

Ground Rules during Case Review Meetings

Rule	Discussion
<p>Ground Rules during Case Review Meetings</p>	<p>There should be a set of agreed-upon ground rules for appropriate behavior and processes (group norms) during case review meetings so everyone is aware of expected behaviors.ⁱ These rules should be formally described in protocols and adopted by the MDT. Some behavioral rules might include:</p> <ul style="list-style-type: none"> • Behave respectfully • Focus on the victim • Speak one at a time (do not talk over one another or interrupt) • Leave personalities at the door <p>Some process rules might include:</p> <ul style="list-style-type: none"> • Decision making (consensus, participatory) • Attendance • Accountability
<p>Effective Communication among Team Members</p>	<p>Many MDTs are comprised of members with inherently unequal power. Individuals with more power or higher status tend to talk more and influence the group as less powerful members are less likely to provide conflicting opinions, potentially limiting innovative solutions. To mitigate this tendency, the MDT Coordinator can implement group norms, control communication, and emphasize the interdependence among the MDT members.ⁱⁱ Suggestions include:</p> <ul style="list-style-type: none"> • During case review, use language that is appropriate for all participants' levels of understanding and that supports openness, honesty, and cooperation.ⁱⁱⁱ • Purposefully take turns communicating to avoid allowing two or three team members to dominate the discussion.^{iv} • Frequently encourage members to ask for clarification if they do not understand something. • Having regularly scheduled case review meetings should increase and facilitate communication among MDT members as some cross-training occurs naturally.

<p>Arrive at Case Review Meetings Prepared</p>	<p>Whatever the status of the MDT member, they should be expected to arrive at case review meetings prepared if they are involved in or are presenting a case. Presenters should come to case review meetings armed with as many facts as possible. It is a waste of time for the MDT to ask questions and hear “I don’t know, I haven’t done that yet.” Your team will figure this out as they develop and grow, but having a structure around which certain questions should be answerable and are answered prior to the case review meeting is essential.</p>
<p>A Coordinated Investigation</p>	<p>The entire team must agree to be part of the investigation to ensure a coordinated investigation.^v Specialized knowledge contributes to more informed decisions and greater likelihood of substantiation.^{vi}</p>
<p>Prosecution</p>	<p>In cases where prosecution is appropriate or desired, members of the MDT may assist the prosecutor in evaluating the victim, collecting the evidence required for a case,^{vii} and accessing the varied expertise needed to prosecute elder abuse.^{viii} An MDT approach has resulted in a greater number of cases being referred for prosecution compared to a community without the benefit of an MDT.^{ix} Victim cooperation is complex and an MDT may not result in greater victim cooperation.^x</p>
<p>Information Sharing</p>	<p>A primary purpose of case review is information sharing. Confidentiality constraints are sometimes used to justify not sharing information among MDT members. Information exchanged at case review meetings could be subpoenaed or may be “discoverable” in various proceedings, therefore, confidentiality is a serious issue. However, confidentiality does not preclude information sharing under certain circumstances and with safeguards in place (see Toolkit item: Confidentiality).</p>
<p>Group Decision Making</p>	<p>The MDT will need to decide how group decisions will be made. Some group decisions are less challenging than others. For example, the MDT may decide that additional information is needed regarding some aspect of the case. The decision to prosecute, however, is left to the discretion of the prosecutor although it can be informed by input from other MDT members. Generally, however, the goal of the MDT is to reach consensus decisions regarding how to respond to a case of elder abuse.^{xi}</p> <p>Group decisions may be best when the comprehensive situation, including the victim’s preferences, is openly discussed by a variety of experts^{xii} in a psychologically safe environment. Diversity of opinion and perspectives is believed to lead to innovations by making connections with different ideas expressed.^{xiii} To ensure diverse opinions and avoid conformity, consider assigning individuals to take opposing views.^{xiv} When it is time to make a decision, provide sufficient time to enable each alternative course of action to be thoroughly discussed.^{xv}</p>

Meeting Minutes	Some MDTs take meeting minutes rather than write a formal report. The MDT will need to reach consensus on who is going to own the meeting minutes, about the content of the minutes as they are discoverable (therefore, only include factual information in minutes), and whether and with whom to share minutes. MDT assignments should be contained in the minutes to ensure accountability.
Discoverability	All information discussed at the case review meeting is potentially discoverable (capable of being ascertained or found out by opposing counsel). Therefore, the MDT will need to adopt procedures to ensure information is discussed in a manner that is not discoverable.

End Notes

ⁱ Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

ⁱⁱ Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (Chapter 8 Power & Social Influence).

ⁱⁱⁱ Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*. p 149 provides a list of resources on communication.

