

## **Creating a Culture of Care in Multidisciplinary Teams**

Multidisciplinary teams (MDTs) working with Children's Advocacy Centers (CACs) carry the heavy responsibility of supporting children and families in the aftermath of abuse. Each member of the team, whether law enforcement, child protection, prosecution, medical, CAC staff, mental health, or victim advocacy, brings expertise that, combined, ensures a coordinated and compassionate response.

But sustaining this work and collaborative response requires more than professional skill. To protect against burnout and secondary traumatic stress, teams must intentionally create a **culture of care**. An environment where wellness, empathy, and mutual support are woven into everyday practice.

### **What Is a Culture of Care?**

A culture of care is more than offering occasional wellness workshops or reminders about self-care. It is the collective agreement and practice of valuing people as much as the work they do. In such a culture, team members feel safe to voice challenges, seek support, and take care of themselves without fear of judgment.

For MDTs, this means normalizing conversations about stress and trauma exposure, prioritizing the health of professionals, and embedding structures that support resilience at both the individual and organizational levels. However, it is important to note that not all organizations have the same level of commitment to this within their organizations, so, incorporating cultures of care into everyday team activities can be even more relevant for those disciplines.

### **Why It Matters for MDTs**

- 1. Sustained Effectiveness**

Compassionate, well-supported team members bring sharper focus, better decision-making, and stronger advocacy for children.

- 2. Reduced Turnover**

High-stress fields often experience high attrition. A culture of care reduces staff loss, which preserves institutional knowledge and team cohesion.

- 3. Better Collaboration**

Teams that practice care toward each other communicate more openly, trust more deeply, and resolve conflicts more constructively.

- 4. Modeling for Families**

The way MDTs care for themselves and each other sets an example for the children and caregivers they serve.

### **Key Elements of a Culture of Care**

Creating such a culture doesn't happen by accident. It requires intentional leadership and consistent reinforcement. Below are practical strategies MDTs and CAC leaders can adopt.

### **1. Normalize Conversations About Stress**

Silence around secondary trauma or burnout can breed shame. Instead, teams should acknowledge openly that exposure to trauma affects everyone and can often lead to compassion fatigue or burnout (Goldberg, 2020). Incorporating brief "check-in" moments at the start of meetings can open space for members to share how they're doing emotionally.

### **2. Prioritize Psychological Safety**

Team members need to know they can speak honestly without fear of criticism. Leaders play a critical role by modeling vulnerability (Scholz, 2025). Psychological safety creates trust and reduces isolation.

### **3. Build in Recovery Opportunities**

Rather than expecting team members to "power through," CACs can schedule intentional pauses. Options include:

- Case debriefings that address emotional impact as well as investigative outcomes.
- Wellness breaks during long meetings.
- Rotating high-intensity cases to distribute exposure more evenly when possible.

### **4. Celebrate Wins**

Trauma-focused work can leave teams feeling weighed down by what goes wrong. Regularly acknowledging successes, whether a child's healing progress, a collaborative breakthrough, or simply a job well done, reinforces purpose and fuels hope.

### **5. Offer Training and Resources**

Ongoing education on secondary traumatic stress, resiliency, and mindfulness equips MDT members with tools to cope effectively. Providing access to employee assistance programs, counseling, or peer support networks demonstrates institutional commitment to care. This may be especially important for our colleagues who may not have this type of support within their own disciplines.

### **6. Encourage Boundaries**

Leaders should support staff in setting healthy limits, such as not answering case-related emails late at night or taking comp time when possible after particularly difficult cases. When boundaries are respected, professionals can return to work more focused and effective.

### **7. Build Care into Organizational Practices**

Policies and practices should reflect wellness priorities. Examples include:

- Incorporating wellness topics into orientation and ongoing training.
- Embedding self-care reminders into meeting agendas.
- Allocating resources for retreats, wellness activities, or peer support programs.

## **Leadership's Role**

Leadership is the cornerstone of a culture of care (Ennis, 2024). When leaders embody empathy, transparency, and balance, they give permission for others to do the same. Leaders can:

- Model vulnerability and authenticity.
- Recognize the contributions of each team member.
- Encourage time off and respect boundaries.
- Actively listen when staff express concerns about workload or stress.

Without visible commitment from leadership, wellness efforts can appear superficial. With it, they become sustainable and transformative.

Again, we must also recognize that not all our partners may have supportive leaders, so finding ways to supplement resources and building a level of care into team practices may be especially important in these instances.

## **Shared Responsibility**

While leadership sets the tone, every MDT member contributes to a culture of care. Simple practices such as checking in on colleagues, offering help when someone seems overwhelmed, or expressing appreciation can ripple outward. Care is contagious: when one person demonstrates it, others are more likely to follow.

Creating a culture of care is not about adding one more task to already full plates. Instead, it's about shaping how teams work together so that wellness and compassion are not afterthoughts but central to the mission.

CACs and MDTs who invest in such a culture will find that not only do their professionals thrive, but the children and families they serve benefit as well (Ennis, 2024). Healthy, resilient teams are better equipped to provide hope, healing, and justice.

In a field where the work is inherently heavy, care is not optional. It is the foundation that allows MDTs to keep showing up, day after day, for the children and families who need them most.

## **Resources:**

- **Office for Victims of Crime (OVC)**  
*[Vicarious Trauma Toolkit \(VTT\)](#)*

Comprehensive organizational guide with tools for leadership, policy, training, and peer support

- **SAMHSA – Trauma-Informed Care Implementation Resource Center**
  - Resources on trauma-informed leadership, organizational self-assessment, and workforce wellness.

## References

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