

# Getting to Know Elder Abuse Multidisciplinary Teams

*Prepared by the USC Secure Old Age Laboratory*

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Elder abuse is a devastating yet all-too-common problem in the United States and around the world. Sadly, most cases go unrecognized or fail to be addressed. While some situations need only a simple intervention, the most complex cases may involve a variety of professionals. Unfortunately, these professionals often function independently, sometimes unaware that others are working on their case. Multidisciplinary teams (MDTs) offer a promising way both to deal with these complex situations, breaking down barriers by bringing together a variety of social, legal, and medical professionals to address individual cases, and to contribute to system-wide solutions.

To gain a better understanding of how many elder abuse MDTs exist in the U.S. and how they function, we conducted a three-year study, with support from the Administration for Community Living. We looked at elder abuse MDTs in general, with a focus on MDTs that engaged in case review. Case review brings professionals together to review the facts of cases and make recommendations specific to each case. Particular attention was paid to the Elder Abuse Forensic Center model, a promising approach that was prioritized in the Elder Justice Act, passed by Congress in 2010. Our study was conducted from the summer of 2017 to the spring of 2020, and a panel of experts provided guidance throughout the study.

In conducting this project, our research team analyzed a wealth of quantitative and qualitative data, with some of the key findings highlighted in this report and its appendix, along with implications for practice. We hope that this information is useful for those working on existing teams as well as those who wish to develop a team.

## WHAT WE DID

Our study was conducted in four phases, to gain a thorough understanding of the numbers and types

of MDTs in the U.S. as well as the practices in place for some of the most well established teams across the country.

In Phase 1, we conducted a national survey that identified 324 unique MDTs throughout the U.S.

In Phase 2, a survey of MDT coordinators identified in the first phase revealed three types of MDTs. These were 1) basic teams, 2) teams that shared some Forensic Center features, and 3) teams that have the key components of the Forensic Center model: formal staff, meeting at least twice monthly, discussing and documenting case recommendations, case activity follow-up, and case tracking.

In Phase 3, team members were surveyed to identify their characteristics, professional approaches, motivations for working with their team, and assessment of the team's functioning.

In Phase 4, we did site visits to four diverse teams across the U.S. that function like Forensic Centers, to gain in-depth information about effective processes, practices, and structures. These visits built on prior site visits by our research team to three Forensic Centers in California.

## WHAT WE FOUND & IMPLICATIONS

In addition to the team's assistance with specific cases of elder abuse, participants reported benefiting from: opportunities to learn from each other, participating in the development of creative and innovative solutions, access to technical support, and a sense of support and camaraderie.

Findings show that the Forensic Center model exists across the country, though some teams do not use the "Forensic Center" label. Teams that can be designated as Forensic Centers incorporate client services, investigators/direct service providers, and justice systems in a formal structure that helps teams address and resolve cases of abuse,

**neglect, and exploitation.** This existing infrastructure of de facto Forensic Centers across the U.S. can be built on, further developed, and replicated.

Despite core commonalities and key components, **no one model exists for Forensic Centers in the U.S.** However, certain elements appear to help increase a Forensic Center's chances of being successful. In addition to paid staff, teams may benefit from ensuring that staff oversee team activities and help keep members connected and engaged in casework in between meetings. These functions may be more likely to be supported when the team is established within a host organization rather than as a standalone entity. In addition to providing a home for program staff, a host organization can provide a pathway to legitimacy and visibility, provide a meeting space, and offer additional networks and connections to team members.

Engaging valued professionals to become team members and fostering their regular attendance and participation can be a particular challenge. Previous writing has pointed to barriers that exist when engaging law enforcement, medical professionals, and prosecutors. Our study indicates that **gaining support from the highest levels of agency leadership early on in the MDT's development can help provide a foundation for ongoing engagement** by that agency's staff. In addition to making participation a requirement for agency employees, engagement may be best encouraged by assessing members' and potential members' motivations for participating and working to understand their priorities for the time they spend working with the MDT. Most of those who responded to our surveys were motivated to join and stay on MDTs due to a need for help with their professional work; they reported that they continued to engage because participating on the team was a gratifying experience.

