well…" 5	
Relation	Communication "pretty open with each other" 2; "inform each other" 8	*Unspoken – others not at the table do n
Relation	Attendance	work well with team **Relationship**
Relation	Creates relationship "[can put] face to the name" 5	
Resource	Goals "providing the best services for these children"; "forces the system to work" 7	
Relation	Recommendations "really, really be helpful to have SVU or just the police department [present]"; adding people to the table" 9; "following guidelines we are all supposed to follow (protocol)	
Relation	Cross-training "helps all of us to be more informed in our practice" 8	
Relation	Feedback "improvements, changes, organize things to make it better" 12	
Relation	Approachable "vocal people, feisty people" 12; "people don't hold back" 12	
Relation	Respect "moved us forward" 12; "time to reach out to agencies" 13	
Relation	Influence (for improved changes answers group question #5)	
Marion Center		Strong expectations "nothing we hate mo
	Organized team system	… [the answer] I don't know" **Relations**
Role	Knowledge	Exclusive (uses pronoun "you", not "we'
Role	Descriptive	**Role**
Role	Explanations	Distant (its "people" not "team")
Role	Education	**Relationship**
Role	Sharing information "formal" 12	"make people uncomfortable" Relationsh
Relation	Inclusive (uses pronouns "we, our, they")	"issues" **Relationship**
Relation	Diversity (of perceptions, ideas)	"our turnover is horrific" **Relationship**
Resource	Identifies	"everybody hated coming to meetings" 1
Relation	Helpful	**Relationship**
Relation	Family	
Relation	Follow up	
Relation	Support (to family) 13	
Relation	Directions (areas)	

Role	Functions “we’re doing OK” 15; “at this point…” 14; “I think we’re functioning pretty well”	
Role	Changes “we have gone through a lot of changes over the years and …at this point our team is…gone through ups and downs […we now review cases a little farther…make easier – more information for discussion” 14	
	Receptive to changes “nice thing …to help out family” 15-16	
Relation	Individual responsibility (case knowledge)	
Role	Prepared	
Role	Evolved (process) 15	
Relation	Information sharing – vulnerabilities w/child; ability to act as witness; new access to	
Relation	information (MH) 16	
	Group decision-making “we want to review it again” 17; group/team survey (mechanism to	
Relation	measure) 17; need concrete info to clarify points 18	
	Expectations of members – training new workers, money (unlimited funding for	
Role	programs/training); “material things help the team (equipment)” 19	
	Team Training “makes a difference” 19; education; keep philosophy of team in mind	

“**Relation**” = Relationship (between team members; their interactions with one another or other professionals, staff, clients, etc.)
“**Role**” = Role of the leader or team member (perceived or actual task or professional expectation within their individual discipline or within the team) “**Resource**” = Resource is a foundation or basis of understanding or source of strength to assist the team leader or team member. It can take the form of a shared belief or joint product that guides the leader and team members.

APPENDIX N
INTERVIEW THEMES ACROSS ALL STUDY SITES

COMBINED TEAM LEADER INTERVIEW THEMES		
Roles	Relationships	Resources
Common understanding of team system Understanding of team leader role Cross-training as important task Managing conflict Effective communication Group decision-making Team efforts/collaboration	Commitment to team members Encouraging respect and team relationships Encourage community awareness Expressed emotions Value multidisciplinary process Reward and recognize team members Pride in team members Accepts and values diversity Develop trust through information sharing Power of communication Support of team members Respect team efforts	Team protocols Established mission CAC model Historical awareness of child abuse and model Information sharing Learning from others Case outcomes

COMBINED TEAM MEMBER INTERVIEW THEMES		
Roles	Relationships	Resources
Contact with child victim/family Train other members Referral source Safety planning Acknowledge team members Voice for child victim/family	Productive working relationships Mutual respect Feeling of pride as team member Friendliness and familiarity Confidence in team/earned trust Communication shows support Collaboration Respond to team conflict/concerns Expectation of participation and attendance Feedback to identify and improve process	Funding Planning for future growth Relationships Diversity of perspectives Common goals Historical knowledge Member attendance Community standards of care

