Unraveling the Mystery of Case Review

Please sit with your MDT otherwise.....
Unraveling the Mystery of Case Review

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Why do we do case review?

Ensure the child and family needs are being met

Helps to establish trustful and respectful working relationships

Provides an opportunity to share information that may impact the case or the outcome for the child

Connect about updates on the case so everyone is on the same page

Enhance the chances of prosecution

NCA Standard!
CAC Standards: Case Review

A formal process in which multidisciplinary discussion and information sharing regarding the investigations, case status and services needed by the child and family is to occur on a routine basis.

The CAC/MDT’s written protocols and guidelines include criteria for case review and case review procedures.

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

A designated individual coordinates and facilitates case review and communicates the recommendations for follow-up.
MDT partner agency representatives actively participating in case review must include, at a minimum:

- Law enforcement (LE)
- Child protective services (OCS)
- Prosecution (DA/AG)
- Medical
- Mental health
- Victim advocacy
- Children’s Advocacy Center (CAC)

In Alaska we have other agency representation.
Roles of Law Enforcement on the MDT

Conduct initial response to reports of harm to child

- Oftentimes coordinated response with OCS
  - In order to minimize duplicative interviews
  - In order to minimize danger to child
  - Get facts from 1st reporter & any known witnesses
  - Secure scene if necessary or process evidence

Help CAC in coordinating Forensic Interview & Exam

- Usually is just a handoff between caregiver and CAC

Conduct follow-up investigation on info gained from Forensic Interview & Exam

Forward case to prosecutor & do any follow-up they need
The role of LAW ENFORCEMENT at case review

- Brief MDT on what has been done
- Brief MDT on what is being done or status of lab tests, forwarded to DA, etc.
- Share concerns about the family situation that may impact the case
- Provide info they (MDT) need to accomplish their tasks
  - For example: no arrest until DNA results come back
OCS AND THE MDT
Role and Responsibilities

Coordination

-Scheduling the interview, who to invite and how to get the family to the CAC

Consultation

-Work together as a team to decide who will do the interview, how the interviews will take place and rely on other’s expertise.

Collaboration

-What are the possible next steps? What does each agency need to do to fulfill their mission?
OCS Ultimate Responsibility

Child Safety
OCS’s role at Case Review

Share updates on cases discussed
- For example: case closing, transferring, legal intervention

Be open to feedback from the team

Share successes and challenges that will improve further practice

Share concerns about the family situation that may impact the case

Preparation
- Review the cases that are going to be discussed

Representation from OCS
- Supervisor
- Line worker
Role of the Prosecutor/District Attorney

- Secure justice within the bounds of the law
- Represents the citizens of the State of Alaska
Responsibilities

- Screening
- Charging
- Bail Hearings
- Plea Issues
- Pre-Trial Motions
- Victim/witness preparation
- Trial
- Sentencing
- Appeals/PCR
Role on the MDT

- Protects the children in your community through criminal prosecution
- Evaluates all information from team members to determine if a case can be criminally prosecuted
- Ensures that investigations are done to preserve evidence, so that a criminal prosecution can occur.
- Works with the AAG to address both civil and criminal needs of the child/family
- Constantly and consistently reviews information from team members to see if it may be helpful in ongoing or new cases
- Enhances other member’s goals through criminal prosecution
- Can provide rehabilitation or adherence to other requirements through probation or court conditions
- Share concerns about the family situation that may impact the case
Role of the AAG in Child Cases

- Represents the decisions of the Office of Children’s Services as they relate to Children in Need of Aid (CINA)
Responsibilities of AAG

- Give advice to Office of Children Service’s (OCS) workers and supervisors regarding Child in Need of Aid cases.
- Appear in court and represent OCS at hearings and trials
- Responsible for Discovery to the parents or their attorney
- Train Workers
Role on the MDT

- Protects the child through the CINA process
- Collaborate with other teams members to determine if their information can be used to initiate or continue a CINA petition
- Works with the ADA to ensure the needs of the child/family are met both through the criminal and civil processes
- Works with other members to ensure confidentiality of the child and family is maintained
- Updates team members of the child’s long term well-being and status in the system.
Role of the medical provider

Medical diagnosis and treatment
- Within scope of practice
- Includes obtaining a medical history

Help ensure health and safety of the child
- Unmet medical needs
- Recommendations, referrals

Find, document, interpret:
- Acute and healed injuries
- Forensic evidence
- Findings confused with abuse
Medical Interview

Important part of medical evaluation

Purpose: obtain medical history to guide
  ◦ decisions about exam and diagnostic testing
  ◦ interpretation of findings

Past medical history, development, current symptoms, medications, etc.