**Lack of funding was identified as the biggest barrier** to operation, especially since the majority (70%) of MDTs reported operating with no funding. This statistic does not account for teams that operate under the auspices of another state or county entity, such as an adult protective services (APS) agency. Often, states with mandates for elder abuse MDTs will require that every county has an MDT in place, and the job of administering the MDT will fall on the local APS office. However, these mandates typically come without any dedicated funding; given the historical underfunding of APS agencies, a mandated MDT without earmarked funding is unlikely to receive the staff support that characterizes robust MDTs that are in line with the Forensic Center model. Dedicated staff have the ability to oversee team activities throughout the week, prepare for team meetings, and keep members connected between meetings.

Whether developed in response to policy or community initiatives, it is beneficial to assess an area's need for an MDT and what MDT functions would be most beneficial prior to moving forward with implementation. For example, an unfunded but mandated MDT in a county that has ample social service supports and a tight-knit professional network may result in a team that exists only to fulfill policy requirements and may be an unwise allocation of resources. By contrast, an MDT that focuses exclusively on one type of abuse (such as financial exploitation or neglect) and is unable to review or advise on other aspects of victimization may not be fully responsive to the needs of community members. **Needs assessments should explore not only the needs of the region, but also the needs of the core agencies that make up the membership of the MDT.** Working to address the needs of member agencies is likely to lead to greater member engagement.

When developing an MDT or enhancing an existing MDT, policymakers, MDT coordinators, and team members should consider whether or not they can incorporate the key characteristics of Forensic Centers: formal staff, meeting at least twice monthly,

discussing and documenting case recommendations, case activity follow-up, and case tracking. Following these characteristics may lead to outputs and outcomes that a robust Forensic Center model has been demonstrated to produce, which may help to justify the case for MDT funding. At the same time, this model is costly, which may be a barrier. Regions with already limited resources may require external funding and technical support from existing MDTs and other resources.

### NEXT STEPS FOR ADVANCING MDT KNOWLEDGE

The Forensic Center model is just that—a model, which can be adapted based on the needs of the community. Beyond Forensic Centers, MDTs in general are dynamic and complex and are built on the history and context of the communities they serve. As such, their development, implementation, and evaluation should seek to balance fidelity to the model’s replication standards with the community’s unique needs and priorities. There is a great deal left to learn about elder abuse MDTs, including numerous innovative practices that should be evaluated and, when they work, shared within and across MDT models.

Through this project, we have seen that MDTs offer a fertile ground for innovation and often a safe place for those involved in elder justice to present and discuss problems and develop new ideas about how to address the challenges they face. By using the team as a tool for innovation, the multiple perspectives represented around the table can bring an expanded lens to examine complex issues.

The rich potential for innovation within MDTs also highlights the importance of connecting teams across the country. This can offer valuable insights on different approaches to model design, suggest new and emerging practices, and save valuable time by building on the learning that has already taken place within other teams.

To build a strong knowledge base on team effectiveness, a **key overarching question must be addressed: what are successful outcomes for MDTs?** Prior evaluation work has focused on key outputs (for example, prosecution and the attainment of guardianship/ conservatorship), but no consensus exists on what outcomes would be the best targets to evaluate the success of MDTs. Systematic evaluation of the effectiveness of teams will require general agreement on what outcomes are desired and how they should be measured. Once outcomes have been decided on, evaluation efforts should be undertaken concurrent with implementation, such that short- and long-term feedback from the evaluation can be used to enhance the MDT and, when needed, make modifications.

