

Member Roles and Contributions

Profession	Definition ⁱ	Contribution to the MDT
Adult protective services (APS) professionals	APS is the agency authorized to accept elder abuse reports, investigate, and make referrals in most communities. ⁱⁱ	APS can provide information on statutory requirements for reporting and responding to elder abuse and neglect, community resources, and risk factors and profiles of victims and abusers. ⁱⁱⁱ
Law enforcement professionals	Under certain circumstances, law enforcement receives and responds to reports of elder abuse. Law enforcement officials are able to make arrests, conduct “well-being checks,” initiate or enforce orders of protection, provide standby assistance to other professionals, legally gain entrance into an alleged victim’s home, and remove the abuser from the home. ^{iv}	Law enforcement officials can provide expertise and information regarding federal and state laws pertaining to abuse, identify criminal conduct, and actions law enforcement officials can take. ^v Law enforcement professionals can include representatives from the Medicaid Fraud Control Units.
Prosecutors/District Attorneys	State and local prosecutors decide whether to bring criminal charges and represent the state during a prosecution. ^{vi}	On the MDT, the prosecutor can provide information on how the criminal justice system functions, information about judges, ^{vii} the benefits and risks of prosecution, theories used to prove elder abuse crimes, what evidence is needed, penalties, how service providers can help build cases, guidance in criminal justice remedies such as restitution or diversion programs, and advice about how to provide evidence and testimony in criminal proceedings. ^{viii}

<p>Geriatricians</p>	<p>Geriatricians provide outpatient geriatric care, case management, house calls, screening for elder maltreatment, prescriptions, mental capacity assessments, assistive devices,^{ix} and evaluate the victim-offender dynamics.^x</p>	<p>On the MDT, the geriatrician can provide information regarding available medical resources, home health services and their limitations, Medicare and Medicaid, the effects of medications, identification and interpretation of fractures, bruises, wounds, and medical conditions, health risk factors associated with abuse (e.g., dehydration, electrolyte abnormalities, decubitus ulcers, and improper medication administration), and instruction in how to conduct investigations in medical facilities, including what to look for on medical charts, chains of command, and staffing patterns.^{xi}</p>
<p>Neuropsychologists/clinical psychologists/geriatric psychiatrists</p>	<p>The neuropsychologist/clinical psychologist/geriatric psychiatrist conducts cognitive status evaluations of victims and assesses clients’ service needs.</p>	<p>On the MDT, these professionals can provide information to a criminal investigator looking to establish the vulnerability of an alleged victim, or a prosecutor assessing the ability of an alleged victim to serve as a witness to his or her own maltreatment.^{xii}</p>
<p>Representatives from aging services organizations</p>	<p>Aging services organizations may be public, private, non-profit, or for-profit. They typically provide information and services to older adults in the community such as referrals for day programs, meals, and case management.</p>	<p>On the MDT, aging services representatives can provide information on various methods for accessing services as well as actual services that can reduce dependency, isolation, and vulnerability, for example, Meals on Wheels.^{xiii}</p>
<p>Mental health professionals</p>	<p>Mental health professionals (e.g., psychologists, psychiatrists, therapists, counselors, psychiatric social workers) provide case management, mental health diagnoses, and therapy.</p>	<p>On the MDT, mental health professionals can provide information on the conditions or illnesses associated with abuse, available mental health interventions, insight into family dynamics, and how best to respond to the victim’s particular goals and values.^{xiv}</p>

