Getting to Know Elder Abuse
Multidisciplinary Teams

Prepared by the USC Secure Old Age Laboratory
Elder Abuse Multidisciplinary Teams (MDTs) are Dynamic, Diverse, and Complex

THE STUDY

Over a three-year period, we gathered information on elder abuse multidisciplinary teams to help those developing new teams as well as to support those seeking to enhance and sustain existing teams. Our goals were to: 1) help teams recruit, train, support, and retain members and 2) inform policy makers, advocates, and professionals about the work that MDTs are doing.

We used surveys of team leaders and members from across the U.S., to first identify existing teams and then to learn about their structure, activities, outcomes, and challenges. We also visited four teams in different parts of the U.S. to gain a more in-depth understanding of their work. Findings indicate success is defined not solely by outcomes but by taking steps needed to develop cohesive, sustainable teams.

What is an Elder Abuse Multidisciplinary Team (MDT)?

An MDT:
• is comprised of professionals from a variety of disciplines,
• meets on a regular and ongoing basis, in person or by the telephone/online
• focuses on review of elder abuse cases

How many MDTs?

324 unique MDTs were identified. A third were primarily rural, 26% were primarily urban, and 41% included both.

A map of the United States illustrates the distribution of MDTs. States with the most MDTs are California (68), Wisconsin (42), Minnesota (31), New York (30), and Michigan (17). No MDTs were identified in Idaho, New Mexico, South Dakota, Nebraska, Arkansas, Louisiana, Mississippi, Indiana, Kentucky, or New Jersey.
What are the characteristics of an MDT?

WHERE DO TEAMS “LIVE”?
Three-fourths were housed in a host agency. Half resided within a healthcare organization.

WHAT DO MDT MANAGERS DO?
Managers described their roles and responsibilities as program development, management of MDT operation and meetings, member relations, and case intake and follow-up.

YEARS OF EXPERIENCE IN ELDER ABUSE

84% of respondents first became aware of their MDT through their job/organization.

WHO ATTENDS?
7 professions most likely to attend MDT meetings:
What are the benefits of MDTs?

- MDTs are an important tool to address elder abuse, demonstrated by perceived impact and requests for guidance starting and sustaining teams.
- Elder Abuse MDTs are hubs for communication among people from different professions, backgrounds and expertises in elder abuse.

What are the benefits of being an MDT Member?

1. Improved knowledge of local services and programs.
2. Higher participant confidence due to access to experts.
3. Ability to address complex abuse within and outside of an MDT meeting.
4. Training on abuse recognition, intervention, and resources for victims.
5. Reduced burden of conscience among APS caseworkers.
6. Members take what they learned back to their organizations.
7. Overcoming silos without changing organizational structures.

Survey responses suggest that MDTs may improve members’ knowledge, productivity, and resourcefulness and reduce burnout-related turnover among APS case workers.
What are the most valuable aspects of MDTs meeting?

Members in each of the four MDTs visited noted that the team was instrumental in connecting them with law enforcement agencies and prosecutors. Without the team, access was minimal because of difficulty finding people in law enforcement who were knowledgeable about elder abuse.

Member perceptions

<table>
<thead>
<tr>
<th>General impact</th>
<th>Recurrence (repeat cases)</th>
<th>Overall occurrence of elder abuse</th>
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</thead>
<tbody>
<tr>
<td>Very positive</td>
<td>Very positive</td>
<td>Very positive</td>
</tr>
<tr>
<td>28%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Positive</td>
<td>Positive</td>
<td>Positive</td>
</tr>
<tr>
<td>57%</td>
<td>44%</td>
<td>42%</td>
</tr>
<tr>
<td>Neutral</td>
<td>Neutral</td>
<td>Neutral</td>
</tr>
<tr>
<td>14%</td>
<td>43%</td>
<td>42%</td>
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</table>

STRUCTURAL AND PROCESS ACHIEVEMENT

79% said participation in the MDT changed the way they approach elder abuse.

A majority of the respondents indicated that:

- Their relationships with agencies participating in the MDT had positively impacted their work or practice.
- Participating in the MDT had positively impacted their work or practice.
What are the different types of MDTS?

1. Basic MDTs
2. Expanded MDTs that include some components of the Forensic Center Model
3. Elder Abuse Forensic Centers

HOW ARE ELDER ABUSE FORENSIC CENTERS DIFFERENT FROM OTHER MDTS?