One promising direction for outcomes that was highlighted throughout the course of this study is the focus on victim preferences, which has taken hold as a key direction across various areas of elder justice. Guidance from the American Geriatrics Society points to MDTs as a recommended avenue for incorporating patient preferences into medical practice, and the strong infrastructure of elder abuse MDTs leave them similarly well positioned to incorporate person-centered practices into elder justice efforts. And while a focus on victims remains crucial, observations made under this project have indicated that this focus may be too narrow. In line with the approach to person-centered care in geriatrics, an emphasis on the person and the family—which in elder justice may include the perpetrator—offers a promising approach.

Research and practice innovations are underway and being encouraged at the federal level by both the Administration for Community Living (ACL) and the Office for Victims of Crime (OVC), through funding opportunities that support enhancements of MDTs specifically (OVC funding) and APS more broadly (ACL funding). Increased federal funding in the future offers the possibility of building on similar efforts and funding at the state or local level to expand our

knowledge of MDTs. Furthermore, **efforts are underway by federal and nonprofit entities to provide technical support across the field.** Specific initiatives within the U.S. Department of Justice (the Elder Justice Initiative’s MDT Technical Assistance Center and the Office for Victims of Crime’s Elder Abuse MDT Training and Technical Assistance Center) and by the New York City elder Abuse Center (the MDT Peer Leadership Groups) are poised to encourage our understanding and use of best practices for MDTs around the U.S. Additional efforts to connect MDTs through peer learning, workgroups, and other forums may accelerate the exchange of ideas and improvement of MDT systems. Policymakers and MDT advocates should take necessary steps to continue these efforts within federal, state, local, and nonprofit systems.

## CONCLUSION

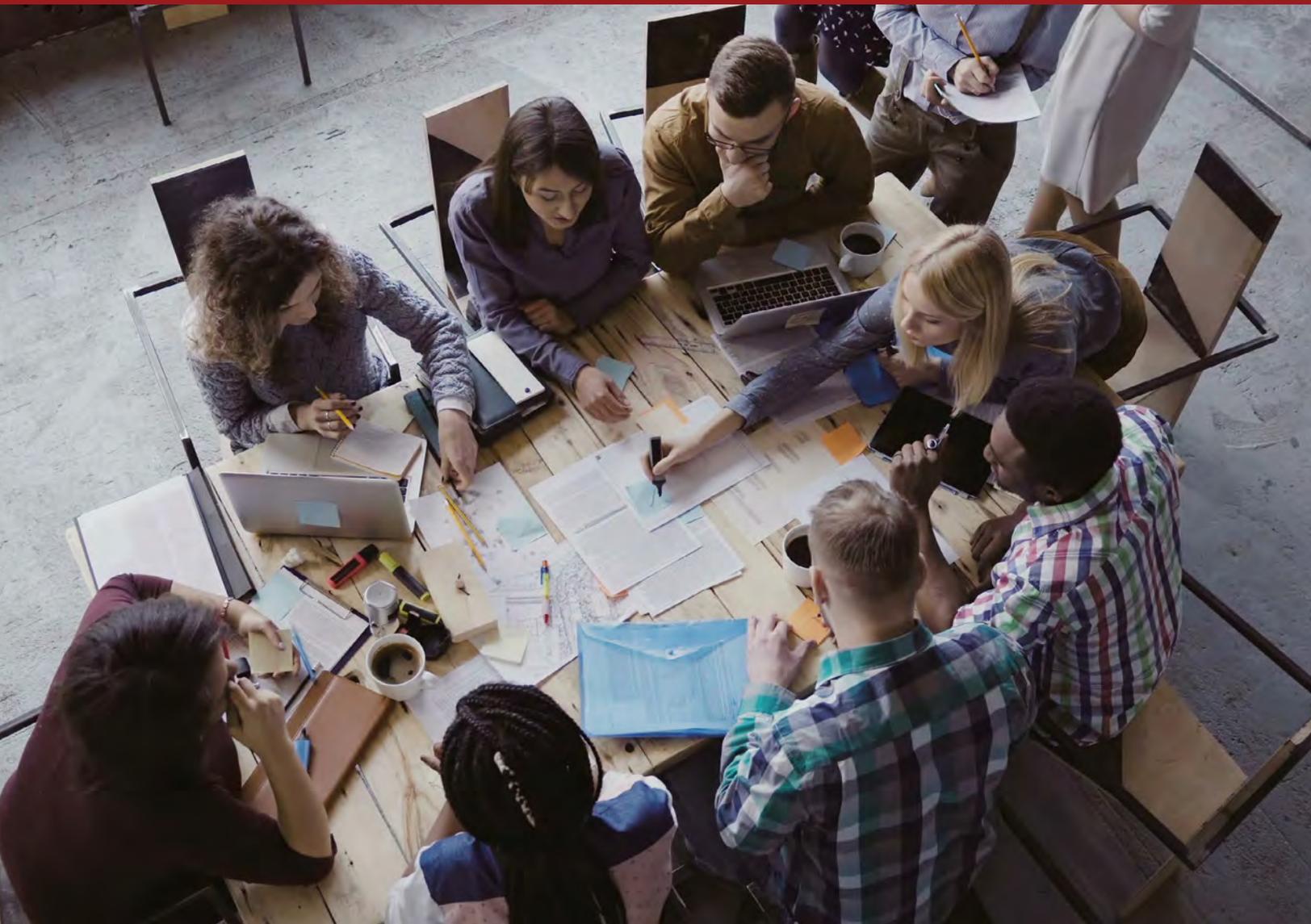
Elder abuse MDTs foster shared learning, revolutionize approaches to professional work and interaction, and challenge the way we think about and approach elder justice. As our understanding of MDTs across the U.S. improves, individual teams have new opportunities to work toward advancing their practices through including key attributes of the Forensic Center model: formal staff, meeting at least twice monthly, discussing and documenting recommendations, case activity follow-up, and case tracking. As the field moves toward consensus on desirable outcomes for elder abuse cases and MDT review, support for the continued development and evolution of MDTs should be made readily available. The continuing development and functioning of MDTs and the incorporation of innovations into their models stands to move the needle not just on MDT practice in the U.S., but on the administration of elder justice across disciplines.