<p>Civil attorneys (probate, family, or elder law)</p>	<p>A civil attorney offers legal advice and representation in civil matters.</p>	<p>On the MDT, civil attorneys can provide information on how the civil justice system works, issues such as confidentiality and privacy, wills and estates, probate and guardianship, powers of attorney, relevant statutes and regulations, legal remedies and orders of protection, civil law suits, eligibility for public benefits, the appeals process, sources of legal assistance, and housing.^{xv}</p>
<p>Long-term care ombudsman</p>	<p>Long-term care ombudsmen are responsible for making routine visits to nursing homes, residential care homes, and other facilities to accept and respond to resident’s complaints and advocate on their behalf.^{xvi}</p>	<p>On the MDT, ombudsmen can provide information on the role of ombudsmen volunteers and staff in abuse investigations and how they interact with APS, state licensing and regulatory agencies, and attorneys general, the risk factors and indicators of abuse and neglect in long-term care facilities, and standards of care in long-term care facilities.</p>
<p>Occupational therapists</p>	<p>Occupational therapists visit the older adult in their home and evaluate the home for its functionality in relation to the older adult’s needs.^{xvii} In cases in which the abuse has reduced function, occupational therapists may be able to help restore function.^{xviii}</p>	<p>On the MDT, occupational therapists can provide information on the victim’s ability to function in their home.</p>

<p>System-based victim witness advocates</p>	<p>These advocates have particular expertise in victim issues, needs, and services.^{xix} For example, victim advocates can inform victims about how the criminal justice system works, what they can expect when they come to court, what to do if they are threatened by perpetrators, eligibility information for victims’ compensation and how to apply, victims’ rights and how to exercise them through impact statements or by enforcing restitution orders. Victim advocates provide services such as court accompaniment and transportation, notification of hearings, trial dates, and other important events.</p>	<p>These individuals know the communities in which they work and can provide the same valuable information to the MDT that they provide to victims.</p>
<p>Community-based victim services providers</p>	<p>A range of service providers are affiliated with community-based organizations, such as those who provide Meals on Wheels or Halos programs.^{xx} Community service providers usually have extensive knowledge about services for victims of abuse and have the ability to work closely with victims around safety issues.</p>	<p>On the MDT, community-based service providers can add depth to case planning by noting services that the client may be eligible to receive and helping to ensure client safety.</p>
<p>Domestic violence advocates</p>	<p>Domestic violence advocates provide advocacy to victims of domestic violence.</p>	<p>On the MDT, domestic violence advocates can provide information about domestic violence services (e.g., shelters, support groups, legal services and treatment programs for batterers), interventions such as safety planning^{xxi} and options counseling, the dynamics of domestic violence, and patterns of help-seeking that help to explain victim behavior.^{xxii}</p>

<p>Forensic nurses</p>	<p>A forensic nurse provides specialized care for patients who are victims and/or perpetrators of trauma and also have specialized knowledge of the legal system and skills in injury identification, evaluation and documentation. After attending to a patient’s immediate medical needs, a forensic nurse often collects evidence, provides medical testimony in court, and consults with legal authorities.^{xxiii}</p>	<p>Forensic nurses may work indirectly with an MDT through collaborations with law enforcement^{xxiv} or may directly participate on the MDT.</p>
<p>Sexual assault nurse examiners</p>	<p>A sexual assault nurse examiner (SANE) is a registered nurse who has advanced education in forensic examination of sexual assault victims.^{xxv}</p>	<p>On the MDT, the SANE can provide information on the collection and meaning of forensic medical evidence, the dynamics of sexual assault, issues related to disclosure and reporting, and community resources and services.</p>
<p>Sexual assault advocates</p>	<p>Sexual assault advocates provide direct assistance to victims of a sexual assault, typically through a community-based sexual assault program.</p>	<p>On the MDT, sexual assault advocates can provide information about sexual assault services (e.g., support groups, legal services, treatment programs), the dynamics of sexual assault, and patterns of help-seeking that help to explain victim behavior.</p>
<p>Representatives from regulatory agencies</p>	<p>State securities regulators investigate potentially fraudulent activity and alert the public to the latest scams. State’s housing authority agencies issue a multitude of rules and regulations associated with housing.</p>	<p>On the MDT, these representatives can provide information on relevant regulations.</p>

