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Multidisciplinary Teams in Action

Multidisciplinary teams: a sensible way to manage child abuse or neglect? Many think so, and for good reason. Prevention and treatment of the problem are efforts which require involvement by a wide range of professions and disciplines. Rather than each working independently, it makes sense that they work together.

The authors of the Virginia Child Abuse and Neglect Law of 1975 considered a team approach to be important. Contained within that law is the statement, "the local department shall foster, when practicable, the creation, maintenance and coordination of hospital and community-based multidiscipline teams. The purpose of multidiscipline teams shall be to promote, advocate and assist in the development of a coordinated service system directed at the early diagnoses, comprehensive treatment and prevention of child abuse and neglect." (Section 63.1-248.6, Code of Virginia).

This concept has since developed into three facets of involvement: case consultation, program development and public education. This article focuses on these three facets as they relate to prevention services. It is important to note that all of the programs described have been accomplished with minimal expense. Part of the reason for low costs is that, except for agency support, members of multidisciplinary or MD teams are volunteers. These volunteers share an abundance of energy, dedication and commitment.

Early MD Team Involvement

For many communities, the 1975 legislation's encouragement to organize disciplines around the problem of child abuse and neglect was merely an excuse for formalizing an already informal process. Three such communities were Charlottesville, Danville and Chesterfield County.

U.Va. Medical Center Multidisciplinary Team, Charlottesville

"As far as I know, we were the first multidisciplinary team in the state," says Virginia Johns, coordinator of the University of Virginia Hospital MD team. "We organized in 1971, several years before the law."

At that time a severe case of child abuse came to the hospital. "We had no protocol for handling the problem. It was obvious



Appomatox teens have organized to assist their local MD teams.

that we needed to develop a system within the hospital in order to best serve the child and family. At that point, we developed our hospital team," explains Johns. Since then, the team, made up of several physicians and other hospital personnel has evolved into a well organized network.

Community education was initially a prominent part of the team's work. The members spoke locally to community groups, agencies and in public forums. In addition, team members were active as advocates on a state and national level. Dr. Anthony Shaw,

a pediatric surgeon on the University staff, chaired the original MD team, helped author the Virginia Child Abuse and Neglect Law, and was the first chair of the Governor's Advisory Committee on Child Abuse and Neglect. Dr. Shaw also appeared before the Senate Subcommittee on Child and Human Development in 1977. He testified in support of the Child Abuse Prevention and Treatment Act (PL 93-247). Dr. Shaw's active commitment to education and advocacy was typical of the entire U.Va. team.

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Virginia Chapter of the National Committee for the Prevention of Child Abuse

(Ed. Note: This article is written by Sara Bishop, a representative of Va. NCPCA. If you have any questions, write her at 621 New Hampshire Ave., Norfolk, Va. 23508)

President's Report — October 1980 - December 1982

Two years ago there was child abuse in Virginia. Large numbers of individuals and organizations were committed to efforts to stop abuse. The Governor's Advisory Committee on Child Abuse, the Department of Welfare, Parents Anonymous, and multidisciplinary teams were all working, for the most part independently of each other, to ensure protection of children who were abused. Two years ago the public was awakening to the fact that "child abuse was indeed a problem and someone should do something about it."

Today there is still child abuse in Virginia. There are still large numbers of people committed to helping abused children. There are still organizations and agencies whose sole focus is the protection of children from abuse. But, today there is something more. Because a few caring citizens decided that "child abuse is indeed a problem," and said, "I must do something about it," there is prevention in Virginia.

The National Committee for Prevention of Child Abuse came to Virginia in October 1980, in the form of 12 concerned citizens who committed themselves to the establishment of a state chapter. Because of their dedication, the board has grown to more than twice the original number of people, and has incorporated representatives from every major group in Virginia interested in child abuse, as well as representatives from the private sector.

Funding came in the form of a \$15,500

grant from Tidewater Children's Foundation in spring 1981. This money provided a financial base of operation and enabled the chapter to produce a brochure which obtained more memberships.