## Appendix: Project Research Brief



# Getting to Know Elder Abuse Multidisciplinary Teams

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# 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)?

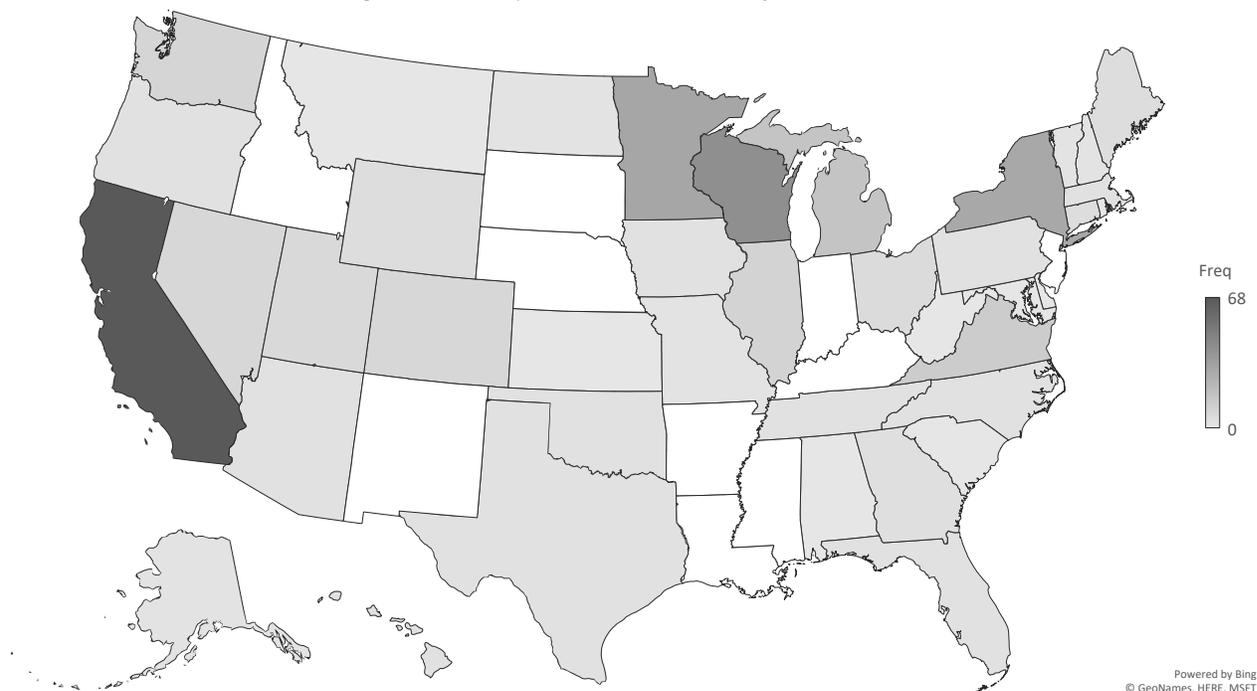
### An MDT:

- 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.

Figure 1. U.S. Map of Elder Abuse MDTs by State

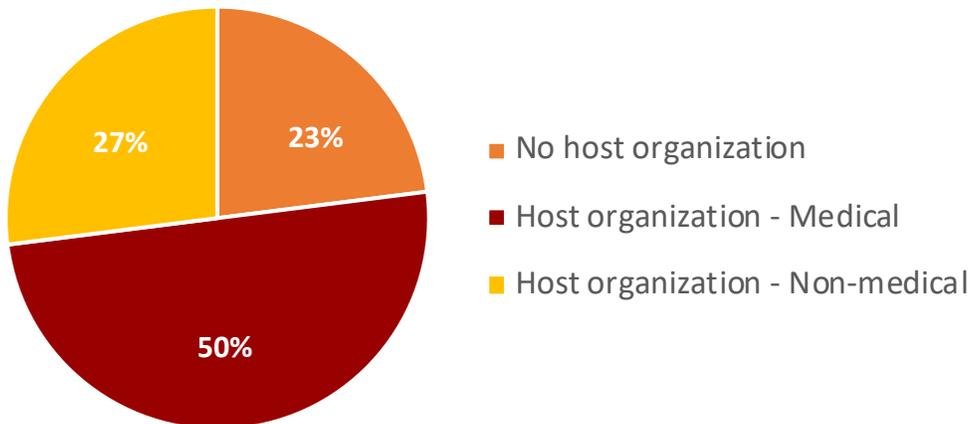


A map of the United States illustrates the distribution of MDTs. States with the most MDTs are California (68), Wisconsin (42), Minnesota (31), New York (30), and Michigan (17). No MDTs were identified in Idaho, New Mexico, South Dakota, Nebraska, Arkansas, Louisiana, Mississippi, Indiana, Kentucky,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

# What are the characteristics of an MDT?

## WHERE DO TEAMS “LIVE”?

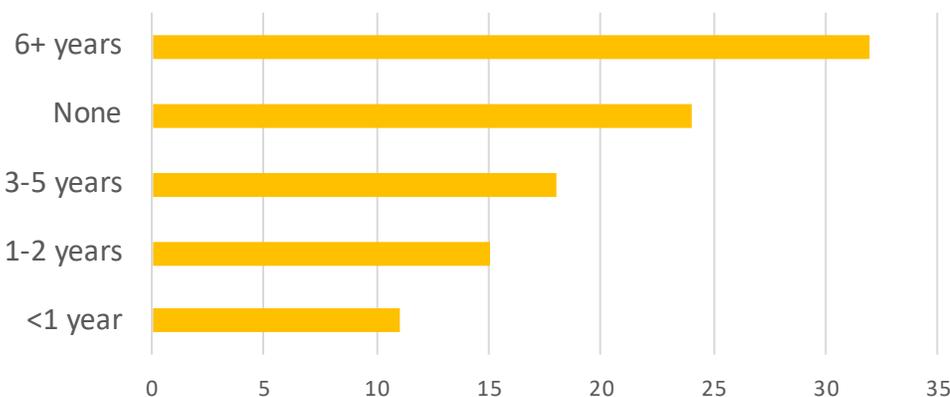
Three-fourths were housed in a host agency. Half resided within a healthcare organization.