^{iv} Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

^v Compared to communities without a CAC, communities with a CAC had greater coordinated investigations (Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., & Kolko, D. (2007) Child forensic interviewing in Children’s Advocacy Centers: Empirical data on a practice model. *Child Abuse and Neglect*, 31, 1031-1052), (10), 1031-1052. doi:[10.1016/j.chiabu.2007.04.007](https://doi.org/10.1016/j.chiabu.2007.04.007)), potentially leading to shorter investigations. The number of days between initial law enforcement report and indictment was significantly shorter for the CAC site compared to the non-CAC site (Walsh, W. A., Lippert, T., Cross, T. P., Maurice, D. M., & Davison, K. S. (2008). How long to prosecute child sexual abuse for a community using a Children’s Advocacy Center and two comparison communities? *Child Maltreatment*, 13, 3–13.;(1), 3–13. doi:[10.1177/1077559507307839](https://doi.org/10.1177/1077559507307839); see also Wolfeich, P., & Loggins, B. (2007). Evaluation of the Children’s Advocacy Center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24, 333-352.)(4), 333-352. doi:[10.1007/s10560-007-0087-8](https://doi.org/10.1007/s10560-007-0087-8)).

^{vi} Cases referred to the VAST team were more likely to be substantiated than comparison cases (Mosqueda, L., Burnight, K., Liao, S., & Kemp, B. (2004). Advancing the field of elder mistreatment: A new model for integration of social and medical services. *The Gerontologist*, 44(5), 703–708. doi:10.1093/geront/44.5.703.). In the context of CACs, studies find that substantiation rates are higher in CAC than non-CAC communities (Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of Child Advocacy Center-based and standard services. *Child Maltreatment*, 11, 354–360.)(4), 354–360. doi:[10.1177/1077559506292277](https://doi.org/10.1177/1077559506292277); Wolfeich, P., & Loggins, B. (2007). Evaluation of the Children’s Advocacy Center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24,(4), 333-352.). doi:[10.1007/s10560-007-0087-8](https://doi.org/10.1007/s10560-007-0087-8)). However, this may be because the most severe and complex cases are referred to the child advocacy center (CAC), making substantiation easier. Furthermore, communities with a CAC were 2.1 times more likely to remove a child from the home compared to communities without a CAC (17% vs. 4%, respectively) (see Wolfeich, P., & Loggins, B. (2007). Evaluation of the Children’s Advocacy Center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24, 333-352.)(4), 333-352. doi:[10.1007/s10560-007-0087-8](https://doi.org/10.1007/s10560-007-0087-8)).

^{vii} “We wouldn’t have been able to prove the elements required for a felony charge without the expert witness.” (p. 281). Wiglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an elder abuse forensic center. *The Gerontologist*, 46(2), 277-283.; doi:10.1093/geront/46.2.277; see also Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations*, 36(3), 83-88.

^{viii} Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations*, 36(3), 83-88.

^{ix} Navarro, a. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding abusers accountable: An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist*, 53(2), 303-312. doi:10.1093/geront/gns075

^x Gruenenfelder, D. E., Hill-Jordan, J. R., & Weitzel, P. C. (July, 2013). *Final report: Multisite evaluation of the multidisciplinary team (MDT) approach to violence against women in Illinois*. Springfield, IL: (p. 70). Illinois Criminal Justice Information Authority. Retrieved from http://www.icjia.state.il.us/assets/pdf/ResearchReports/MDT_Report_July_2013.pdf. (p. 70).

^{xi} Kaner, S. (2014). *Facilitator's guide to participatory decision-making*. San Francisco, CA: Jossey-Bass.; Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (pp. 167-168).

^{xii} Lamb, B. W., Taylor, C., Lamb, J. N., Strickland, S. L., Vincent, C., Green, J. S. A., & Sevdalis, N. (2013). Facilitators and barriers to teamworking and patient centeredness in multidisciplinary cancer teams: Findings of a national study. *Annals of Surgical Oncology*, 20(5), 1408-1416. doi:[10.1245/s10434-012-2676-9](https://doi.org/10.1245/s10434-012-2676-9)

^{xiii} Disis, M. L., & Slattery, J. T. (2010). The road we must take: Multidisciplinary team science. *Science Translational Medicine*, 2(22), p. 22cm9 (p. 2).; doi:[10.1126/scitranslmed.3000421](https://doi.org/10.1126/scitranslmed.3000421); Kearney, E., & Gebert, D. (2009). Managing diversity and enhancing team outcomes: The promise of transformational leadership. *Journal of Applied Psychology*, 94(1), 77-89.; doi:[10.1037/a0013077](https://doi.org/10.1037/a0013077); Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

^{xiv} Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

^{xv} Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (p. 177 for guidelines on reaching consensus)