Questions often more directive
  ◦ But should never be leading
What the medical exam CAN’T do

Tell exactly what caused the injury (with occasional exceptions in patterned injuries)

Tell when the injury occurred once it has completely healed

Tell how many times it happened

Tell who did it (unless forensic or DNA evidence)
How does the medical provider help the team?

Assist with developmental issues with interview

Often viewed as neutral or positive by child, family
  ◦ Child may disclose, clarify during exam

Perform comprehensive medical evaluation (including photo-documentation, forensic evidence collection & report preparation)

Obtain, interpret diagnostic testing

Answer questions (team, family, child)

Provide expert witness testimony
How does the medical provider help the child?

Help with keeping child safe from future harm

Medical care and referrals for child when indicated

Assist with identification of mental health needs

Identifying and referring for unmet medical needs

Identifying medical mimics to prevent false allegations of abuse

Reassurance for child (and parents) that their body will be OK even though sexual abuse has happened
Role of the Medical Provider at Case Review

• Share any additional pertinent information obtained during medical history or exam

• Explain findings or lack of findings from exam

• If no exam done, explain why not

• Discuss potential alternative explanations for injuries (if any)

• Share results from any diagnostic tests or follow up exams done completed since child initially seen

• Interpret medical and diagnostic findings and reports for rest of team
Understanding the Mental Health Piece

NCA Standard

Mental Health Services are provided by professionals with pediatric experience and child abuse expertise

- Provide direction and support to team
- Provide direction to local therapists
- Provide services to children and families

Specialized trauma-focused mental health services for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers

- Forensically sensitive
- Individual: How do I understand this person NOT how do I understand this problem, symptom, or difficulty

Mental health services are available and accessible to all CAC clients regardless of ability to pay
**Trauma**

A traumatic injury is when a person experiences a real or perceived threat to life, bodily, integrity, or sanity and our ability to cope is overwhelmed and we move out of the window of tolerance (engagement of the sympathetic nervous system).

Circumstance of the event or feeling memory include; abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, loss, abandonment.

Post Traumatic Stress Disorder is diagnosed when a person exhibits persistent symptoms associated with the traumatic event, i.e. Flashbacks, avoidance, negative cognitions, negative emotional states.
Traumatic beliefs

Once we have been overwhelmed by a traumatic event (small or big) the brain takes a picture of the thoughts and feelings associated with the event. Without connection and support the body cannot process the event and the feelings and beliefs remain in the body.
Types of Trauma

- Pre and perinatal
- Single episode
- Complex
- Intergenerational
- Organizational
- Vicarious or secondary
**Complex PTSD**

**Includes ALL Four of these factors:**

- **Chronic**
- **Early**
- **Maltreatment**
- **Within a caregiver relationship**

- Becker-Weidman, Ph.D. “**Complex Post Traumatic Stress Disorder: Definition, Assessment, Treatment**”
Intergenerational and Historical Trauma

Intergenerational

Unites historical with primary traumas of the caregiver that affect the functioning of the nervous system and influence behavior, affect & cognition (Schore, 2001, 2003).

Historical

Historical trauma is the cumulative emotional and psychological wounding over the life span and across generations, resulting in trauma experienced by the individual’s social group.

Historic trauma generates; Survival guilt, depression, low self- esteem, psychic numbing, anger, victim identity, preoccupation with trauma, physical symptoms

Maria Braveheart, 2005
Organizational Trauma

Organizations that work with trauma survivors must acknowledge the impact of trauma on the individual worker and the organization.

Overt & covert traumatic events that occur in a health or human service setting may engender a parallel process.

Dysfunction on a team could include:

- Lack of trust
- Fear of Conflict
- Lack of Commitment
- Avoidance of Accountability! Subsequent Inattention
- Burnout
Vicarious and Secondary Trauma

**Vicarious Trauma**

A person not directly involved, but can feel the impact of the event in their own nervous system when listening and experiencing victim’s emotions.

**Secondary Trauma**

Family members and close associates who suffer from their loved one’s trauma as a result of their closeness.

