

Additional MDT Activities

<p>Education and Training Professionals</p>	<p>MDTs may notice a gap in understanding of elder abuse among professionals in their community and develop training to address this need.ⁱ For example,</p> <ul style="list-style-type: none"> • Physicians may not recognize the signs of elder abuse and know how to report. To fill this gap, education and training for medical professionals has been developed in Texas.ⁱⁱ • A California Financial Abuse Specialist Team (FAST) developed the Financial Institutions Training (FIT) Project to encourage financial institutions to collaborate with FASTs.ⁱⁱⁱ • In another state, caregiver educational efforts provided by the MDT resulted in increased referrals to APS.^{iv} <p>Each professional on an MDT focuses on different indicators of elder abuse. Therefore, a generic elder abuse training program will be ineffective across all disciplines.^v The training will need to tailor its message to specific professions.^{vi}</p>
<p>Media Attention</p>	<p>The media tends to focus on financial exploitation of older adults such as identity theft and consumer scams, in part because of the large sums of money that are involved, but fail to recognize other forms of elder abuse.^{vii} The MDT may want to promote greater parity among types of elder abuse covered by the media.</p>
<p>Community Outreach</p>	<p>Detection of elder abuse has been a concern among MDT members. Promotion of greater awareness (e.g., red flags) of elder abuse among community residents may take the form of public awareness campaigns.^{viii} In addition, detection is particularly difficult in situations in which the older adult is isolated. Therefore, greater efforts at community outreach – actually going into the community and making contact with isolated older adults – may be accomplished through Gateway programs.^{ix} These programs teach public service sector workers (e.g., mail carriers, meter readers, beauticians) to identify the signs of elder abuse and where to report.</p>

Development and Evaluation of Interventions	MDTs may want to cooperate with research and evaluation efforts to develop and test interventions. Partnerships between MDTs and university faculty have yielded fruitful results. ^x To our knowledge, very few evaluations of elder abuse interventions have been conducted. ^{xi} There are currently no evidence-based therapeutic interventions for victims of elder abuse, ^{xii} although the Administration on Aging funded five demonstration projects related to elder abuse prevention. ^{xiii} The majority of interventions that have been developed typically focus on caregiver education, ^{xiv} and a recent review suggests that interventions have either no effect or may even contribute to harm. ^{xv} Systems theory might be one framework around which interventions can be based, ^{xvi} although other frameworks are being developed. ^{xvii}
Trained Outreach Specialists	In the context of intimate partner violence, there is evidence for the effectiveness of outreach targeted to victims of crime compared to treatment as usual on criminal justice ^{xviii} and psychological outcomes. ^{xix} Likewise, there is limited evidence that assigning to an older victim a trained outreach specialist (who can act as an advocate or broker ^{xx}) also improves victim outcomes. ^{xxi} This practice is increasingly being recommended. ^{xxii} Some communities propose using a variety of volunteers (graduate students ^{xxiii} , promotores ^{xxiv}) to serve as trained outreach specialists. Outreach specialists should reflect the community’s culture in which they work. ^{xxv}
Consultation with Professionals	Your established and well-functioning MDT may want to make itself available to assist newly developing MDTs by providing free consultation. ^{xxvi}
Rural Victims and the Implementation of Tele-health	Some older adults reside in rural areas where the nearest program may be 200 miles away. To fill the needs of rural victims, a program providing consultation to rural areas could be implemented. ^{xxvii} It will be important to recognize that rural victims and elder abuse professionals may have different life philosophies and beliefs about the treatment of older adults. ^{xxviii}
Death Fatality Review Teams	As part of their response to elder abuse, some elder abuse MDTs may want expand into elder abuse fatality review (if one is not already established in the community). ^{xxix}
Dissemination of Materials and Information	The MDT may want to prepare print and web-based materials for professionals and the public. ^{xxx} In addition, the MDT may want to find an efficient and reliable method of updating members about new services, programs, and legislation such as at each case review meeting or through a newsletter.
Research and Evaluation	See Chapter 10 for a short primer on research and evaluation.