<p>Representatives from guardianship programs</p>	<p>Guardians are court-appointed substitute decision makers for individuals deemed incapacitated and may be either public or private.^{xxvi}</p>	<p>On the MDT, guardianship program representatives can provide information on the appropriateness of guardianship under various circumstances, the process for filing for guardianship and for investigating and remedying abuses by guardians, what criteria courts use in appointing a guardian, and the criteria used in determining eligibility for guardianship.^{xxvii}</p>
<p>Representatives from faith communities</p>	<p>Faith-based representatives may provide solace and spiritual guidance to victims of elder abuse.</p>	<p>On the MDT, the faith-based representative can provide information from a spiritual perspective and may seek services or support from the victim’s church.</p>
<p>Representatives from the local Alzheimer’s Association</p>	<p>There are a variety of individuals that may be associated with a local Alzheimer’s Association.</p>	<p>On the MDT, an Alzheimer’s Association representative can explain cases involving dementia and alert team members to the latest research, advocacy, and services for these victims.^{xxviii}</p>
<p>Representatives from financial institutions</p>	<p>Financial institution representatives can range from bank tellers to bank presidents, or retired financial institution employees.^{xxix}</p>	<p>On the MDT, financial institution representatives can describe procedures such as direct deposit of income checks, prevention of fraud through preauthorized charges to bank accounts, verification of transactions through microfilm, trust services, referral to consumer protection agencies, and the risks and benefits of each intervention.^{xxx}</p>
<p>Representatives from home health/companion services industry</p>	<p>Home health care providers and companion services provide various forms of in-home assistance.</p>	<p>On the MDT, these professionals can explain the home health industry and local services that might be of benefit to elder abuse victims.</p>

<p>Hospital discharge planners or health care social workers</p>	<p>A discharge planner prepares patients for leaving the hospital. Health care social workers help patients and their families understand a particular illness, work through the emotions of a diagnosis, and provide counseling about the decisions that need to be made.^{xxxii}</p>	<p>On the MDT, the discharge planner can explain how discharge planning works and how a safety plan can be incorporated into the discharge plan.^{xxxii} The health care social worker can help the MDT understand the victim’s point of view when cases involve significant health issues.</p>
<p>Probation and parole officers (community corrections)</p>	<p>Probation and parole officers monitor offenders to prevent them from committing new crimes.</p>	<p>On the MDT, probation and parole officers can provide input as to the offender’s progress and can play an important role in keeping victims safe and identifying potential victims.^{xxxiii}</p>
<p>Substance abuse specialists</p>	<p>Generally speaking, substance abuse specialists help people who have problems with drugs and alcohol by identifying issues and behavior which could be linked to their addiction.^{xxxiv}</p>	<p>On the MDT, an addiction specialist can contribute valuable insight into the behaviors and dynamics of substance abuse users (either victims or perpetrators). They often have a vast knowledge of treatment options and services available in their area.^{xxxv}</p>
<p>Emergency medical technicians (EMTs)</p>	<p>Emergency medical technicians and paramedics are trained to provide medical care to people who have suffered from an illness or an injury outside of the hospital setting.^{xxxvi}</p>	<p>On the MDT, they may provide critical information about an elder abuse victim or explain EMT procedures.</p>
<p>Ethicists</p>	<p>Ethicists are highly trained professions who grapple with questions related to capacity and right to self-determination.^{xxxvii}</p>	<p>On the MDT, an ethicist can guide the team through thoughtful discussions of these challenging issues.</p>
<p>Coroners</p>	<p>A coroner is a government official who confirms and certifies the death of an individual within a jurisdiction.</p>	<p>On the MDT, the coroner can explain suspicious cases of death due to elder abuse (in jurisdictions lacking an elder abuse death fatality review team).</p>