## 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

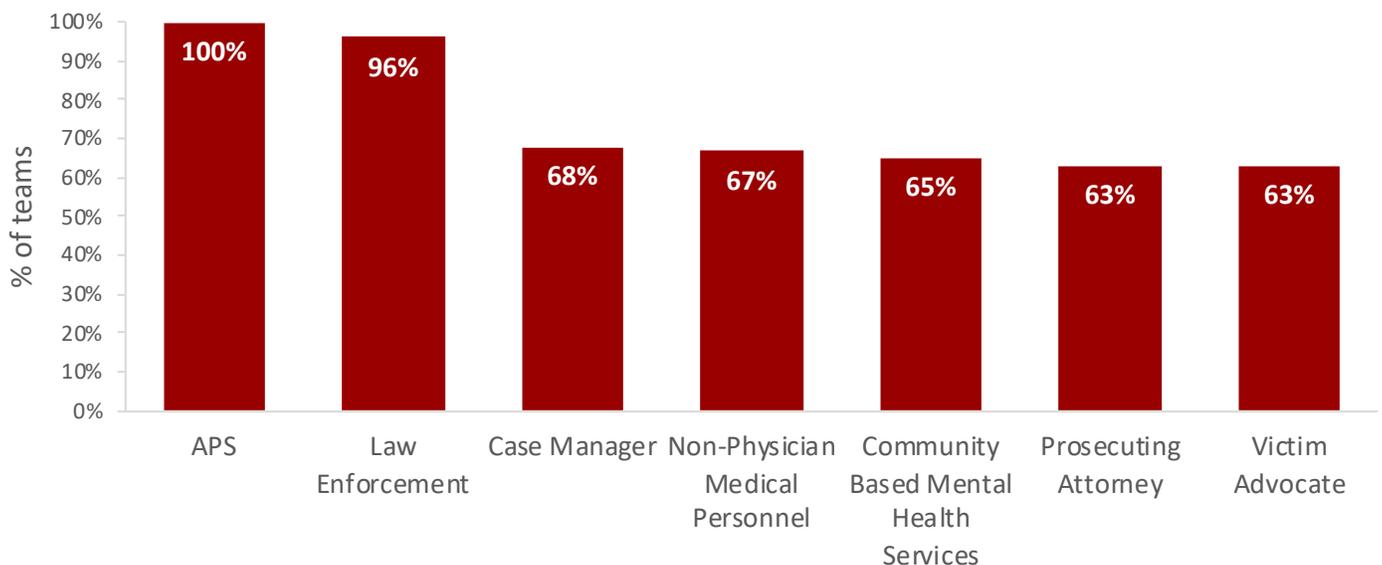


**84%**

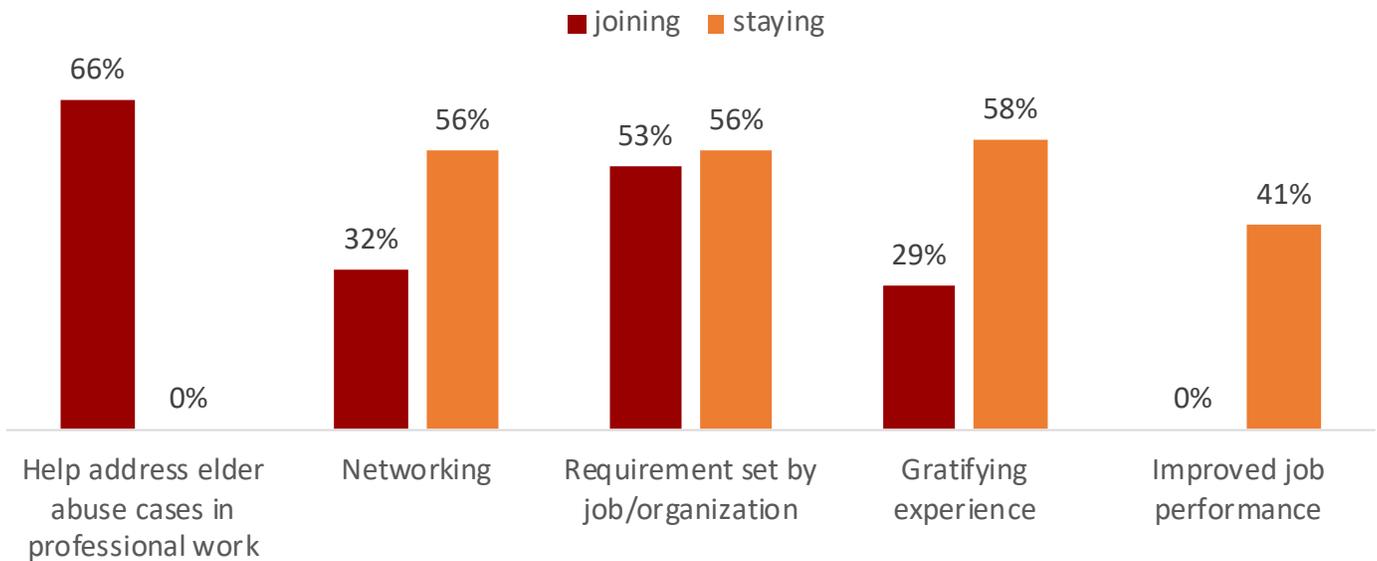
of respondents first became aware of their MDT through their job/organization.

## WHO ATTENDS?

7 professions most likely to attend MDT meetings:



## WHY DO MEMBERS JOIN AND WHY DO THEY STAY?



### What are the benefits of MDTs?

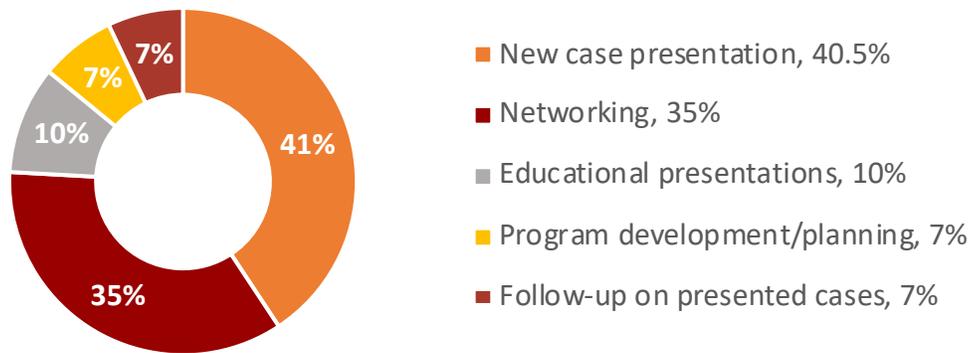
- MDTs are an important tool to address elder abuse, demonstrated by perceived impact and requests for guidance starting and sustaining teams.
- Elder Abuse MDTs are hubs for communication among people from different professions, backgrounds and expertises in elder abuse.