APPENDIX O
TEAM MEMBER SELF-REPORT SURVEY

Questions	**Clayton Center**	**Hudson Center**	**Jackson Center**	**Lexington Center**	**Marion Center**
Gender	7 females; 2 males	6 females; 0 males	7 females; 4 males	9 female; 0 males	10 females; 4 males
Age: 20-29 30-39 40-49 50-59 60-69	 1 5 0 1 2	 0 1 2 2 0 1 – No response	 1 3 3 4 0	 3 3 1 2 0	 4 7 0 2 1
County of residence county of employment	7 same 2 resident county different	5 same 1 resident county different	10 same 1 resident county different	7 same 2 resident county different	11 same 3 resident county different
Education level: High School Associate Some College Bachelor Master's Ph.D. Certification Other	 0 1 0 2 5 0 0 1 (Law)	 0 0 2 2 1 1 0 0	 2 1 0 4 3 0 0 1 (Law)	 0 0 0 2 6 1 0 0	 1 0 0 5 6 0 0 2 (1 Law; 1 MD)
Area of Study	1 Psychology 3 Social Work 1 Elem. Educ./Speech Path. 1 History/Pol. Sci/Pre-Law 1 Criminal Justice 1 Law 1 no response	1 Higher Ed/Child-Adols. Dev. 1 Criminology 1 Human Services 1 Counseling 1 Education 1 No Response	4 Criminal Justice 1 Law 1 Admin. Superv. Science 1 Health & Human Devel. 1 English Literature 1 Business 1 Law Enforcement 1 No Response	4 Social Work 2 Psychology 2 Criminal Justice 1 Admin. Of Human Servs.	1 Law 1 Sociology 5 Social Work 1 Criminal Justice 1 Forensic Psychology 1 Counseling 1 Medicine 1 Nursing/Pediatrics 2 No Response
Certificates/Licenses/ Military Service	1 JD 1LSW 1 LMFT 6 None	1 LPC 5 None	1 Juris Doctor 2 Act 120 (LE) 8 None	3 LSW 1 LCSW 1 Psy.D. 1 LPC 3 None	1 LE Officer 1 MPOETC 1 MD 1 Law 1 LPC 2 LSW 1 BN, RN, MSN, CRNP 6 None

*Identified Professional Discipline	1 Prosecution 3 Mental Health 1 Forensic Interviewer* 2 Law Enforcement 2 Child Protective Services 1 MDT/Case Review Coord.	1 Law Enforcement 2 Mental Health 1 Victim Services 1 Education 1 Child Protective Services 1 Other - CAC	4 Law Enforcement 1 Prosecution 1 Victim Services 3 CAC 1 Child Protective Service 1 Mental Health	3 Mental Health 2 Victim Services 2 Social Work 1 Medical 1 Child Protective Services 1 Prosecution 1 Forensic Interviewing*	2 Medical 1 Mental Health 2 Law Enforcement* 1 ADA* 8 Child Protective Serv. 1 Advocacy
Years as CAC Case Review team member	Range: .5 – 8 years #Mean: 4.125 #1 No response	Range: 1.5 – 3 years Mean: 2.58 years	Range: 11months – 6years Mean: 2.4 years	Range: 1-7 years Mean: 3.55 years	Range: 1-9 years Mean: 3.64 years #1 No response

*Some members identified themselves with more than one discipline/activities

Questions	**Clayton Center**	**Hudson Center**	**Jackson Center**	**Lexington Center**	**Marion Center**
Current Position Title	CPS worker Supervisor Forensic Interviewer Lead Trauma Therapist Assistant Clinical Director Deputy District Attorney Detective Executive Director	Professor Supervisor Detective Intake Specialist CAC Executive Director Advocacy Services Coordinator	CAC Intake; CAC Vice President; Children's MH supervisor; Assistant DA; Supervisor;Victim/Witness supervisor; County Detective; Detective Cpl.; Criminal Investigator; Forensic Interviewer	Director of Counseling Services; Coordinator; Social Worker II; Advocate Trauma Clinician/Superv.; Victim/Witness Coordina.; Manager of Forensic Services; Associate Director; Social Worker	Social Serv. Aide; CPS Sr. CW; CW III; CW II; CW I; CW; CW Supv.; Deputy Solicitor; Program Director; Family Advocate; Detective; Chief Deputy DA; Chairman – Pediatrics; CRNP;
# years in discipline	Range: 3 – 32 years Mean: 11.6 years	Range: 6.5 – 23 years Mean: 15 years	Range: 1 – 30 years Mean: 13.3 years	Range: 3 – 23 years Mean: 8.44 years	Range: 1 – 29 years Mean: 10.2 years
# years employed in current position	Range: 8 months – 30 years Mean: 7.10 years	Range: 3 – 17 years Mean: 7.75 years	Range: 8 mos. – 19 years Mean: 6.78 years	Range: 6 months to 18 yrs Mean: 5.33 years	Range: 1-17 years Mean: 5.44
Supervisory responsibilities	4 – Yes 5 – No	5 – Yes 1 – No	6 – Yes 5 – No	7–Yes 2 – No	5 – Yes 9 – No
Aware of CAC Interagency Agreement?	9 – Yes 0 – No	6 – Yes 0 – No	10 – Yes 1 – No	8-Yes 1-No (DA office)	9 – Yes 5 – No