Programmatically, VaNCPCA has been involved in the following:

1. coordination with Virginians Against Domestic Violence to lobby successfully for the passage of Senate Bill 279 in the 1982 General Assembly. This bill raised the fee on marriage licenses by \$7.00 and directed the money to be spent for child abuse prevention programs and for spouse abuse. In fall 1982, an advisory committee, which included VaNCPCA members, reviewed 94 proposals for new programs to be developed throughout Virginia. \$600,000 was awarded to develop programs in the two areas. The many hours that were invested by a number of VaNCPCA Board members to ensure the passage of this bill are clearly justified by the response throughout the state. It is anticipated that the General Assembly will continue to fund the Family Violence Prevention Program.

2. development of a Resource Inventory of statewide prevention services. The results of the inventory will be forthcoming in 1983.

3. cosponsorship with Theatre IV in Richmond of a sexual abuse prevention play to be shown 40 times to grades K-6 in the fall of 1983. VaNCPCA Board members are seeking funding for the project.

4. production of a model handbook for prevention programs. Staff was hired to research and write the handbook. Distribution plans have not been finalized.

5. participation in National Child Abuse Prevention Week. Various activities in Virginia were initiated by VaNCPCA Board



Cheryn Durette, president, presents Sue Gibson, past president, with a gift in recognition of her dedicated work.

members. Examples are—awards reception in Richmond to end the week, NCPCA printing on grocery bags, public awareness activities, and special media coverage.

6. development and sale of Christmas cards for profit and public awareness.

7. establishment of one local coalition which is the Norfolk Committee for Prevention of Child Abuse.

8. implementation of plans for a 1983 fund raiser, details of which will be forthcoming in 1983.

9. development of a news column in the *Virginia Child Protection Newsletter*.

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Yes, I want to help stop the hurt!
Please accept my membership in the Virginia Chapter of the National Committee for Prevention of Child Abuse today.

Name _____ Organization _____

Address _____ City _____ State _____ Zip _____

Contributions and bequests to NCPCA are charitable contributions which are tax deductible to the extent provided by law.

\$5 Student	\$50 Sustaining	\$500 Friend of Abused Children
\$15 Individual	\$100 Donor	\$1,000 Corporate Friend of Abused Children
\$25 Organizational	\$250 Patron	

Enclosed is my membership fee of \$_____.

Please return this form with your check or money order to the Virginia Chapter for Prevention of Child Abuse, Connie Gendron, 1302 Lombard Ct. Martinsville, Virginia 24112.

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As president of VaNCPCA, I have spoken to more than 25 civic groups. I have also conducted workshops at state conferences and conventions. In my capacity as president, I have functioned as liaison to a number of other groups dedicated to child abuse and neglect prevention. These include: Board of Directors of the National Committee for the Prevention of Child Abuse, Governor's Advisory Committee on Child Abuse, Parents Anonymous Advisory Board, Norfolk Committee for Prevention of Child Abuse, and the Advisory Committee for Virginia Family Violence Prevention Program.

From an organized beginning in October 1980, VaNCPCA has grown and developed credibility and visibility as productive strength in the state. The accomplishments are numerous and varied as the main focus has been placed on the development and implementation of new prevention programs. VaNCPCA has made a difference in the state for the sake of children.

With the newly elected officers, the Chapter will continue to grow and develop within its membership. More importantly, the chapter is at a place to serve the population of Virginia in a unique way. It is incumbent upon VaNCPCA to assume the leadership role in Virginia in the area of child abuse prevention, and also to continue developmental growth and training for future leadership.

I appreciate the opportunity to have served the VaNCPCA as president, and I am very grateful for the ongoing support of the board members.

Respectfully submitted,
Sue Gibson, president

Officers for 1983

President — Cheryn Durette
Vice president — Harriet Russel
Secretary — Joann Grayson
Treasurer — Connie Gendron



Harriet Russell consults with Connie Gendron at the November retreat at Wintergreen.

MD Teams in Action

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Today, the hospital team remains concerned about public education. However, a community team organized in 1976, known as The Thomas Jefferson Child Advocacy Group, has gradually assumed the function of community education. U.Va.'s team now has case consultation as its primary focus.