<p>Representatives from the fire department</p>	<p>Some fire departments perform a home risk assessment for older adults in which they check the house for potential problems and identify sources to correct for the problem.^{xxxviii}</p>	<p>On the MDT, these individuals provide information on emergency responses as well as community resources.</p>
<p>Animal advocates</p>	<p>Animal advocates might include members of the humane society, veterinarians, or animal control officials.</p>	<p>On the MDT, these individuals can provide information on viable and humane options for pets^{xxxix} for victims with an animal companion.^{xl}</p>
<p>Child protective services (CPS) professionals</p>	<p>Child protective services (CPS) professionals typically receive reports of child abuse, conduct investigations, and arrange for family services. At times, CPS workers visit homes with multiple generations co-residing and are in position to observe distressed or harmed older adults.^{xli}</p>	<p>On the MDT, CPS can provide information on family dynamics.</p>
<p>Research and evaluation professionals</p>	<p>Research and evaluation professionals are in the business of asking, and answering, questions, typically specializing in a particular topic.</p>	<p>On the MDT, these professionals can provide information on the ethical treatment of vulnerable adults participating in research. Some MDTs collaborate with university professors to engage in research and evaluation of their program that might involve basic knowledge building, the effects of APS interventions, or the MDT itself.^{xlii}</p>
<p>APS attorneys</p>	<p>APS agencies typically employ attorneys to handle cases and interpret policies.</p>	<p>On the MDT, these individuals with their intimate knowledge of APS practice, as well as state law, administrative rules, and policies, can provide valuable information to the MDT.^{xliii}</p>

<p>Forensic interviewers</p>	<p>There are many purposes for interviewing older adults.^{xliv} Little attention has been paid to interviewing techniques of older victims.^{xlv} There are no evidence-based or other types of interview protocols for older victims,^{xlvi} although this body of research is growing.^{xlvii} However, as prosecution becomes more prominent,^{xlviii} legally defensible forensic interviews will likely gain in importance.</p>	<p>The forensic interviewer can share information with the MDT that was elicited during the forensic interview. Some MDTs have contracted with their local Child Advocacy Center to conduct the forensic interview of an older victim.</p>
<p>Forensic accountants or certified public accountants</p>	<p>Forensic accountants combine their accounting knowledge with investigative skills in various litigation support and investigative accounting settings.</p>	<p>On the MDT, a forensic accountant can analyze, interpret, summarize, and present complex financial and business related issues in a manner that is both understandable and properly supported to assist in legal proceedings.^{xlix} If a forensic accountant is unavailable, consider a certified public account (CPA) who can provide the MDT with a working knowledge of accounting procedures.</p>
<p>Rehabilitation services providers</p>	<p>Rehabilitative services providers may be institution- or community- or home-based. Rehabilitation services are designed to improve or maintain older adult’s physical functioning, quality of life, and overall independence through the provision of counseling, physical therapy, and other individualized services.</p>	<p>As many older adults receive temporary rehabilitation services, either before, during, or after the experience of abuse, a representative who can explain the rehabilitation system and procedures is advantageous for the MDT.</p>
<p>Housing advocates</p>	<p>Communities may have community- or government-based housing services for low-income individuals and families where advocates assist individuals in locating affordable housing.</p>	<p>On the MDT, this individual can provide housing information and options for older adults who may need relocation assistance as a result of elder abuse.</p>
<p>Disabilities advocates</p>	<p>Disabilities advocates provide myriad forms of assistance to individuals with disabilities (regardless of age).</p>	<p>On the MDT, a disabilities advocate can provide information on services in the community for older adults</p>

		with disabilities.
Realtors/real estate attorneys	A realtor is a person who sells or rents houses, land, offices, or buildings.	On the MDT, this person can provide valuable information for cases involving housing issues such as the transfer of a deed. Real estate attorneys are less common, but could also provide such information to the MDT.
Environmental health	Environmental health is the branch of public health that is concerned with the natural and built environment (physical, chemical, and biological factors external to a person) that may affect human health and behavior. ⁱ	Some cases of elder abuse involve (at least the potential) for a home to be condemned. In such cases, it may be advantageous to have a housing inspector on the MDT who can answer questions about the process of condemning a home.
Victim representative	A victim representative is a person to explicitly and exclusively represent the wishes of the older adult. ⁱⁱ	This person may be a volunteer or akin to a guardian ad litem, but someone on the MDT who represents the wishes of the older victim and ensures the older victim remains the focus of the MDT.
Clients	Clients served by the MDT.	Your MDT will need to determine the role played by clients on the MDT. Clients are central to the purpose of an MDT, and yet they are often not a formal part of an MDT, and the “team” is typically invisible to the client. Involvement of the client in some capacity may guard against paternalism. ⁱⁱⁱ