Forensic Centers, the most active of the three types, were distinguished by management and coordination of the team and accountability within the case review process. Forensic Centers had:

- Formal staffing - dedicated program staff, either paid or volunteers, to perform duties to assist with MDT operation (excluding MDT member responsibilities)
- Meetings held at least twice a month
- Comprehensive case review, including:
  - Development and documentation of formal recommendations,
  - Follow-up on case activities, and
  - Success tracking

CASE REVIEW

Case selection was guided by team managers based on whether the needs of the case were a match for team member expertise. Case Review resulted in two distinct but closely related characteristics of Elder Abuse Forensic Centers:

- Most, or all, case reviews resulted in **formal recommendations** from the team (occurring in 61% of teams surveyed), and
- **A summarized list of recommendations** was created at the end of the case presentation for the case presenter

MDTs are an appropriate vehicle for progress in defining and facilitating victim preferences.

*From survey finding*

“It’s not always about getting the arrests and getting the prosecution. A lot of victims don’t want law enforcement’s involvement...Our success is based on what makes victims whole, and their view.”

— Site visit team manager

MDT meetings can be used as a forum for developing alternatives to criminal justice in cases where law enforcement involvement is not appropriate or desired by the victim.

*From MDT site visit*
PROMISING PRACTICES IN MDT FACILITATION

- Use of Problem-Solving Therapy for eliciting innovative ideas
- Sensitivity to team dynamics and member needs, and
- Assuring all members feel valued and respected

CASE FOLLOW-UP

Follow up on cases after meetings include reminders of task delegation, connecting team members with one another, and tracking the completion of action items. Elder Abuse Forensic Centers held members accountable through either:

- Encouragement to complete pending recommendation
- Developing an alternate course of action
- Offering additional resources to support the member in the task

MDT SUCCESS

Key informants rated the following factors as indicators of MDT success:

<table>
<thead>
<tr>
<th>Characteristic Indicators of Success</th>
<th>Centers Listing Item as Success Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased level of risk to client</td>
<td>96%</td>
</tr>
<tr>
<td>Improvement in client quality of life</td>
<td>92%</td>
</tr>
<tr>
<td>Preventing recurrence of abuse victimization</td>
<td>89%</td>
</tr>
<tr>
<td>Improvement in client health status</td>
<td>85%</td>
</tr>
<tr>
<td>Legal remedies/services provided to client</td>
<td>81%</td>
</tr>
<tr>
<td>Housing secured</td>
<td>81%</td>
</tr>
<tr>
<td>Improvement in client mental health status</td>
<td>77%</td>
</tr>
<tr>
<td>Achieving person-centered outcomes</td>
<td>77%</td>
</tr>
<tr>
<td>Guardianship/conservatorship</td>
<td>69%</td>
</tr>
<tr>
<td>Prosecution or plea</td>
<td>65%</td>
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<tr>
<td>Restitution</td>
<td>65%</td>
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MDT implementation: lessons from and for the field

- Many of the components seen in the forensic center model—client services, investigators/direct service providers, and justice systems—exist in MDTs across the country.
- To realize the promise of creating an infrastructure of Elder Abuse Forensic Centers nationwide requires both proactive development and addressing the barriers this study identified.
- MDT advocates should continue to add to platforms that support communication between elder abuse MDT efforts nationwide for shared learning, problem solving, and innovation.
- Focus on case process and team composition. Have the right people at the table listening to each other, sharing insights, learning what it means to be in each others’ shoes, and learning to work effectively with each other on a variety of complex cases.
- Helpful Framework: Team “forming, storming, and norming” was observed to be a cyclical, continual, and constructive process among experienced team managers.
- Helpful skillsets for team managers included therapeutic communication, group facilitation, and leadership.

What are the barriers to MDT success/improvement?

**77%** funding/resources

**35%** time commitment

**23%** member engagement

**24%** agency engagement

**17%** difficulty identifying cases for review
OPERATION COST (INCLUDING SALARY)
The majority of MDTs have no budget, while:

- 13% run on less than $6,000/year
- 6.41% between $6,000-$24,000/year
- 3.85% between $24,000-60,000/year
- 5% over $108,000/year

RESOURCES NEEDED INCLUDE:

- Funding for staffing (35.8%)
- Technology (13.58%)
- Physical infrastructure (5%)
- Office supplies (6%)

Enhancing the power and scope of these teams with budget support should be a priority on par with the creation of completely new teams.

RECIPROCITY BETWEEN MDTS AND ORGANIZATIONS

- Individuals seeking to start an elder abuse MDT should consider placement in a host organization that can provide support (e.g., a meeting place, visibility/legitimacy, staff, team members).
- Healthcare organizations seeking to improve their patients’ care by responding to elder abuse should consider housing, or at the very least participating in, an MDT.

INTERESTED IN LEARNING MORE? gero.usc.edu/secure-old-age/resources
This fact sheet is based on a national survey conducted to solicit general information about elder abuse MDTs. This study was supported by a grant from the Administration for Community Living (ACL).

LEARN MORE ABOUT ELDER ABUSE MDTS AT

gero.usc.edu/secure-old-age