Case consultation involves bringing several professionals together to staff cases in an effort to develop the most effective treatment program. At U.Va., six core members of the team meet weekly. These six are a child psychiatrist, the hospital pediatric social worker, the hospital administrator, the team coordinator, a Charlottesville Protective Services coordinator, and Albemarle County Protective Service coordinator. "We will call in other members if they need to be involved in a case we are discussing," says Johns. "Otherwise, a much larger team meets quarterly. The larger team does not review cases. Rather, it evaluates hospital procedures, sets hospital policy, and participates in training."

The core team focuses on acute cases that are brought to the hospital. They do not, however, see every case. All hospital personnel are trained to work with child abuse cases and the six core members serve as consultants.

Let us examine a case to illustrate the team's functioning. Joey, a two year old with multiple fractures, was brought to the hospital by his mother, 22, and her 24 year old boyfriend on a Monday morning. They said Joey had fallen down the stairs. Examination in the emergency room suggested that there had been a delay in seeking treatment. X-rays revealed an old, partially healed fracture of the hand. The emergency room physician, who had been trained to spot suspected child abuse, immediately called the pediatric resident on call and the chairman of the MD team, staff pediatrician Frank Saulsbury. The three conferred and decided that admission was mandatory.

The social worker on the children's unit was contacted. She arranged to talk with Joey's mother and her boyfriend late in the afternoon. After the interview, the unit social worker consulted with the MD team social worker, Linda Holder. Together with Virginia Johns, team coordinator, they reviewed the medical and social information. All indicators pointed to abuse as the cause of Joey's injuries. Virginia Johns called CPS to make a formal report. She also scheduled Joey's case to be staffed on Thursday at the weekly meeting of the "core" MD team.

At the Thursday staff meeting, the unit social worker and the resident pediatrician joined the six regular members to review Joey's case. The CPS worker was also present. The core team, plus the people working with Joey, formulated a treatment plan. Thus, before Joey was released from the hospital, a determination of abuse was made, and a treatment plan was developed.

Follow-up, however, is difficult. "Since

we are a teaching hospital, patients come from several communities in the state," says Johns. "We need to network with many agencies throughout Virginia. I primarily keep in touch with protective service workers and health departments, because direct follow-up presents a real problem."



Teens assist in a variety of social service projects.

"We Can" Multidisciplinary Team, Danville

According to Steve Johnson, a Danville protective service unit worker, his community has had a team since 1972. "At that time, a number of citizens formed a community action group to deal with the problem of child abuse and neglect. The group was composed of volunteers who wanted to educate the community about family violence," Johnson states.

Since then, a well organized public relations committee has evolved. Meeting monthly, they are focusing educational efforts on specific groups. By publishing several brochures and making annual contacts, the MD team keeps in touch with local schools and day care facilities. The purpose is to educate professionals in these settings to: 1) recognize signs and symptoms of physical abuse, emotional abuse, sexual abuse and neglect; 2) know the law and their responsibility to report; and, 3) understand what happens once a report is made.

The team has also developed a brochure titled *Parents in Stress*. "It's a resource brochure for our clients. It lets them know what services are available to help them prevent abuse or neglect," emphasizes Johnson.

The entire team meets monthly and is very involved in several activities. Their most

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Networking: Multidisciplinary Teams Wo



Barb Bennett chairs the subcommittee on MD teams.

It is exciting to see the kind of organizational multidisciplinary (MD) teams are developing in order to provide effective prevention and treatment services on a statewide level! It's a story full of dedicated and energetic people volunteering their time and resources. They are networking in order to support each other, to share services and to discuss how they can encourage other communities to get involved in a multidisciplinary effort. And it's all happening under the leadership of a dynamic woman, Barbara Bennett.

In addition to being the Foster Care coordinator at the Chesterfield-Colonial Heights Department of Social Services, Bennett is a member of the Governor's Committee on Child Abuse and Neglect. Just recently she was asked by the committee chairperson, Edd Shull, to chair the subcommittee on multidisciplinary teams. It was there that the idea of MD team networking was formalized.

