



Multidisciplinary Teams

It is widely recognized that no one agency or discipline can fully address the complexities of elder mistreatment. Many cases involve more than one form of abuse that intersect with issues common in advanced age [e.g., caregiving, cognitive changes, comorbidity]. A growing number of cases include other social issues [e.g., substance abuse, mental health, homelessness] experienced by the older victim [or client] and the offender [or person alleged responsible for maltreatment]. Comprehensive solutions must draw upon the knowledge and tools of multiple sectors, such as social services, law, medicine, psychology, finance, and law enforcement. Multidisciplinary approaches to investigate and address cases of elder abuse are essential and are facilitated by Multidisciplinary Teams [MDTs].

Background

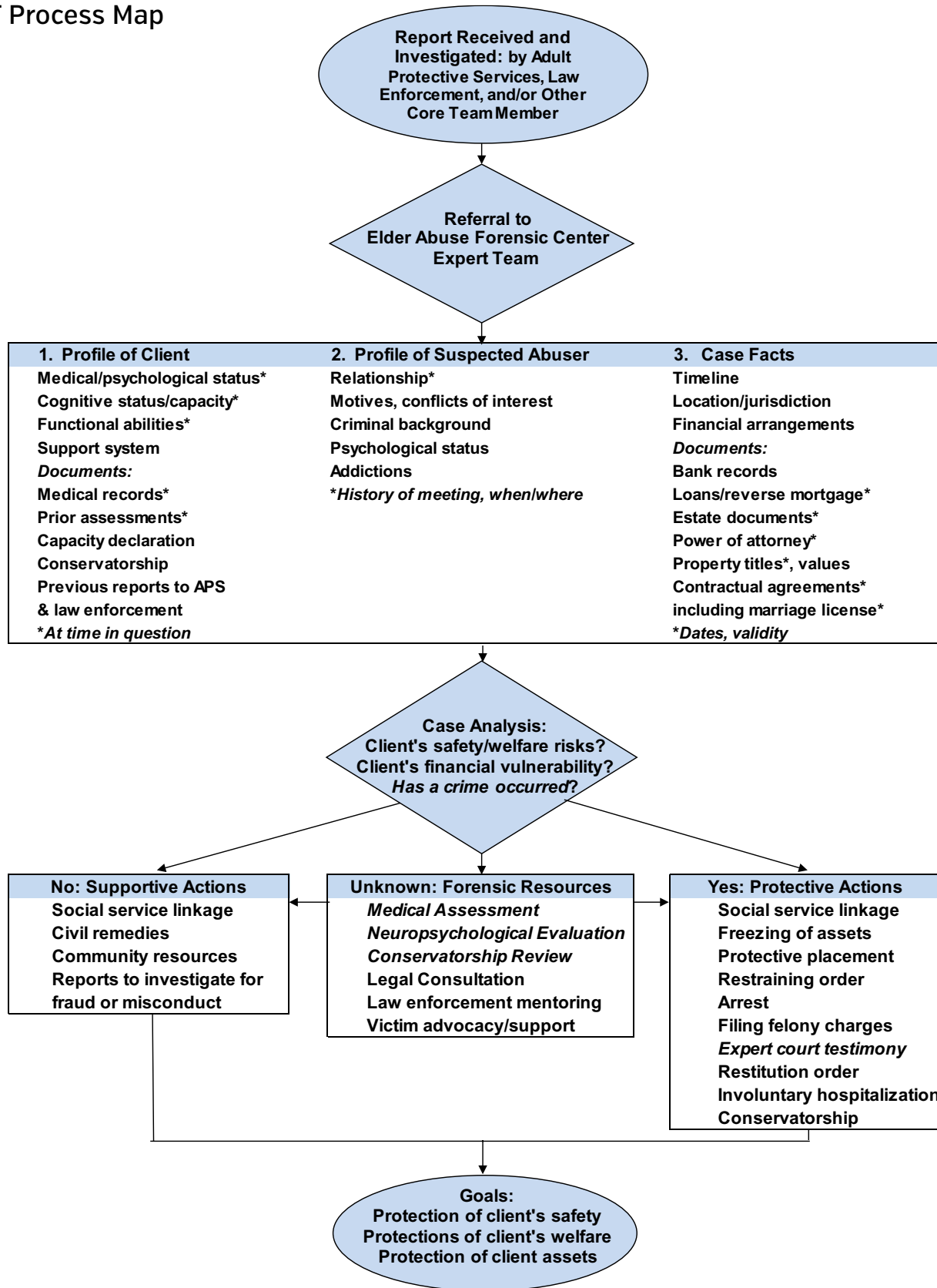
The first elder abuse MDTs were formed in the early 1980s and have proliferated across the United States since. The Elder Justice Act of 2010 prioritized the replication and study of MDTs. In 2018, 324 teams were identified nationwide,¹ significant growth from the 31 teams that existed in 2003.² Of all elder abuse interventions, MDTs have the most promising evidence-base for effectiveness at successful prosecution, guardianship filing and, according to member perceptions, improved cross-agency collaboration, and successful victim restitution.³