End Notes

- ⁱ Anderson, S. E. (2014). Program plan for the development and implementation of an elder abuse multidisciplinary team within a federally qualified healthcare center (Master's Thesis). Retrieved from [https://csus-dspace.calstate.edu/bitstream/handle/10211.3/124915/SA%20special%20project%20final%20\(2\)%20PDF%20August%203%202014.pdf?sequence=2](https://csus-dspace.calstate.edu/bitstream/handle/10211.3/124915/SA%20special%20project%20final%20(2)%20PDF%20August%203%202014.pdf?sequence=2); Teaster, P. B., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect*, 15(3-4), 91-107. doi:10.1300/J084v15n03_06
- ⁱⁱ Kupris, E. G. (2013). Protection of our elderly: A multidisciplinary collaboration for Alaska. *Alaska Law Review*, 30(1), 47-70.
- ⁱⁱⁱ Malks, B., Buckmaster, J., & Cunningham, L. (2003). Combating elder financial abuse—A multidisciplinary approach to a growing problem. *Journal of Elder Abuse & Neglect*, 15(3-4), 55-70. doi:10.1300/J084v15n03_04
- ^{iv} 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.
- ^v In the context of child abuse, Feng et al. (2010) found that physicians focused on physical indicators and teachers focused on behavioral indicators (Feng, J., Fetzer, S., Chen, Y. W., Yeh, L., & Huang, M. C. (2010). Multidisciplinary collaboration reporting child abuse: a grounded theory study. *International Journal of Nursing Studies*, 47 (1483-1490), 12 (1483-1490). doi: [10.1016/j.ijnurstu.2010.05.007](https://doi.org/10.1016/j.ijnurstu.2010.05.007)).
- ^{vi} 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.
- ^{vii} Howze, K. A., & White, J. L. (2010). Judicial response to elder abuse. *Juvenile and Family Court Journal*, 61(4), 57-76. doi:10.1111/j.1755-6988.2010.01048.x
- ^{viii} Imbody, B., & Vandsburger, E. (2011). Elder abuse and neglect: Assessment tools, interventions, and recommendations for effective service provision. *Educational Gerontology*, 37, 634–650. (7), 634–650. doi:[10.1080/15363759.2011.577721](https://doi.org/10.1080/15363759.2011.577721)
- ^{ix} King County, Washington, provides a description of a Gateway Program, <https://soundgenerations.org/get-help/pathways-information-assistance/gateway-program/>
- ^x Blowers, A., Davis, B., Shenk, D., Kalaw, K., Smith, M., & Jackson, K. (2012). A multidisciplinary approach to detecting and responding to elder mistreatment: Creating a university-community partnership. *American Journal of Criminal Justice*, 37(2), 276-290. doi:10.1007/s12103-012-9156-4; Sommerfeld, D. H., Henderson, L. B., Snider, M. A., & Aarons, G. A. (2014). Multidimensional measurement within adult protective services: Design and initial testing of the tool for risk, interventions, and outcomes (TRIO). *Journal of Elder Abuse & Neglect*, 26(5), 495-522. doi:10.1080/08946566.2014.917598
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- ^{xiii} Administration on Aging Funded Demonstration Projects include Alaska's Alaska Department of Health and Social Services, California's University of California, Irvine, New York's New York State Office for the Aging, Texas' Texas Department of Family and Protective Services, and Texas' University of Texas Health Science Center at Houston.
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- ^{xxvi} A forum for discussing developing new (or existing) MDTs is offered by the New York City Elder Abuse Center which facilitates a monthly phone-based peer leadership support group (for more information see <http://nyceac.com/clinical-services/mdts/>); University of California - Irvine provides consultation services for professionals in their jurisdiction and across the country.
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