End Notes

ⁱ Some of the descriptions are based on Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention Teams: A New Elder Abuse Prevention Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf Retrieved February 22, 2017, at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.; see also Du Mont, J., Kosa, D., Macdonald, S., Elliot, S., & Yaffe, M. (2015). Determining possible professionals and respective roles and responsibilities for a model comprehensive elder abuse intervention: A Delphi consensus survey. *PloS one*, *10*(12), e0140760. doi:[10.1371/journal.pone.0140760](https://doi.org/10.1371/journal.pone.0140760)

ⁱⁱ Roby, J. L., & Sullivan, R. (2000). Adult protection service laws: A comparison of state statutes from definition to case closure. *Journal of Elder Abuse & Neglect*, *12*,(3/4), 17-51. doi:10.1300/J084v12n03_02 For an updated review, see Jirik, S., & Sanders, S. (2014). Analysis of elder abuse statutes across the United States, 2011–2012. *Journal of Gerontological Social Work*, *57*(5), 487-497. doi:10.1080/01634372.2014.884514

ⁱⁱⁱ Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention EAP Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf Retrieved February 22, 2017, at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.

^{iv} Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine*, *21*,(2), 429-447. doi:10.1016/j.cger.2004.10.007 (p. 439).

^v McCampbell, M. S. (2010). *The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement*. Washington, DC: Office of Community Oriented Policing Services, US Department of Justice.; Santa Clara County (2010). *Elder Abuse and Dependent Adult Abuse Protocol for Santa Clara Law Enforcement*. Santa Clara, CA: Author.; 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*.

^{vi} Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine*, *21*,(2), 429-447. doi:10.1016/j.cger.2004.10.007 (p. 439).

^{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; Keilitz, S., Uekert, B. K., & Jones, T. (2012). *Prosecution Guide to Effective Collaboration on Elder Abuse*. Williamsburg, VA: National Center for State Courts.

^{viii} For example, an APS caseworker presented her case, but the Assistant District Attorney clarified that in New York a threat or a slap is not an arrestable offense so whether someone is arrested depends in part on how the case is framed and worded. There were a lot of “Ah has” around the room – no one knew that, but wondered why these offenders were not being arrested (BEAM site visit November 2014).

^{ix} 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.*

^x Kemp, B. J., & Mosqueda, L. A. (2005). Elder financial abuse: An evaluation framework and supporting evidence. *JAGS Journal of the American Geriatrics Society*, 53,(7), 1123–1127.; doi:10.1111/j.1532-5415.2005.53353.x; Falk, E., Landsverk, E., Mosqueda, L., Olsen, B. J., Schneider, D. C., Bernatz, S., & Wood, S. (2010). Geriatricians and psychologists: Essential ingredients in the evaluation of elder abuse and neglect. *Journal of Elder Abuse & Neglect*, 22(3/4), 281-290. doi:10.1080/08946566.2010.490144

^{xi} Twomey, M. S., & Weber, C. (2014). Health professionals' roles and relationships with other agencies. *Clinics in Geriatric Medicine*, 30(4), 881–895. doi:10.1016/j.cger.2014.08.014

^{xii} Scheiderer, E. M. (2012). Elder abuse: Ethical and related considerations for professionals in psychology. *Ethics & Behavior*, 22(1), 75-87.; doi:[10.1080/10508422.2012.638828](https://doi.org/10.1080/10508422.2012.638828); Wiglesworth, A., Kemp, B., & Mosqueda, L. (2008). Combating elder and dependent adult mistreatment: The role of the clinical psychologist. *Journal of Elder Abuse & Neglect*, 20(3), 207-230. doi:10.1080/08946560801973051

^{xiii} Consider developing programs such as JASA in New York to maintain long-term services for older adults who have been victims or are at risk of victimization (See <http://www.jasa.org>).