Actually, the networking idea has a well developed history. The members of the multidisciplinary team subcommittee (under the direction of Jo Ann Tuohey) had sponsored two MD team conferences in late summer 1981. At the end of these conferences, participants identified a need for knowing more about what other community teams were doing. This occurred at a time of transition for the MD team subcommittee in that Tuohey's term was ending, the subcommittee had accomplished the goals it had identified under her leadership, and the members were

looking for a new direction. "It was obvious that a strong networking system was wanted by local MD teams," says Ann Childress, Child Protective Services (CPS) program specialist and liaison between CPS and the MD team subcommittee. "The subcommittee on the multidisciplinary teams was the group to do it. Barbara Bennett, new chair of the subcommittee, was in a position to work with the subcommittee to formalize and implement this plan."

The idea of strengthening the multidisciplinary teams' communications network was an exciting one to Bennett and her subcommittee members. "It was also consistent with Edd Shull's vision of MD teams as the 'muscle' behind child protection," states Bennett. She explained that child abuse has the potential of impacting on the entire community. A group representing many professional disciplines and concerned citizens should respond by organizing programs. "I am not suggesting that MD teams will usurp the responsibilities of the local social services depart-

ments. The law is clear. The responsibility for investigation and treatment is assigned to them. However, MD teams are a way to expand the available shoulders upon which the load can be carried," Bennett emphasized. "That's how they became the 'muscle'—facilitating the agencies by coordinating services and prevention projects consistent with the needs identified by their local social service agency personnel who are also members of the team."

Just what, exactly, is networking? Networking is a method for maximizing resources. It's accomplished by communicating regularly with other communities about activities that are useful and effective in dealing with a particular problem. In the case of MD teams, developing a communication link with other teams can aid in discovering effective methods for dealing with child abuse and neglect. In Virginia, there are many communities with multidisciplinary teams in various stages of development. By organizing a network, these teams share

So, What is the Governor's Advising Committee on Child Abuse?

On March 19, 1975, the General Assembly of Virginia enacted the Child Abuse and Neglect Law. One section of this law mandated the creation of an advisory committee (Section 63.1-248.16). This advisory committee has become known as the Governor's Advisory Committee on Child Abuse and Neglect.

Documents in the Central Child Protective Services office (CPS) show that a close relationship has been formed between the committee and CPS. They both are a part of Virginia's team approach to combating child abuse and neglect. "As a result of this relationship, the committee has created a unit more activist than advisory," according to the first committee chairperson, Dr. Anthony Shaw.

The committee's primary task is to help CPS find innovative ways of handling the many aspects of abuse and neglect of children. In addition, the committee and its subcommittees do much of the actual work with CPS assistance. They conduct research, suggest new project ideas, discuss potential programs among themselves and with others in the state, and then help CPS staff put together, monitor and evaluate programs.

The committee has seven governor-appointed members with three-year staggered terms. Because the committee member's roots are in their communities, they can help CPS staff determine what localities want and

need. In this way, CPS is able to establish programs with community emphasis since child abuse and neglect are community problems.

Abuse and neglect also reach across department boundaries, affecting, among others, those who work in welfare, health, child care and education. As a result, permanent members from each area have also been assigned to the committee. These members consist of the executive director of the Virginia Commission for Children, the superintendent of public instruction, the commissioner of the Department of Social Services, the commissioner of the Department of Mental Health and Mental Retardation, the director of the Division of Youth Services, the attorney general of Virginia, and the commissioner of the Department of Health.

The committee currently has several working subcommittees. Presently, these are: Corporal Punishment Subcommittee, Multidisciplinary Team Subcommittee, Legal Issues Subcommittee, and Recognition Certificate Subcommittee.

Further information about the Governor's Advisory Committee on Child Abuse and Neglect is available from Edd Schull, chairperson of Governor's Advisory Committee on Child Abuse and Neglect, Guiffre Distributing Co., 6021 Farrington Ave., Alexandria, Va. 22304.

ing Together

resources and support each others work.