Purpose, Structure, and Process

The purpose of most elder abuse MDTs is to coordinate multi-agency solutions for victims to address abuse and prevent future harm. MDTs bring together professionals from different disciplines to review cases of elder abuse and identify systemic problems. Cases brought to MDTs are often complex and require the expertise of multiple agencies to investigate and address. MDTs offer advice, connection to resources, and direct assistance. The professionals most commonly participating in MDTs are Adult Protective Services [APS], law enforcement, case managers, non-physician medical professionals, mental health services, prosecutors, and victim advocates. Teams may also include the public guardian, social service providers, civil attorneys, psychologists, physicians, and financial experts.

The general process of case review in MDTs begins with case intake, followed by team discussion, action planning, and follow-up on any tasks that members previously committed to perform during the initial case discussion. Team members may assist with medical or cognitive assessment of the victim, or obtaining financial, medical, and legal documents for review or analysis. In some situations, coordinated home visits to the older adult who has been abused are arranged so those with an existing relationship with the elder may introduce professionals who can conduct in-depth interviews, assessments, and home inspections. Law enforcement may attend home visits when necessary to assure safe access to the older adult. The most common priorities are assuring that the victim is safe, identifying if a crime has occurred, and determining and addressing vulnerability to ongoing abuse. This is done through an assessment of the older person, the suspected abuser, and the facts of the case. An MDT Process Map illustrates information needed by the team, questions for discussion, and common solutions.⁴

MDT Process Map



The most robust MDTs, sometimes called Forensic Centers or Enhanced MDTs, also known as E-MDTs, meet more than once per month and have designated staff prepare agendas and coordinate meetings, document case recommendations, assist in case plan follow-up, and track success.⁵

Benefits to the Victim and the Member Agencies

A primary intent of elder abuse MDTs is to connect siloed service systems to coordinate care and assistance to victims. Most MDT members join with the aim of better addressing elder abuse cases, and because it is required by their organization. The most common reasons for continued participation by member agencies are that the experience is gratifying, offers networking opportunities, and improves team members' job performance. MDT membership leads to better relationships with other members and increases access to those outside their organization for assistance and resources.

MDTs have proven efficacy at successful prosecution and filings for guardianship/conservatorship, that are believed to improve elder safety. Although there is no evidence of improved victim outcomes, MDTs offer a forum where the older person's preferences are often part of the case discussion and, where possible, incorporated into the action plan. When disagreements among members arise, MDT meetings can facilitate discussion and re-evaluation.⁶

Challenges

According to MDT facilitators, the most common challenge to starting and sustaining elder abuse MDTs is a lack of dedicated funding. Given the multiple benefits to participating organizations, and growing awareness of the prevalence and complexity of elder abuse, many teams are supported through in-kind organizational funds.

Other common challenges are the time commitment of running the team, gaining agency commitments to participate, and maintaining member engagement in the team's activities. Within team operations, finding cases for discussion and coming to agreement on information-sharing can be difficult.

For each of these challenges, there are experienced teams who have overcome barriers and produced guides on creating and maintaining MDTs. See below for links to MDT informational resources.

Types of MDTs

Some MDT models have evolved to address specific kinds of abuse, such as financial abuse, or to conduct certain kinds of tasks related to abuse, such as reviewing suspicious deaths. In the U.S., the following MDT models are distinct:

- **Financial Abuse Specialist Teams (FAST)** – FAST teams focus on complex financial abuse cases. Teams may be comprised of public agencies only, including APS, Ombudsmen, law enforcement, the Public Guardian, or may include public-private partnerships, which include private practitioners from the fields of law, real estate, and banking.
- **Elder Death Review Teams (ERDT)** – ERDTs discuss cases in which abuse or neglect of an elder may have led to their death. Teams may be convened by the Medical Examiner, Coroner, prosecutor, or other public entity. Some teams meet to determine the feasibility of prosecution. Others focus only on systemic issues raised by the cases. Team membership may also include geriatricians, psychologists, and forensic experts.
- **Elder Abuse Forensic Centers and Enhanced Multidisciplinary Teams**
- **Elder Abuse Coalitions/Consortia/Task Forces** – In some communities, professionals and public members interested in elder abuse issues have formed local or statewide groups to work on issues. These groups typically focus on public awareness, systems change, policy and advocacy, and education. They may also meet to conduct case review. Coalitions may be staffed by individuals from public or non-profit agencies, or they may be volunteer based.

