

CLEARINGHOUSE FOR MILITARY FAMILY READINESS

Multidisciplinary Teams (MDTs): Rapid Literature Review

Clearinghouse Technical Assistance Team

As of January 11, 2019

This material is the result of partnership funded by the Department of Defense between the Air Force Medical Operations Agency and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with Penn State University



PennState

TABLE OF CONTENTS	
EXECUTIVE SUMMARY	3
INTRODUCTION	3
MDT: DEVELOPMENT AND PRINCIPLES OF SUCCESS.....	4
CONSIDERATIONS IN THE RESEARCH FOR MDTs	5
RECOMMENDATIONS.....	6
CONCLUSION	7
APPENDIX A: EVIDENCE-INFORMED HANDBOOKS AND GUIDES TO ASSIST WITH MDT PLANNING AND FORMATION.....	8
REFERENCES	10

Executive Summary

As part of examination of potential solutions to problematic sexual behavior (PSB) research staff at the Clearinghouse for Military Readiness at Penn State (Clearinghouse) conducted a brief, rapid review of peer-reviewed literature on the topic of multidisciplinary teams (MDTs). We used search terms such as *multidisciplinary team*, *problematic sexual behavior*, *collaboration*, and *child services* to identify relevant resources.

Currently, there is a lack of rigorous research on the efficacy of MDTs in the referral, identification, and treatment of PSB in children and adolescents. Therefore, our recommendations are based on evidence-informed guidelines and research that draw upon previous use of MDTs in public health, education, and behavioral health sectors to address referrals of child physical and sexual abuse, maltreatment, as well as significant behavioral concerns in youth. These types of child welfare referrals are the most congruent with the complexity and uniqueness presented by each case of child and adolescent PSB and provide guidance as to the MDT process needed in terms of structure and implementation to address PSB among children and adolescents.

This rapid review includes an overview of:

- evidence-informed components when forming an MDT;
- recommendations in MDT planning specific to PSB in children and adolescents; and
- developed resources for child service teams and their use of MDTs.

This rapid review is a preliminary examination of the research MDTs; however, it is not a comprehensive review of the literature.

Introduction

An MDT can be defined as a group of people that “represents a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services. They may also be referred to as a “child protection team,” “interdisciplinary team,” or “case consultation team” (Child Welfare Information Gateway, 2018 p. 1). In our findings, we use the term multidisciplinary team or MDT.

There are multiple approaches to collaboration and working in multidisciplinary teams and there are a variety of terms used to describe the nuances of the multi-agency teamwork (Thylefors, Persson, & Hellröm, 2005) including:

- 1) Multiprofessional, additive
 - Members of various disciplines work with the client independently and only share information with each other; the purpose is on the

coordination of tasks but not the coordination of a process; communication is minimum as it is solely related to tasks.

- 2) Interdisciplinary, interprofessional, integrative
 - Outcome can only be accomplished through interactive method of all individuals involved; high level of communication because of the shared tasks and responsibilities.

We define an MDT as:

- A group of professionals from various disciplines who come together to develop an individualized plan for addressing PSB for the child or adolescent and their family.

MDT: Development and Principles of Success

An approach to developing and implementing an MDT, is proposed by Anning, Cottrell, & Frost (2010) and consists of five models of how to organize an MDT:

- 1) The fully managed team: a team manager is accountable for all the management work and for the performance of all team members.
- 2) The coordinated team: one person takes on most of the management and coordination work but is not accountable for the clinical work of individual team members.
- 3) The core and extended team: the core team members are fully managed by the team leader with extended team members, usually part-time, remaining managed by their professional managers in their agency of origin.
- 4) The joint accountability team: members of the team assume different leadership tasks based on the functions of the MDT. Although someone may be designated to provide clinical oversight to members such as a psychologist or occupational therapist, the leadership and decision-making processes are shared jointly by team members.
- 5) The network association: this is not a 'formal' team as such but different professionals working with the same client or client group meet together based on a need to share common work/clinical interests. Each practitioner remains under the management of their own professional manager but decisions about client care are often formulated collectively at network meetings (Ovretveit, 1993 as cited in Anning, Cottrell, & Frost, 2010, p. 27)

Also, Nancarrow and colleagues (2013) conducted a systematic review of the literature related to components of MDTs with qualitative data gathered from 253 staff members in the health care sector and identified the following 10 principles of good interdisciplinary team work, which include:

- 1) Identify a leader who establishes a clear direction and vision for the team, while listening and providing support and supervision to the team members.