The system the MD team subcommittee developed divides the state into eight regions: Roanoke, Southwest, Tidewater, Valley, Richmond, Northern Virginia, Lynchburg, and Virginia military bases. Each region is represented on the subcommittee. Each regional representative then has the task of contacting all MD teams in their area in order to determine team activities. Representatives are two-way funnels: they keep subcommittee members informed about the teams as well as informing MD team members within their region of the subcommittee's activities. "The regional representatives are the key links in the state wide network of communication and support offered to local, regional and state level groups," says Bennett. "In addition, each representative will act as liaison between local groups, MD teams and interested individuals who do not have access to a team in their region, and the subcommittee."

One subcommittee goal is for each region to sponsor a community without a team. "Many communities don't have teams and don't have any interest in starting one," laments Bennett. "We'd like existing teams to foster the beginning of at least one new team in their region this year—by offering technical assistance, or in any other way they can!"

Another goal for 1983 is to hold regional MD team meetings to bring teams within the region together. A military meeting will also be held at a time that won't interfere with any other conference, so that any military personnel can go to their local conference in addition to the military one. The Child Protective Service Unit of the State Department of Social Services has allocated \$1000 from the State Assistance Grant monies from the National Center on Child Abuse and Neglect to facilitate these meetings. Each region will receive a portion of the funds to help with their costs.

"Our objective for these meetings is to draw together existing team members; people from areas which don't have teams and are interested in starting one; and, anyone interested in learning more about MD teams or wishing to make a presentation," Bennett explains. "Each region will devise their own plans and their own agenda. We merely want each region to have a meeting of MD teams and to have it by September, 1983."

Anyone interested in any aspect of the regional team meeting—giving a presentation, voicing a concern, helping to brainstorm or taking part in the planning—contact your regional representative and let that person know. The names and addresses are listed at the end of this article. For those interested in attending, the dates aren't available yet. However, we are hoping to have them ready for you by the time we publish our May issue of *VCPN*. Plan to attend!

Spotlight on Roanoke

Wendy Moore holds a unique job in Virginia. She is the director of the Child Abuse Coordinating Council of the Roanoke Valley. This council is an advocacy agency that functions to determine needs, develop resources, and start programs.

Their list of successful projects is impressive. A sampling includes: starting Parents United and Parents Anonymous chapters, training personnel at 24 day care centers about child sexual abuse, training police, dentists and hospital Emergency Room personnel, developing a program for school children about abuse and sexual abuse, sponsoring a case-consultation multidisciplinary (MD) team and an energetic, consistent public awareness program.

But, we are getting ahead of our story. Back to the beginning—to how all this activity began. In spring 1977, Family Services and the Junior League jointly sponsored a forum on child abuse and neglect. They invited any interested members of the community to come listen to local professionals discuss issues concerning the problem. Imagine their delight when over 800 citizens attended!

Out of this forum came a group of people interested in getting involved with combating child abuse. They formed a task force to study service gaps, and the possible need for coordination of services in their area. By the fall they were meeting monthly, had formalized goals and objectives, and were looking for a part time coordinator.

At the same time that the community was mobilizing, the welfare departments were trying to form a case consultation MD team. The team needed a coordinator, too. Therefore, the two groups decided that since they shared common goals and objectives, it would make sense to join resources and hire a person to head both aspects of their multidiscipline efforts: program development by the community and staffing cases by the case consultation team. This idea was the birth of the Child Abuse Coordinating Council. The execution was made possible through a \$35,600 grant from the Junior League which was to be used to cover the costs of a part time coordinator and operating costs for one



Wendy Moore, director of the Child Abuse Coordinating Council.

(Roanoke County, Roanoke City, Botetourt County, Craig County and Salem) and from private foundations.

Moore stresses the role of the program development aspects of the council. "Basically we are an advocacy agency, not a service agency. We identify needs, do the necessary resource development and help get programs going, then turn them over to other agencies. We also function as an 'umbrella' for a number of services too small to need their own administrative personnel." The list of prevention services the council has provided since its inception is impressive: public education, special training for professionals such as school personnel, medical personnel, social workers and others, an after-school child care program, Parents United and Parents Anonymous.