Participate in CAC protocol development?	5 – Yes 4 – No	5 – Yes 1 – No	6 – Yes 5 - No	2-Yes (CAC staff) 7-No	6 – Yes 8 – No
Narrative provided	5 – Yes 4 – No	6 – Yes 0 – No	3 – Yes 8 - No	6 –Yes 3 – No	8 – Yes 6 – No

Narratives Response to "Recall a time when you were proud to be a member of the CAC case review team":

Clayton Center (5 responses):
"Now that we (therapists) are involved I feel like we give law enforcement and the DA's office a piece to cases with information, background a different perspective that they wouldn't have otherwise." – Mental Health

"Anytime I have the opportunity to advocate on behalf of clients." – Mental Health

"All the time I am very proud to be a CPS worker and part of the CAC team." – Child Protective Services

"When a defendant in a child death case was arrested after many months of law enforcement pursuing defendant. MDT members worked diligently to bring case to closure." – Child Protective Services.

"Always proud" – Prosecution

Recurrent themes: provides differing perspectives to other team members; personal gratification; pride in specific discipline and pride in team; diligence to close case; team pride.

Hudson Center (6 responses):
" When there is a positive resolution of the case that benefits child/family/society." - Education

"When perps get sentenced." - CPS

"Anytime our office can successfully prosecute a case … see the victim start their healing process." – Law Enforcement

"When we successfully link individuals to appropriate service and when a conviction is obtained."- Mental Health

"When I see successful prosecution with any case." – Mental Health; CAC

"I am very proud of the team each and every time we meet. For years we (member's center) did advocacy work with very little information and no collaboration. We have come a long way and I appreciate the team and all the members and the collaboration on behalf of the victims." – Victim Services

Recurrent themes: positive resolution; success; benefits to child/family/society; prosecution action seen as measure of success; victim healing; linkage to services measure of success; improvement in collaboration; team appreciation; collaboration benefit to victims.

Jackson Center (3 responses):
"Collaborated between agencies to be able to help our (victim) children (person served)." – Mental Health

"I proud to be in this program period." – Law Enforcement
"I'm proud every meeting. I enjoy running these meetings and try to make sure everyone participates." – CA
Recurrent themes: collaboration; pride

Lexington Center (5 responses):
"There was one case in particular when everyone at case conference commented on ways to help the family – all collaborative work from all disciplines" - CAC

"A case that fell through cracks – team caught it and was able to intervene to ensure child's safety and ultimately prosecution." – CAC

"We had a child who was interviewed by a line squad officer. DHS had a difficult time speaking with this officer about the poorly done interview(ed) (child had recanted). During case conference, the DHS worker was able to meet w/the DA's office and discuss the case. The case was prosecuted and the officer was held responsible for his actions." – Victim Services

"When a case went to court and the perpetrator was found guilty based on collaborative team effort." – Mental Health

"It has been helpful to establish a strong link with (CAC) and case review. I have learned additional info about cases that are referred to our agency which has been helpful." – Mental Health

Recurrent themes: everyone working collaboratively, helping the family; team members intervening in process; ensuring child's safety; prosecution; difficulty with a LE officer who did a poor child interview – case conference utilized to review case. Team used process to deal with conflict – resulted in prosecution and accountability
of LE officer; agency experienced improved linkage with CAC; prosecution and guilty verdict a positive outcome; learned more info about cases; collaborative team effort.