- 2) Incorporate a set of values that clearly provide direction for the team's service provision; these values should be visible and consistently portrayed.
- 3) Demonstrate a team culture and interdisciplinary atmosphere of trust where contributions are valued and consensus is fostered.
- 4) Ensure appropriate processes and infrastructures are in place to uphold the vision of the service (for example, referral criteria, communications infrastructure).
- 5) Provide quality patient-focused services with documented outcomes; utilizes feedback to improve the quality of care.
- 6) Utilize communication strategies that promote intra-team communication, collaborative decision-making and effective team processes.
- 7) Provide sufficient team staffing to integrate an appropriate mix of skills, competencies, and personalities to meet the needs of patients and enhance smooth functioning.
- 8) Facilitate recruitment of staff who demonstrate interdisciplinary competencies including team functioning, collaborative leadership, communication, and sufficient professional knowledge and experience.
- 9) Promote role interdependence while respecting individual roles and autonomy.
- 10) Facilitate personal development through appropriate training, rewards, recognition, and opportunities for career development.

The science of implementation clearly promotes ongoing maintenance to team development to ensure fidelity to the ten competencies (Bumbarger, Perkins, & Greenberg, 2010).

Considerations in the Research for MDTs

Below we list some considerations for planning and guiding MDTs in addressing PSB:

- MDTs have been used for a number of years; however, there is limited research evaluating their effectiveness (Lalayants & Epstein, 2005).
- Collaboration among agencies, treatment providers, and other authorities is valuable for children with PSB. Each case may warrant different levels of collaboration and involvement of team members (Borden & Hogue, 1998; Chafin et al., 2008; Kutash et al., 2014).
- Effective interventions are ones that are not limited only to addressing the presenting problem of the child or adolescent, rather they include a comprehensive assessment of the child (e.g., strengths, weaknesses, and interests). Thus, the composition of the MDT should reflect the multidimensional aspect of treatment, and utilize a broader array of interventions for PSB in children. For example, obtaining employment was found to decrease offending

in a sample of juvenile sex offenders (van Den Berg, Bijleveld, & Hendriks, 2015 as cited in Sheehan, 2017).

- Consider representation of multiple service providers for participation on the MDT, including but not limited to:
 - Child Protective Services
 - Law Enforcement
 - District Attorney’s Office
 - Family Court Personnel
 - Probation & other Juvenile Justice Personnel
 - Child Advocacy Center staff
 - Victim Advocates
 - Mental Health Agency Leaders and Providers
 - School Personnel
 - Medical Providers
 - Other Professionals who commonly identify and refer children and families to service (National Children’s Alliance, 2018)
- The creation and implementation of an MDT with qualified professionals does not necessarily guarantee effectiveness or desired outcomes.
 - Trust and a shared identity (e.g., an “us” mentality rather than an “I/we” perspective) are necessary human dynamics that should be established within the team to promote team efficacy (Perkins, Borden, & Hogue, 1998; Roberge & Van Dick, 2010; D’Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005).
- The MDT will need to consider the creation and inclusion of policies, laws, and ethics on information sharing and build these into its structure. A clearly defined process for information sharing and with whom are essential for the operation of an effective MDT. Obtaining consent for the sharing of protected health information, developing confidentiality agreements between multiple stakeholder groups should be considered throughout the process of creating a functional working model for the MDT (Chaffin, 2008).

Recommendations

- Establish an explicit shared purpose, structure, and process for the MDT. This includes roles and responsibilities of team members, incorporate a continuous quality improvement process to monitor and evaluate how the team is functioning and assess the outcome of cases.
 - Clearly define the role of the MDT lead. Responsibilities may include tracking adherence to the structure and process (e.g., facilitating

- discussion between other team members, outlining agreed actions) (Complex Needs and Advanced Training, 2012).
- Create a MDT operational guide that includes the roles and responsibility descriptions in a team members, outline of the structure, and services provided.
 - Require the incorporation of established guidelines and standards of care for all professionals on the MDT working with youth with problematic sexual behavior.
- Develop a comprehensive list of interventions, services, and strategies for the MDT to draw from for solutions.
 - Consider developing training and ongoing continuing education opportunities for MDT members on pertinent information that all team members should know and be familiar with in working with children, adolescents and families.
 - Consider how to engage parents and/or other caregivers within the coordination, service planning, and other decision-making meetings of the team (Chaffin et al., 2008; Amand, Bard, & Silovsky, 2008).