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Free Films Available

This is an added reminder that, as of January 3, 1983, the following films will be available through the Office of Communications-State Department of Social Services: 8007 Discovery Drive, Blair Building, Richmond.

1. "Child Abuse: Cradle of Violence": 16mm/color/20 minutes.
2. "Girls Beware": 16mm/color/14 minutes
3. "Boys Beware": 16mm/color/14 minutes
4. "Who Do You Tell?": 16mm/color/11 minutes
5. "Don't Get Stuck There": 16mm/color/14 minutes
6. "Speak Up, Say No": Filmstrip/color/6 minutes

Spotlight

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The VCPN staff was especially interested in case consultation MD teams. Moore explained that the 20-member team meets regularly twice per month for 1½ hours to staff cases referred by the representatives and a half years. Since then, the council has become a United Way agency, receiving funds from them as well as from grants from the municipalities in the five areas they service from the social service department or mental health centers. Outside professionals working on the case are invited. The council keeps a master file on the case and writes up the team's assessment. The Roanoke MD team is covered by liability insurance and pays careful attention to the issue of confidentiality, obtaining signed confidentiality forms from anyone coming to the meeting.

Moore estimates that she spends 15-20 hours each month coordinating the meetings of the case consultation team. The time is certainly well spent. In 1981 the American Public Welfare Association surveyed over 50 MD teams across the country. The Roanoke case consultation team was chosen as one of the best models in the nation! This honor is even more impressive when one recalls that the MD team is only one of the council's long list of successful, ongoing programs.

If a community wanted to start a project similar to the Roanoke Child Abuse Coordinating Council, how should they begin? Wendy Moore has some practical suggestions. "First, a community should identify key people who have an interest in child abuse: professionals and service club members alike. Include anyone interested in child advocacy. They must be people who are willing to work. Then be prepared for an extended effort. It took 18 months to develop the concepts and groundwork to set up the administration and record keeping of our council." She also stressed the importance of obtaining a cross-section of community workers. "Our council is composed of 2/3 private citizens and 1/3 social service people. It's a good workable balance."

What's in store for the Roanoke Valley in the future? "Our upcoming projects include two major training efforts. We plan to train attorneys and judges and will also offer training to all 27 schools in our area," says Moore. "We are also very excited about our Task Force on Sexual Abuse, which is now in its second year. We have identified professionals in our area with special expertise in sexual abuse intervention and treatment and are in the process of setting up a network system between agencies. It's a marvelous opportunity for teamwork."

More information about the Child Abuse Coordinating Council of the Roanoke Valley and their many projects is available from: Wendy Moore, Child Abuse and Neglect Coordinating Council, Room 518, Carlton Terrace Building, 920 S. Jefferson Street, Roanoke, VA. 24016.

Subcommittee on Multidisciplinary Teams Current Regional Representative

Lynchburg Region:

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(804) 352-7890

Northern Virginia Region:

Barbara Bennett
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Richmond Region:

Helen Leonard - Coordinator for Region
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Roanoke Region:

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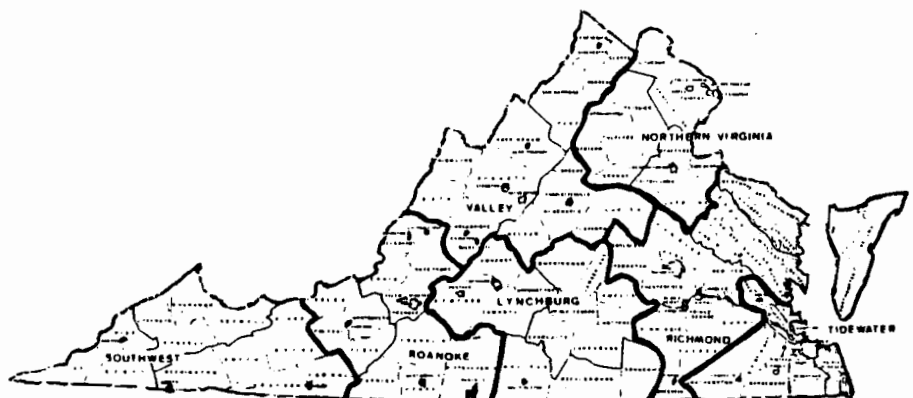
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Kenner Army Hospital
Fort Lee, VA 23801



