Developments in Multidisciplinary Team Responses to Elder Abuse: Resources and Research to Practice

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Workshop Overview

- Jump between lecture, discussion, & break-out activity
- Brief intro to elder abuse MDTs
- Policy context (Mary Twomey)
- DOJ’s Elder Justice Initiative & MDT Technical Assistance Center
- Common elder abuse MDT models & team composition
- Elder abuse forensic center model
  - What we know
- ACL Elder Justice Innovation Grant: How we’re building knowledge
Introducing Multidisciplinary Teams (MDTs)

- Used across the health and social services
- Expand and enhance disciplinary perspectives
- Linked to origins of protective services for elders
- Link diverse agencies responsible for aspects of a case resolution
The Policy Context
Mary Twomey
MDT Technical Assistance Center

- Department of Justice’s Elder Justice Initiative
  - MDT Technical Advisor: Talitha Guinn-Shaver
  - [https://www.justice.gov/elderjustice/mdt-tac](https://www.justice.gov/elderjustice/mdt-tac)

- **Mission:** to provide tools, resource materials, and individualized consultations to facilitate the expansion of elder abuse case review multidisciplinary teams (MDTs) across the nation.

  - Info on establishing, running, and evaluating an MDT
Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community

Elder Justice Initiative
Department of Justice
December 2015 (revised September 2016)

Our mission is to provide tools, resource materials, and individualized consultations to facilitate the expansion of elder abuse case review multidisciplinary teams (MDTs) across the nation.

Available Services

Consultations

- **Remote Consultations**
  General Q&A session conducted over phone, email or Skype regarding the planning and implementation of an elder abuse case review MDT such as:
  - Offering advice, direction, and connections
  - Discussing common pitfalls and barriers
  - Referrals to other professionals or teams
  - Other issues as needed

- **On-Site Consultations**
  As arranged by the Technical Assistance Center, for more

Contact

Call or email your requests for materials or to schedule an appointment.

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MDTs – A type of “Network”

- Elder Abuse Networks
  - Coalitions
  - Consortiums
  - Task Forces
  - Triads
  - MDTs
    - Various types
  - etc.
MDT Types (some examples)

- Hospital-based (e.g., Geriatric/Medical Assessment Team)
- Financial Abuse Specialist Team (FAST) – sometimes “Fiduciary”
- Vulnerable Adult Specialist Team (VAST)
- Elder Abuse Forensic Center (EAFC)
- Fatality Review Team
- Hoarding Team
- “Multidisciplinary Teams”
  - Wide variation
  - Enhanced Multidisciplinary Team (E-MDT) in New York

- What others models are you aware of?
- Who sits on an MDT? Who has presented to an MDT?
FAST
Banker
FBI
Financial Crimes Specialist

Psych

EAFC
Public Guardian
Mental Health
Law Enforcement

APS

Coroner/Medical Examiner
Prosecutor

Geriatrician

FRT
Facilitators & Barriers to Success (group exercise)

**Facilitators**
- Define what the benefits are
- Technology – Zoom, Skype, etc.
- Core group of committed people
- Mandate?
- Establishing MOUs
- Refreshments
- People who can make success are at the meeting
- Importance of knowing what’s going to be discussed
- Visualizing data for people (crime stats etc.)
- Continuity of participants & facilitator
- Follow-up with certain cases - assess progress

**Barriers**
- Mandate, but without enough staff
  - Doesn’t necessarily allow for information sharing
  - Once established, how does it run?
- Lack of legislative authority
- Rural counties – lack of human resources
- Funding
- Keeping meetings fresh, people spread too thin among other MDTs
- Buy-in from community partners
- Lack of support from political leadership/boards
- Stale membership
- Resistance to outside pressures & new processes within smaller communities
- Difficult to show outcomes
- Developing a good form of communication
- Different agency objectives
Facilitators & Barriers to Success (pre-filled)

**Facilitators**
- Engagement across disciplines
- Welcoming structure & staff
  - Dedicated staff
- Technological supports
  - Easy referrals
  - Easy presentation