There is limited research on the formation of MDT's in response to PSB in children and adolescents. However, utilizing promising practice and other evidence-informed principles from child welfare processes, policies, and frameworks to inform the creation of an evidence-informed model of care for children and adolescents with PSB can be helpful in planning, developing, and guiding MDTs. See **Appendix A** for information on evidence-informed Handbooks and Guides to assist with MDT planning and formation. For example, The Illinois Children's Justice Task Force's publication *The Urgent Need in Illinois for Unit-Based MDT to Investigate Child Abuse* may be one resource particularly cogent to conceptualizing an MDT model.

Conclusion

While there is a lack of research around MDTs for use with youth exhibiting PSB, there is a large body of literature and resources available on systemic and multiagency care in child welfare. A thorough review of the literature to address all facets of MDT planning is beyond the scope of this review. However, the Clearinghouse and the technical assistance team are available should further assistance with research questions or implementing a plan to address PSB be helpful.

Suggested Citation

Clearinghouse for Military Family Readiness. (2019). *Multidisciplinary teams (MDTs): Rapid literature review*. University Park, PA: Clearinghouse for Military Family Readiness.

Appendix: Evidence-Informed Handbooks and Guides to Assist with MDT Planning and Formation

Below we have listed several available resources (i.e., handbook or guides) that address MDT planning and formation.

- **Child Welfare Information Gateway’s Multidisciplinary Teams**
 - The Child Welfare Information Gateway provides evidence-based resources on MDTs. Links to both state and local examples of the MDT frameworks are provided.
 - <https://www.childwelfare.gov/topics/responding/ia/investigation/multidisciplinary/>
- **Florida’s Child Protection Team Program Handbook**
 - This handbook developed by Florida’s Department of Health describes policies, guidelines, and practices for the Department of Health, Children’s Medical Services, Child Protection Team program’s response to reports of child abuse and neglect, and the coordination with child protection staff. It also includes the process of how staff coordinate with local sheriff’s offices responsible for child abuse investigations, community-based care providers, and law enforcement.
 - http://www.floridahealth.gov/alternatesites/cms-kids/providers/prevention/documents/handbook_cpt.pdf
- **Government of South Australia’s Responding to Problem Sexual Behaviour in Children and Young people: Guidelines for Staff in Education and Care Settings**
 - A handbook that includes a detailed response chart with steps and procedures for how to handle reports of PSB from the initial referral to the long-term response. As the guide is written specific to PSB, the information presented is particularly cogent to developing MDT process and response to PSB.
 - https://www.education.sa.gov.au/sites/g/files/net691/f/responding_to_problem_sexual_behaviour_in_children_and_young_people.pdf
- **Indiana Department of Child Services *Community Child Protection Teams***
 - The State of Indiana’s guide to Community Child Protection Teams provides how they assemble their Child Protection Team (potentially similar to the development and function of an MDT) a team effectiveness evaluation, and offers standards of care for Family Case Managers.
 - [https://www.in.gov/dcs/files/CPT_Manual_Part_1\(1\).pdf](https://www.in.gov/dcs/files/CPT_Manual_Part_1(1).pdf)
- **Missouri’s Child Welfare Manual and Intake procedures with Children with PSB**

- This brief contains Missouri's procedures throughout the entire intake process for Children with PSB, from initial contact with the Child Abuse and Neglect Hotline Unit (CANHU), through the process of an investigation or family assessment.
- <https://dss.mo.gov/cd/info/cwmanual/section2/ch10/sec2ch10index.htm>
- **Multidisciplinary Teams and Collaboration in Child Abuse Intervention- A Selected Bibliography**
 - A bibliography prepared by the Research Library of the National Children's Advocacy Center, this resource includes literature on team efforts in dealing with child abuse and neglect. Collaboration among professionals in different settings and circumstances, including joint investigation practices as well as formalized multidisciplinary teams like those in children's advocacy centers (CACs) are included in the resources provided.
 - <https://pdfs.semanticscholar.org/24cb/dd75ef11e044fa7ab38bf42aa11e02405b1b.pdf>
- **Texas Department of Family and Protective Services Handbook and Child Sexual Aggression Resource Guide**
 - This handbook offers the Texas Department of Family and Protective Services (DFPS) model for addressing child welfare cases as well as child sexual aggression. Stages of service, state and local information, and planning systems are all discussed. The second resource from Texas offers how to identify the differences between appropriate developmental behavior and sexually aggressive behavior and discusses how to recognize, understand, and work with any children who exhibit sexual behavior problems, have witnessed sexual abuse or been sexually abused.
 - https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_1120.asp#CPS_1124
 - https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Child_Sexual_Aggression_Resource_Guide.pdf
- **Illinois Children's Justice Task Force's The Urgent Need in Illinois for Unit-Based MDT to Investigate Child Abuse**
 - In this systematic need's assessment, task force members provide a report that contains a proposal for the creation of unit-based multidisciplinary teams throughout the state of Illinois. Recommendations are detailed at the end along with a several year implementation plan.
 - <http://calio.org/images/the-urgent-need-in-illinois-for-unit-based-multidisciplinary-teams-to-investigate-child-abuse.pdf>