^{xiv} Karel, M. J. (2011). Ethics. In V. Molinari (Ed.), *Specialty competencies in geropsychology* (pp. 115–142). New York, NY: Oxford. University Press.

^{xv} Garcia, Y., & Morris, J. (March 2014). A holistic approach to providing legal services to vulnerable adults. 2014 Aging in American Conference, San Diego, CA, March 10-15, 2014; Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine*, 21,(2), 429-447. doi:10.1016/j.cger.2004.10.007 (p. 439).

^{xvi} For more information, visit The National Long-Term Care Ombudsman Program Resource Center at <http://ltcombudsman.org/>

^{xvii} Johansson, G., Eklund, K., & Gosman-Hedström, G. (2010). Multidisciplinary team, working with elderly persons living in the community: A systematic literature review. *Scandinavian Journal of Occupational Therapy*, 17(2), 101-116. doi:10.1080/11038120902978096

^{xviii} Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine*, 21,(2), 429-447. doi:10.1016/j.cger.2004.10.007 (p. 438).

^{xix} Stiegel, L. A. (2005). *Elder Abuse Fatality Review Teams: A Replication Manual*. Washington, DC: American Bar Association Commission on Law and Aging. Retrieved from http://www.americanbar.org/content/dam/aba/administrative/law_aging/fatalitymanual.authcheckdam.pdf

^{xx} The HALOS toolkit is available at Office for Victims of Crimes. (2014). *The HALOS strategy: Community collaborations for children*. Retrieved from <http://www.ovc.gov/halos>

^{xxi} For information on safety planning, visit the National Clearinghouse on Abuse in Later Life, retrieved from <http://www.ncall.us/content/dv-safety-accountability-audits>

^{xxii} Otto, J. M., & Quinn, K. (2007). *Barriers to and promising practices for collaboration between adult protective services and domestic violence programs. A Report for the National Center on Elder Abuse*. available at Retrieved from <https://ncea.acl.gov/resources/docs/archive/Barriers-Promising-Practices-2007.pdf>. See also 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 (p. 281), stating “Without the EAFC, it would have been [the domestic violence social worker] and APS going in circles.”

^{xxiii} International Association of Forensic Nurses. (2015). What is forensic nursing? Retrieved from <http://www.forensicnurses.org/?page=whatisfn>; see also Lynch, V.A., & Duval, J. B. (2011). *Forensic Nursing Science*. (2nd ed.) Mosby, MO: Elsevier.

^{xxiv} Pasqualone, G. A. (2015). The Relationship Between the Forensic Nurse in the Emergency Department and Law Enforcement Officials. *Critical Care Nursing Quarterly*, 38(1), 36-48. doi:[10.1097/CNQ.0000000000000047](https://doi.org/10.1097/CNQ.0000000000000047)

^{xxv} Ledray, L. E. (1999). Sexual assault nurse examiner: Development and operation guide (NCJ 170609). Washington, DC: Office for Victims of Crime, Office of Justice Programs, US Department of Justice. Retrieved from https://www.ncjrs.gov/ovc_archives/reports/saneguide.pdf (see p. 85 regarding SANE in the context of a sexual assault of an older adult.)

^{xxvi} Teaster, P. B., Wood, E. F., Schmidt, Jr., W. C., & Lawrence, S. A. (2008). *Executive summary: Public guardianship after 25 years: In the best interest of incapacitated people?* Washington, DC: The Authors and the American Bar Association. Retrieved from http://www.americanbar.org/content/dam/aba/administrative/law_aging/PublicGuardianshipAfter25YearsInTheBestInterestofIncapacitatedPeople.authcheckdam.pdf

^{xxvii} Wright, J. L. (2010). Guardianship for your own good: Improving the well-being of respondents and wards in the USA. *International Journal of Law and Psychiatry*, 33, (5-6), 350–368. doi:10.1016/j.ijlp.2010.09.007

^{xxviii} Manning, C. A., & Ducharme, J. K. (2010). Dementia syndromes in the older adult. In P. A. Lichtenberg (Ed.), *Handbook of assessment in clinical gerontology*. (2nd ed., pp, 155-178). London, UK: Elsevier.