### 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.

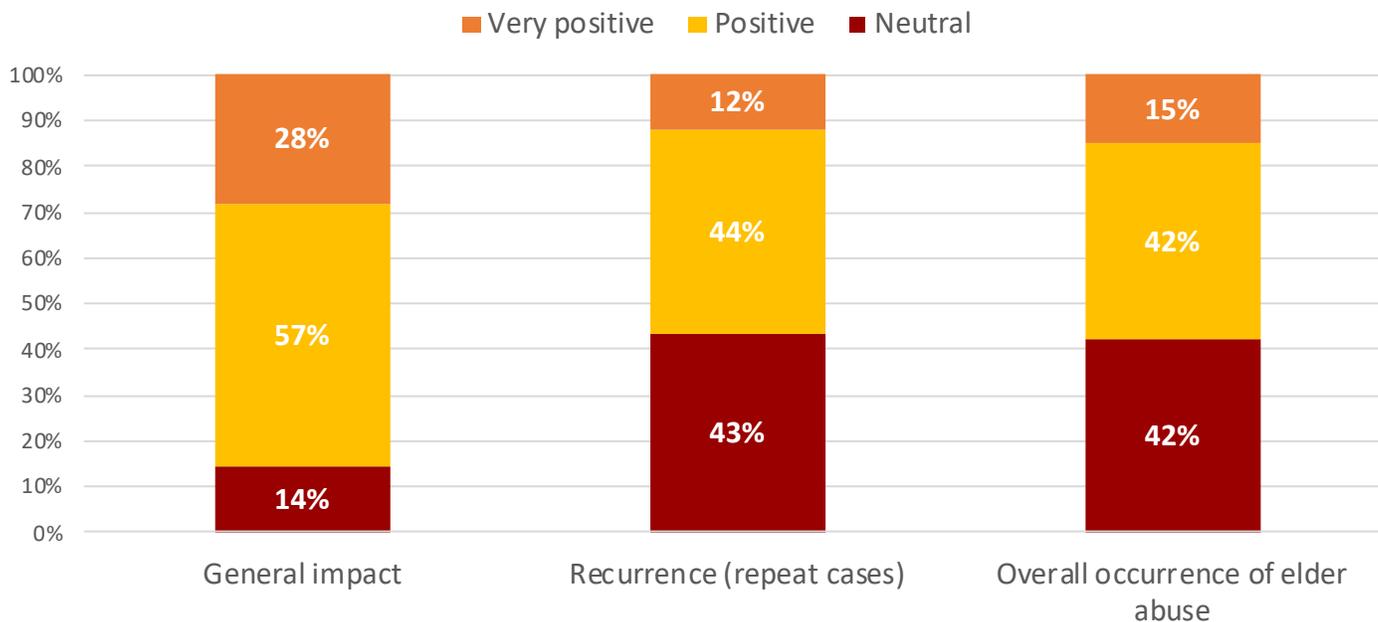
*Survey responses suggest that MDTs may improve members' knowledge, productivity, and resourcefulness and reduce burnout-related turnover among APS case workers.*

## 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



### 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:



## MDT SUCCESS

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

<b>Characteristic Indicators of Success:</b>	<b>Centers Listing Item as Success Indicator</b>
Decreased level of risk to client	96%
Improvement in client quality of life	92%
Preventing recurrence of abuse victimization	89%
Improvement in client health status	85%
Legal remedies/services provided to client	81%
Housing secured	81%
Improvement in client mental health status	77%
Achieving person-centered outcomes	77%
Guardianship/conservatorship	69%
Prosecution or plea	65%
Restitution	65%



### **INFORMATION ROUTINELY RECORDED ABOUT A CASE**

- Narrative (What happened?)
- Demographic of the client
- Case timeline (What is currently happening to resolve the case?)
- Information about the alleged abuser(s)
- Finances of the client
- Medical assessment
- Psychological assessment
- Personal statements from client and witnesses/alleged abuser(s)

## 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

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**35%** time commitment

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**23%** member engagement

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**24%** agency engagement

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**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](https://gero.usc.edu/secure-old-age/resources)**