People who are eyewitnesses to incidences that they are meant to mediate and are overwhelmed by what they see, hear and feel.
Guiding Values of Trauma Informed Care

- Promote safety
- Communicate with compassion
- Share power
- Pursue the person’s strengths, choice and autonomy
- Respect human rights
- Provide holistic care
- Celebrate diversity
- Earn trust
- Understand the prevalence and impact of trauma
The role of MENTAL HEALTH PROVIDERS on the MDT

- Provide valuable information to the team about the child’s emotional state, treatment needs and the ability to participate in the criminal justice process.

- Sharing relevant information with the MDT while protecting the clients’ rights to confidentiality

- Serving as a clinical consultant to the MDT on issues relevant to child trauma and evidence-based treatment

- Helping the MDT understand the dynamics associated with child maltreatment for the child and family members.

- Supporting the MDT in the monitoring of treatment progress and outcomes.
Roles & Responsibilities of the Advocate

• Provide trauma informed services and information to the non-offending family members
• Provide crisis assessment, intervention and safety planning support
• Assessment of individual needs and cultural considerations for the child and family
• Provide ongoing education and support to non-offending family members
• Coordinate case management
• Active outreach and follow-up support services for caregivers
• Assistance in procuring concrete services
• Provision of referrals for specialized, trauma focused, evidence-supported mental health
Roles & Responsibilities of the Advocate

• Engagement in child and family response regarding participation in the investigation and/or prosecution

• Participation in case review in order to discuss the unique needs of the child and family and plan associated support services, ensure the seamless coordination of services, and ensure the child and family’s concerns are heard and addressed

• Provision of court education and courthouse/courtroom tours, support, and accompaniment
The role of ADVOCATES at case review

- Update team on current status of the family
- Share any information pertinent to the case (ex. perpetrator putting pressure on victim or caregiver, victim suicidal, siblings blaming victim, etc.)
- Clarify any questions or concerns posed by the family
- Strategize with the team how to meet the current needs of the child victim(s) and family in ways that will not compromise the case and ensure the best outcome for the child
The role of CAC staff at Case Review

Will vary from CAC to CAC

Keep the focus on the best interest of the child.

Share information about your interactions with the family when at the CAC.

What contact has been made with the family? What issues and concerns do you see potentially arising?

Is there follow up needed (medical or FI)?

Do the investigative agencies have what they need from the CAC?
The role of OTHERS at case review

Who else is on your team?

- DJJ
- School personnel
- Adult Probation
- Tribal/Cultural Navigator
Case Review is an informal decision-making process with input from all MDT partner agency representatives. Generally, the case review process should:

- Review interview outcomes
- Discuss, plan, and monitor the progress of the investigation
- Review medical evaluations
- Discuss child protection and other safety issues
- Provide input for prosecution and sentencing decisions
- Discuss emotional support and treatment needs of the child and family members as well as strategies for meeting those needs
More case review process:

- Assess the family’s reactions and response to the child’s disclosure and involvement in the criminal justice and/or child protection systems
- Review criminal and civil (dependency) case updates, ongoing involvement of the child and family, and disposition
- Make provisions for court education and court support
- Discuss ongoing cultural and special needs issues relevant to the case
- Ensure that all children and families are afforded the legal rights and comprehensive services to which they are entitled.
Let’s See What This Looks Like

- Pay attention to your role on the MDT
- What did you hear that was different or the same as what you were thinking?
- What would you have added?
Questions?

What questions do you have?
Let’s Practice

In your teams, practice the case review scenario provided staying within your role on your team.

Let the trainers know if your team does not have someone from one of the disciplines.
Questions?
“As a Firefighter and an EMT I have seen my share of death, suffering, trauma, pain, sadness and tragedy. I’ve seen patients die in front of my eyes, and in front of their families. I’ve never had any difficulty with this. But this is my second ‘opportunity’ to serve on a sexual crimes jury, and it is still a very challenging effort to maintain composure at times. The human suffering endured by the victims and their families is horrible. At one point during the testimony I looked over and observed the father of the victim as she testified. I’ll never forget the pain and tears etched on his face as his daughter recounted the events. It was difficult to maintain my composure after observing him. I know I’ll never forget that sight. I’m very glad there are people like yourself and Investigator .............protecting our children from people such as (offender). Thank you for your service to our community.”

Juror on a Sexual Abuse of a Minor Case