^{xxix} Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine*, 21, (2), 429-447. doi:10.1016/j.cger.2004.10.007 (p. 441).; Snyder, J. (2012). *The Philadelphia APS Bank Reporting and Loss Prevention Program*. Washington, DC: National Adult Protective Services Resource Center. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/Phila-Project-Report-FINAL.pdf>

^{xxx} Financial institutions (and some guardianship programs) are for-profit entities that raise special concerns about confidentiality and conflicts of interest. These concerns can be addressed by requiring members to sign conflict of interest statements, a confidentiality requirement form, or restricting

participation. See Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. Retrieved at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf

^{xxx} NASW Center for Workforce Studies & Social Work Practice (2009). *Social workers in hospitals & medical centers: Occupational profile*. Washington, DC: Author. Retrieved from <http://workforce.socialworkers.org/studies/profiles/Hospitals.pdf>

^{xxxii} Nerenberg, L., & Haikalis, S. W. (1996). Discharge planning. In L. A. Baumhover & S. C. Beall (Eds.), *Abuse, neglect, and exploitation of older persons*. (pp. 207-219). Baltimore, MD: Health Professions Press, Inc.; see also, Lemke, Julie A. and Moskowitz, Seymour (2005). *Protecting the Gold in the Golden Years: Practical Guidance for Professionals On Financial Exploitation*. *Marquette Elder's Advisor*, 7(2), 1-27.

^{xxxiii} American Probation and Parole Association (2007). *Identifying and responding to elder abuse: The vital role of community corrections professionals*. Washington, DC: American Probation and Parole Association. Retrieved from https://www.appa-net.org/eweb/Training/IREA/assets/02_manual.pdf

^{xxxiv} Lewis, J. A., Dana, R. Q., & Blevins, G. A. (2014). *Substance abuse counseling*. Cengage Learning.

^{xxxv} Han, B., Gfroerer, J. C., Colliver, J. D., & Penne, M. A. (2009). Substance use disorder among older adults in the United States in 2000. *Addiction*, 104(1), 88-96. Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in geriatric medicine*, 30(3), 629-654

^{xxxvi} Commission on Accreditation of Allied Health Education Programs. (n.d.) Emergency medical technician – paramedic. Retrieved from <http://www.caahep.org/Content.aspx?ID=39>.

^{xxxvii} 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*.

^{xxxviii} In Chesterfield County, VA, the Chesterfield Fire and EMS provides home risk assessments and as part of their fall prevention program and identify individuals with chronic conditions and refer them to chronic disease management programs (<http://www.chesterfield.gov/fire/>). (John Murray, Chesterfield Fire and EMS, site visit, January 9, 2014). For more on fire and fall prevention see: <http://www.nfpa.org/public-education/resources/education-programs/remembering-when>

^{xxxix} Koenig, T. L., Leiste, M. R., & Spano, R. (2013). Multidisciplinary team perspectives on older adult hoarding and mental illness. *Journal of Elder Abuse & Neglect*, 25(1), 56-75. doi:10.1080/08946566.2012.712856

^{xl} Peak, T., Ascione, F., & Doney, J. (2012) Adult protective services and animal welfare: Should animal abuse and neglect be assessed during adult protective services screening? *Journal of Elder Abuse & Neglect*, 24(1), 37-49. doi:10.1080/08946566.2011.608047

^{xli} An MDT member commented on a situation in which a CPS caseworker had brought a child to the hospital and in distress stated, "I don't even want to think about what's happening to the old lady I saw in the back room." (New York site visit, November 2013).

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