MD Teams in Action

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recent project is SAFE (Safe Activities for Enrichment), an afternoon program for children grades K-4.

"We saw a serious need in Danville for a program to serve young children regularly left unsupervised after school," explains Johnson. "The Community Education Program of the Danville Public School was approached because of its involvement in extended day use of school facilities and setting up enrichment programs." As a result, in October 1982, the schools received a mini-grant of \$7,390 from the Child Protective Services Unit, Virginia Department of Social Services for this project.

The program is housed in a local elementary school, and runs from 2 to 6 p.m. every school day. The fee is based on a sliding scale. "We have had our problems," says Johnson, "primarily in serving the number of children we had initially planned. However, I feel good about our progress and the service we provide. Children are getting excellent supervision and enjoy good interaction with two child care workers. We have a good relationship with the local mental health agency, whose staff has helped us with some behavior problems. The whole project is an excellent cooperative effort to solve a real problem," he explains with enthusiasm.

Chesterfield-Colonial Heights MD Team

"Directors of agencies in our communities have been meeting to share information for years," states Suzanne Fleming, senior social work supervisor at the Chesterfield-Colonial Heights Department of Social Services. "After the child abuse law was passed, the directors discussed the concept of multidisciplinary teams and decided it would be valuable to the community. So, they formalized an informal process and invited other representatives involved with children to join."

From the onset, Chesterfield-Colonial Heights MD team has focused on public education. Since its inception, they have put together and implemented a large number of training programs for professionals in their area, including school and hospital personnel. In addition they have been active in providing educational prevention programs for lay citizens in their area. "We have produced a lot of brochures on various topics concerning child abuse and neglect," explains Flem-

ing. "We were also instrumental in developing a curriculum for family life education classes for grades 9-12. It has just recently been accepted by the school board and will be started in the schools soon!"

One of the most recent successes is the development of a well organized task force to deal with sexual abuse in their community. Among this group's accomplishments has been a public awareness brochure, compilation of a list of physicians in the Chesterfield area who are willing to treat and examine a sexually abused child, and a sexual abuse workshop. "We had over 150 people attend this workshop!" exclaims Fleming. "And, with agency and local professional assistance, it was accomplished with minimal funds!"



Teen projects benefit child clients.

The Growth of MD Teams in Virginia

Since 1975, over 75 communities have embraced the MD team concept and created teams. The list of projects multidisciplinary teams can undertake is staggering, as evidenced by talking to a number of active team members. The remainder of this article provides two samples of the innovative programs created by Virginia MD teams.

Parenting Classes

Virginia Beach has several multidisciplinary teams, each with a different focus, according to Lee McAlpine. McAlpine is a

member of START (Severe Trauma Assistance Recognition & Treatment), a multidisciplinary team which came together to focus on prevention of severe injury. "We wanted to get to people before severe injury occurred," she emphasizes.

This team launched its efforts by asking Elizabeth Elmer, staff member at the Parental Stress Center in Pittsburgh, and author of *Children in Jeopardy: A Study of Abused Minors and Their Families*, to speak. "She is a marvelous, soft spoken woman who came across as knowing about the problems that non-nurturing and lack of bonding can cause for our children," explains McAlpine.

This program gave START members the impetus to develop the idea of offering parenting classes. They invited directors of various agencies to meet with them and each other in order to talk about the idea, and to solicit their support. Each director liked the idea, talked to their staff, and found a staff person who would help teach the classes. Out of this process evolved an eight week parenting class for mental health and social service referrals.