**Barriers**
- Restrictions on information sharing
- Time commitments
  - Preparation time
  - Travel time
- Lack of supervisory buy-in
Changing Gears: The Elder Abuse Forensic Center Model
Elder Abuse Forensic Center Model

- First one opened in Orange County
- Most of evaluation in Los Angeles
- Most complex cases of abuse handled by APS & other agencies (e.g., law enforcement)
  - Difficult to resolve cases without additional support
Professionals working on solutions

- HPD
- Coroner
- Other Physicians
- Geriatrician
- Neuropsych
- Mental Health Services
- Public Guardian
- APS
- Ombudsman
- Disability Services
- Victim Advocates
- Prosecutors
- Civil Attorneys
- Court Attorneys
- Other Law Enforcement
- Other Physicians
- Geriatrician
- Neuropsych
- Mental Health Services
- Public Guardian
- APS
- Ombudsman
- Disability Services
- Victim Advocates
The Forensic Center Model

Elder Abuse Forensic Center

- Victim Advocate
- Ombudsman
- Coroner
- City Attorney
- Other Physician
- Regional Center
- Local Police
- APS
- Dept. of Mental Health
- Neuropsych
- Other Law Enforcement
- Public Guardian
- Civil Attorneys
- Geriatrician
- Neuropsych
- Other Law Enforcement
- Public Guardian
- Civil Attorneys
- Geriatrician
Video Break

- Aging Well in LA episode (features Forensic Center mock case review):

- What were some key take-aways?
Promising Results from the Forensic Center Model

- Looked at two outcomes:
  - Prosecution
  - Conservatorship (a.k.a. Guardianship)

- Forensic Center cases were much more likely to:
  - Be submitted to DA for prosecution (10x greater odds)
  - Be submitted to OPG for conservatorship (7x greater odds)

- Recurrence results are mixed
ACL solicited research to look at the Forensic Center model nationally.

Four stages:
1) Conduct a national inventory of elder abuse MDTs
2) Conduct an in-depth survey of elder abuse MDTs
3) Conduct a “process, practice, and impact” analysis of identified elder abuse MDTs (those that are Forensic Centers or similar)
4) Conduct site visits to three elder abuse MDTs

http://eldermistreatment.usc.edu/elder-abuse-mdt-project/
Where Are We So Far?

- Survey 1 results
  - 413 responses
  - 221 MDTs reported
  - Only represented 30 states; 20 states & DC not represented:
    - Alabama, Alaska, Arkansas, Delaware, District of Columbia (DC), Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, Rhode Island, South Dakota, Utah, Vermont, West Virginia, Wyoming
  - Over 25% of respondents were from APS agencies
Preliminary Results

- How much has participating changed how you address elder abuse cases?

- To what extent do you believe this MDT changes outcomes for the elder abuse cases it reviews?
Break-Out: Case Finding

- Case finding is huge challenge for some MDTs
  - Ensuring engagement
  - Serving clients (both APS & victims of ANE)
- Keeping in mind barriers & facilitators from earlier, what might encourage more APS workers to utilize the services of an MDT?
- What are some key outcomes that APS would want from an MDT?
How Can Our Evaluation Serve the Field?

- What would you like to know?
- How can we partner to encourage development of MDTs?
More Resources

- Georgia Anetzberger, 2011 – *The Evolution of a Multidisciplinary Response to Elder Abuse*
  - [http://scholarship.law.marquette.edu/elders/vol13/iss1/1](http://scholarship.law.marquette.edu/elders/vol13/iss1/1)
- Schenider, Mosqueda, Falk, & Huba, 2010 – Elder Abuse Forensic Centers
  - [https://doi.org/10.1080/08946566.2010.490137](https://doi.org/10.1080/08946566.2010.490137)
- Publications from the Secure Old Age lab (many about the EAFC model):
  - [http://secureoldage.usc.edu/Publications.html#skipToElderAbusePub](http://secureoldage.usc.edu/Publications.html#skipToElderAbusePub)
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http://secureoldage.usc.edu
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