Marion Center (8 responses):
"There were several times when the entire team played a role in the criminal, mental and medical parts during an investigation. The first time this happened I remembered the
actual thrill of all the parts working as one and having a successful event, just like we planned all those years ago." – Law Enforcement

"Overall, the team has good interaction and only shares ideas at the reviews to address all areas of a case including, criminal, CPS/GPS concerns, medical concerns and services that are needed." – Child Protective Services

"Due to professional relationships formed we were able to achieve rapid intervention for a mother with severe mental health problems after she inflicted severe injuries to a child but before she injured another family member." – Medical provider

"I am always proud to be a member of a team doing what I consider one of the, if not the most important, jobs in the world. I am especially proud when we quickly, smoothly and successfully complete investigations as a team that result in abuse being stopped." – Child Protective Services

"I think we've consistently looked to improve collaboration. Forensic interview protocol was major gain with support of DA – must use FIs." – CAC Family Advocate

"I'm proud anytime when all the pieces fall into place with each discipline to help facilitate a quick, accurate end to the investigation." – Medical provider

"I am always proud to be a member of this team. Every time the members work together to bring a case to a successful conclusion, that protects a child and brings a perp of abuse to justice." – Child Protective Services

"Working together to get a case done and or arrest within a week." – Child Protective Services

Recurrent themes: collaboration planning becomes practice – thrill at seeing it work; good team interaction; sharing ideas across spectrum of disciplines; forming professional relationships – working together to prevent additional physical injury to child and other family; great pride in membership; working together effects success in stopping abuse; consistency; multidisciplinary collaboration facilitates positive results; protection and justice for child; quick resolution.

Overall themes (from 5 sites): pride; links to services; collaboration; team; benefits to child/family; positive impact; leader enjoyment; conflict resolution; learning process; consistency; professional relationships, healing of victim, justice for victim, multidisciplinary.

APPENDIX P

PARTICIPANT INFORMATION LETTER

[Date]

[Team Member Name]
[Team Member Agency]
[Address]
[CAC City], PA

Dear Team Member:

I am writing to ask for your participation as a team member of the [CAC center name] case review team in a research study entitled: *An Ethnographic Study of Multidisciplinary Child Abuse Case Review Teams and Their Leaders in Children's Advocacy Centers in Pennsylvania.*

Your center has agreed to participate and is eligible because it is an accredited member of the National Children's Alliance (NCA) and team members participate in an organized multidisciplinary case review forum. This research is being carried out as dissertation research at Indiana University of Pennsylvania. The Committee Chair for this dissertation is Dr. Robert Heasley, Associate Professor, Department of Sociology, McElhaney Hall, Indiana, PA 15705, 724-357-3939.

The purpose of this study is to explore the roles and relationships of multidisciplinary case review teams and their team leaders within the Children's Advocacy Center model. The research will examine Children's Advocacy Center's (CACs) practices related to the NCA accreditation standard for case review teams and the role of the designated team leader in guiding the case review team towards their goals.

The data from this study will be gathered in multiple ways:

1. I will review the center's mission statement, team protocols and guidelines and signed interagency agreement to help me better understand how the team operates and its goals.
2. I am scheduled to attend a case review team meeting on _____ and I will observe only the process of the meeting. I will not record or share any information related to individual child cases reviewed. I will collect aggregate data and not identify any individual team member. I will sign the team's confidentiality statement and collect team member consent forms prior to my observation.
3. I request that team members consent to a brief group interview lasting approximately 20 minutes following a scheduled case review team meeting. I will obtain written consent from the team members to audiotapes this interview.

4. I request that the designated team leader consent to an individual leader interview lasting approximately 20 minutes following a scheduled case review team meeting or at another time at their convenience. I will obtain written consent from the team leader to audiotape this interview.
5. I request that you complete the enclosed self-report survey and return to my attention in the self-enclosed stamped envelope prior to the scheduled case review team meeting.

Your participation in this study is voluntary. There is no monetary obligation on your part nor is there any remuneration for your participation in the study. If you choose to participate in the study your signed consent is required. Anonymity of participants and confidentiality of client information will be assured. There are no known risks or discomforts to participate in this study.

I will make available to each center upon request an individual center report on findings upon conclusion of the study.

This research study has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects, 724-357-7730.

Please be aware you are free to withdraw at any time by contacting me and without adversely affecting your relationship with the team. Upon notice of withdrawal, all information pertaining to you will be destroyed.

If you are interested and willing to participate, please complete the enclosed "Agreement to Participate Form" and return with the self-report survey in the envelope provided. If you have any questions about this study please contact me at either my work or home.

I am looking forward to meeting you and learning more about your case review team.