Patricia Albert, a senior social worker on the Virginia Beach Department of Social Services who is directly involved with the classes, developed for VCPN staff an overview of the typical participant. "Though the group is open to all parents, participants are predominantly women in their early 20's with more than one child and, for whatever reason, a single, head-of-household. In addition, her relationships in the community are unstable, if she has any. There's a general lack of a support system. This group not only offers education on a very practical parenting and developmental issues, but also offers a network of support. Often, friendships are carried on beyond the end of classes."

It's a miracle," exclaims McAlpine. "We've had marvelous attendance." She thinks that the success of the program is based on the following factors: 1) a real commitment was made by agency directors, 2) transportation is provided (the mental health agency has a bus), and 3) the parents and children come at the same time, with the children receiving excellent care and positive interaction while the parents meet.

"We've had at least three classes since it started," notes McAlpine. "We are planning many more. It's really been a great success, and for minimal dollars."

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NEWS FLASH

Phyllis Breidenbaugh, chief of the Bureau of Child Welfare Services has received a Meritorious Service Award. The award was presented at the State Board of the Social Services meeting in Richmond, Dec. 15, 1982. Phyllis received the award due to her "dedication, insight and leadership... as well as the many contributions she has made to the field of child protective services..."

Congratulations Phyllis!



MD Teams in Action

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Teen Volunteer Services

Traci Ann Paulette and her friends are typical 14 year olds. They giggle and whisper together and enjoy each other's company. Often, she and her friends get together at Traci's grandmother's house on weekends where they enjoy many activities, particularly going into her kitchen and baking cookies or cakes ("With my admonition that 'you cook what you like but leave my kitchen like you found it—clean—or else,'" states Traci's grandmother jokingly).

Where these girls become different from many teens their age is in their giving. "Evolving from the overflow of cooking were: cakes for the elderly in the neighborhood, cakes and macaroni for a family of five whose mother was hospitalized, sandwiches

and cookies for persons manning the telephones for the MS drive, street sale of poppies for Memorial days, and a dish of food for the sick on several occasions," Grandmother proudly explains.

When the girls decided that they wanted to expand into a formal volunteer organization, the mechanism was a fairly easy one. Since 'Grandmother' is Virginia Babcock, director of the Appomattox Department of Social Services, the girls were easily linked with the local multidisciplinary team which became their formal sponsor. Under the leadership of MD team member Betsy Carter, the group of Traci and three friends has expanded to fourteen girls ages 11-14.

"Betsy Carter is really the backbone of the group," says Babcock. "She is persistent and an excellent group leader for young people. Her daughter, Beth, is one of the volunteers. Little Becka [Carter's younger daughter] is allowed to get a taste of group action by observing some of the meeting—we are whetting her appetite for future membership,"

These teens have been formally meeting once a month since October. Their list of activities since their organization is impressive: covering the MD team booth at the local Railroad Festival, disseminating fliers and answering questions; and raising enough money via a bake sale to take Social Service child clients to Lynchburg to dinner, a movie

and to see Christmas decorations, an activity they carried out in December.

"We are so proud of these girls and their willingness to give," says Betsy Carter emphatically. "They have learned a great deal about acceptance and caring. They are such a dedicated group."

We have barely scratched the surface in describing services which can be provided by multidisciplinary teams. Have we raised your interest? Refer to our networking article in this issue, note the name of the coordinator in your region and contact that person. Ask about the activities in your region or in the state. It's exciting to learn about all the possibilities MD teams have in providing low cost, meaningful and effective services. Any community can do it—urban or rural—with work, cooperation and dedication to the cause of efficient and effective management of a real and pressing need: protection of our children.

New Publications Available

Ballinger Publishing Company has a number of new books on child abuse available. A list can be obtained by sending a request and a self-addressed, stamped envelope to: Ballinger Publishing Company, 54 Church Street, Cambridge, MA 02138.

OOPS!

VCPN incorrectly reported the yearly cost of \$475 per person for Parents Anonymous to render services (pg. 8, Vol. 5). The amount should have been reported as \$75 per year per person. Sorry!



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