Technical Assistance for MDTs

- The United States Department of Justice Elder Justice Initiative created a [Multidisciplinary Team Technical Assistance Center](#) that offers tools, resources, and remote consultation to MDTs nationwide.
- In 2020, the Department of Justice Office for Victims of Crime funded the establishment of a [National Elder Abuse MDT Training and Technical Assistance Center](#) [the Center], along with 13 MDTs who receive support on their proposed program goals. The New York City Elder Abuse Center of Weill Cornell Medicine leads the Center, in partnership with Lifespan of Greater Rochester, Red Wind Consulting, the National Clearinghouse on Abuse in Later Life, and the University of Southern California's Leonard Davis School of Gerontology, the Keck School of Medicine's Department of Family Medicine, and the National Center on Elder Abuse. In 2021, 10 additional MDTs were funded, with the continued development of the Center's suite of services and training content.

Resources, Information, and Technical Assistance

In the last decade, development and research on MDTs have led to the creation of an array of guides and technical assistance for starting and operating MDTs.

- [Developing an Elder Abuse Case Review MDT in Your Community](#) [toolkit]– This MDT Guide and Toolkit was created by the Department of Justice under the Elder Justice Initiative and offer detailed instructions on elder abuse MDT start-up and operation.
- [Elder Abuse MDTs: Planning for the Future](#) [white paper] – Summarizes recommended priorities and other commentary from the day-long symposium exploring the value of MDTs and plans for sustaining MDTs in New York, September 2014
- [MDT Cross Training for Prosecutors](#) [webinar] – Discusses prosecutorial approaches to elder abuse, and benefits of collaborating with other disciplines
- [The Role of Local Prosecutors on Elder Abuse Multidisciplinary Teams](#) [report] – Describes the role of prosecutors on MDTs, from the perspective of prosecutors, MDT Coordinators, and team members. Including discussion of the mutual benefits, challenges, and considerations in recruiting prosecutors to MDTs.
- [The Role of Civil Attorneys on Elder Abuse Multidisciplinary Teams](#) [report] – Describes the role of civil attorneys on elder abuse MDTs, collaboration with other disciplines, skillset criteria, and utilization on elder abuse cases.

ENDNOTES

- 1 Wilber K, Mosqueda L, Gassoumis Z, Galdamez G, Louis A, Rowan J, et al. Final report. Developing a better understanding of a unique MDT model: the Elder Abuse Forensic Center. ACL. Submission pending. No.90EJIG0006-01-00
- 2 Teaster P, Nerenberg L, Stansbury K. A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect*. 2003;15(3-4):91-107.
- 3 Navarro AE, Gassoumis ZD, Wilber KH. Holding abusers accountable: an elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist*. 2013;53(2):303-12.; Gassoumis ZD, Navarro AE, Wilber KH. Protecting victims of elder financial exploitation: the role of an elder abuse forensic center in referring victims for conservatorship. *Aging & Mental Health*. 2015;19(9):790-8.; Dauenhauer D, Heffernan K, Webber K, Smoker K, Caccamise P, Granata A. Utilization of a forensic accountant to investigate financial exploitation of older adults. *Journal of Adult Protection*. 2020;22(3):141-52.; Wiglesworth A, Mosqueda L, Burnight K, Younglove T, Jeske D. Findings from an Elder Abuse Forensic Center. *The Gerontologist*. 2006;46(2):277-83.
- 4 Navarro, A. E., Wysong, J., DeLiema, M., Schwartz, E. L., Nichol, M. B., & Wilber, K. H. [2016]. Inside the Black Box: The Case Review Process of an Elder Abuse Forensic Center. *The Gerontologist*, 56(4), 772-781. <https://doi.org/10.1093/geront/gnv052>
- 5 Wilber K, Mosqueda L, Gassoumis Z, Galdamez G, Louis A, Rowan J, et al. Final report. Developing a better understanding of a unique MDT model: the Elder Abuse Forensic Center. ACL. Submission pending. No.90EJIG0006-01-00
- 6 Wilber K, Mosqueda L, Gassoumis Z, Galdamez G, Louis A, Rowan J, et al. Final report. Developing a better understanding of a unique MDT model: the Elder Abuse Forensic Center. ACL. Submission pending. No.90EJIG0006-01-00