Yours truly,

Teresa M. Smith, LSW
Doctoral Candidate
Ph.D. Program in Administration and Leadership Studies

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Camp Hill, PA 17011
717-770-0147
717-979-0848 (cell)

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730).

APPENDIX Q
AGREEMENT TO PARTICIPATE FORM

I, _____, agree to participate in the research study, (Participant name)

An Ethnographic Study of Multidisciplinary Child Abuse Case Review Teams and Their Leaders in Children's Advocacy Centers in Pennsylvania.

I understand that my participation is:

- voluntary and that I can withdraw at any time by notifying the researcher.
- I understand that any data collected from case review process observations and audio taped team leader or team member group interviews, in which I may participate, is confidential and will be reported without individual identification of participants.
- I understand that there is no monetary remuneration for my participation nor is any monetary obligation expected of the Children's Advocacy Center or me.
- My identity and client information shared during the case review meetings will remain confidential.
- I understand that information obtained in this study may be published in professional journals or presented at professional meetings but my identity will be kept strictly confidential.
- I understand that there are no known risks or discomforts from participating in this study.

Participation in the study requires attendance at a regularly scheduled case review meeting and signed and dated informed consent and permission to audio-tape forms. The researcher will explain these forms in person and unsigned copies will be provided to me for my records. In signing this form, I agree to participate in this research study.

_____ _____
(Participant Signature) (Date)

_____ _____
(Print Name) (Phone Number)

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730). For more information about this study you may contact the researcher at: 717-782-6802 or by email at: tsmith@pinnaclehealth.org

APPENDIX R
PARTICIPANT INFORMED CONSENT FORM

I, _____, agree to participate in the
(Participant name)
research study, *An Ethnographic Study of Multidisciplinary Child Abuse Case Review Teams and Their Leaders in Children's Advocacy Centers in Pennsylvania.*

I understand that participation is voluntary and that I can withdraw at any time by notifying the researcher. I understand that any data collected from case review process observations and team member interviews is confidential and will be reported without individual identification of participants. I understand that there is no monetary remuneration for my participation nor is any monetary obligation expected of the Children's Advocacy Center or me. My identity and client information shared during the case review meetings will remain confidential. I understand that information obtained in this study may be published in professional journals or at professional meetings but my identify will be kept strictly confidential. I understand that there are no known risks or discomforts from participating in this study.

I have received an unsigned copy of this Informed Consent Form for my records. In signing this form, I agree to observations of the case reviews that I attend and to participate in audiotaped team interviews or individual team leader interviews conducted by the researcher.

_____ _____
(Participant Signature) (Date)

_____ _____
(Print Name) (Phone Number)

I certify that I have explained to the above individual the nature and purpose, potential benefits and possible risks associated with participation in this research study. I have answered any questions that have been raised and have witnessed the above signature.

_____ _____
(Investigator's Signature) (Date)

_____
(Print Name)

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730). For more information about this study you may contact the researcher at: 717-782-6802 or by email at: tsmith@pinnaclehealth.org

APPENDIX S
PERMISSION TO AUDIOTAPE FORM

I, _____, have agreed to participate in the
(Participant name)
research study, *An Ethnographic Study of Multidisciplinary Child Abuse Case Review Teams and Their Leaders in Children's Advocacy Centers in Pennsylvania.*

I understand that during researcher conducted case review team group interviews or team leader interviews in which I participate that the conversation(s) will be audio recorded. Information gathered from these recordings will not identify me and only aggregate data will be reported. I understand that participation is voluntary and that I can withdraw at any time by notifying the researcher.

I understand that information obtained in this study may be published in professional journals or at professional meetings but my identity will be kept strictly confidential. I understand that there are no known risks or discomforts from participating in this study.

I have received an unsigned copy of this Permission to Audiotape Form for my records.

In signing this form, I agree to participate in audio taped team group interviews or individual team leader interviews conducted by the researcher. A separate signed and dated consent is required for each interview conducted.

_____ _____
(Participant Signature) (Date)

_____ _____
(Print Name) (Phone Number)

I certify that I have explained to the above individual the nature and purpose, potential benefits and possible risks associated with participation in this research study. I have answered any questions that have been raised and have witnessed the above signature.

_____ _____
(Investigator's Signature) (Date)

_____
(Print Name)

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730). For more information about this study you may contact the researcher at: 717-782-6802 or by email at: tsmith@pinnaclehealth.org