References

- Amand, A. S., Bard, D. E., & Silovsky, J. F. (2008). Meta-analysis of treatment for child sexual behavior problems: Practice elements and outcomes. *Child Maltreatment, 13*(2), 145-166. <https://doi.org/10.1177/1077559508315353>
- Anning, A., Cottrell, D., & Frost, N. (2010). *Developing multiprofessional teamwork for integrated children's services*. Retrieved from <https://ebookcentral.proquest.com>
- Association of International Schools in Africa. (2016). Building & using multidisciplinary teams for AISA schools. Retrieved from <https://www.icmec.org/wp-content/uploads/2017/03/AISA-Building-Multidisciplinary-Teams.pdf>
- Borden, L. M., & Hogue, T. (1998). Standards of practice for community-based educational collaborations. In R. Haney & J. O'Keefe (Eds.), *Conversations in excellence: Providing for the diverse needs of children and their families* (pp. 85-105). Washington, DC: National Catholic Educational Association.
- Bumbarger, B. K., Perkins, D. F., & Greenberg, M. (2010). Taking effective prevention to scale. In B. Doll, B. Pfohl, & J. Yoon (Eds.), *Handbook of prevention science* (pp. 433-444). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Chaffin, M., Berliner, L., Block, R., Johnson, T. C., Friedrich, W. N., Louis, D. G., ... Madden, C. (2008). Report of the ATSA Task Force on Children with Sexual Behavior Problems. *Child Maltreatment, 13*(2), 199-218. <https://doi.org/10.1177/1077559507306718>
- Complex Needs and Advanced Training. (2012). Camden Children's Fund multi-disciplinary team. Retrieved from http://complexneeds.org.uk/modules/Module-4.1-Working-with-other-professionals/All/downloads/m13p250d/school-based_multi-disciplinary_team-a_case_study.pdf
- D'Amour, D., Ferrada-Videla, M., San Martin Rodriguez, L., & Beaulieu, M. D. (2005). The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care, 19*(sup1), 116-131.
- Hendriks, J., van den Berg, C., & Bijleveld, C. (2015). Criminal careers for different juvenile sex offender subgroups. *Sex offenders: A criminal career approach, 73*.
- Kutash, K., Acri, M., Pollock, M., Armusewicz, K., Olin, S. C. S., & Hoagwood, K. E.

- (2014). Quality indicators for multidisciplinary team functioning in community-based children's mental health services. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(1), 55-68.
- Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare*, 84(4), 433-58. Retrieved from <http://ezaccess.libraries.psu.edu/login?url=https://search-proquest-com.ezaccess.libraries.psu.edu/docview/213807928?accountid=13158>
- Nancarrow, S. A., Booth, A., Ariss, S. Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health*, 11:19 Retrieved from <http://www.human-resources-health.com/content/11/1/19>
- National Children's Alliance (2018). Addressing youth and children with problematic sexual behaviors. Retrieved from <http://www.nationalchildrensalliance.org/psb/>
- Ovretveit, J. (1993). *Co-ordinating community care: Multidisciplinary teams and care management*. McGraw-Hill Education (UK).
- Perkins, D. F., Borden, L. M., & Hogue, T. (1998). Standards of practice for community-based educational collaborations. In R. Haney & J. O'Keefe (Eds.), *Conversations in excellence: Providing for the diverse needs of children and their families* (pp. 85-105). Washington, DC: National Catholic Educational Association.
- Roberge, M. É., & Van Dick, R. (2010). Recognizing the benefits of diversity: When and how does diversity increase group performance? *Human Resource Management Review*, 20(4), 295-308.
- Sheehan, V. M. (2017). Young People Displaying Problematic Sexual Behavior: The Research and Their Words. In *Handbook of Behavioral Criminology* (pp. 313-329).
- Sloper, P. (2004). Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health and Development*, 30(6), 571-580.
- Thylefors, I., Persson, O., & Hellström, D. (2005). Team types, perceived efficiency and team climate in Swedish cross-professional teamwork, 19:2, 102-114, DOI: 10.1080/13561820400024159