## Issues for Initial MDT Discussions

<table>
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<tr>
<th>Topic Area</th>
<th>Discussion Issue/Question</th>
<th>Options for Consideration</th>
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<tr>
<td><strong>Referral and Intake Protocols</strong></td>
<td>Referral and intake are intimately linked. For example, the referral might trigger completion of an intake form (see Toolkit item: Sample Intake and/or Referral Forms, for examples). Referral and intake are designed to ensure appropriate cases reach the MDT for review. There is some evidence that more complex and challenging cases are referred to MDTs.¹</td>
<td>Referral protocols will need to be developed to ensure cases are not lost in the system. The MDT may want to discuss who accepts the referral on behalf of the MDT (e.g., the MDT Coordinator) and what happens to the referral after it has been accepted. Intake of case information is an important part of the initial process to ensure that adequate case information is collected and assessed prior to case review (see toolkit item: Sample: Recruitment Invitation). It is common for new MDTs to receive fewer referrals than actual cases eligible for review while trust is being established and procedures are being refined.</td>
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<td><strong>Eligible Referral Source</strong></td>
<td>The MDT may want to discuss from whom referrals to the MDT can originate. Referrals may come from:</td>
<td>APS caseworkers only</td>
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<td></td>
<td>APS caseworkers only</td>
<td>MDT members only²</td>
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<td></td>
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<td>Restricted sources (e.g., MDT members and community agencies)</td>
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<td></td>
<td>Restricted sources (e.g., MDT members and community agencies)</td>
<td>Anyone, although this is uncommon³</td>
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### Types of Elder Abuse Accepted for Intake

The MDT will want to discuss which types of elder abuse they will review. The decision regarding which types of cases will be accepted for review (or consultation) by the MDT will depend to some extent on state law.

Elder abuse is a term used to represent five types of abuse of older persons, although forms of abuse sometimes co-occur:

- Financial exploitation
- Physical abuse
- Neglect by others/Abandonment
- Sexual abuse
- Psychological abuse
- Other

The MDT may choose to respond to all kinds of elder abuse. The MDT may choose to specialize in one form of elder abuse. For example, there are specialized teams that focus exclusively on financial exploitation, such as Financial Abuse Specialist Teams (FASTs). FASTs may involve cases of financial exploitation, financial fraud, or both. Some MDTs specify exact circumstances under which they will accept a case. For example, the San Diego Help and Outreach to Protect the Elderly (HOPE) Project accepts cases of “…physical abuse, neglect, or financial exploitation characterized as a misdemeanor or felony conduct, where the first report of abuse comes from a law enforcement agency or elder abuse hotline call.”

The MDT may choose to review only complex or challenging cases, which are best suited to group decision-making.

Some MDTs accept self-neglect cases, while others do not, although there is evidence that self-neglect is related to subsequent and other forms of abuse. Although typically a forensic MDT does not accept self-neglect cases, there may be occasions when it is useful to be flexible. For example, if the MDT is trying to recruit an agency and the agency refers a self-neglect case to the MDT, it might be useful to make an exception and review the case.

### Referral and Location of Abuse

Depending on state law, MDTs may accept cases involving:

- Community-residing victims
- Residents of long-term care facilities and other congregate living arrangements
- Both
### Jurisdiction

Some MDTs are restricted to a single jurisdiction, while other MDTs function across jurisdictions and include two or more counties/cities. Your statutes may limit your options, but also consider:

- Geography
- Transportation
- Population
- Resources
- Level of interest (some jurisdictions will be more interested in participating in the MDT than others)

Professionals outside your jurisdiction may request the assistance of the MDT. Your MDT will need to decide whether it has the resources to provide the requested assistance. In other contexts, grants have been obtained to provide pro bono services to localities outside the designated jurisdiction.

### Eligibility Criteria

Most MDTs cannot review all elder abuse cases. Therefore, in addition to the type(s) of cases acceptable for review, the MDT may want to select some other eligibility criteria. Consider the following characteristics:

- Age of victim
- Vulnerability of the victim
- High-risk cases
- Clients who refuse services
- Client unable to leave their home
- Serious mental illness or intellectual disability
- Potential dementia issues
- Complex cases
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<th>Identify a Point-of-Contact Person</th>
<th>Communication is critical to client satisfaction. This is particularly important when a case is being staffed by an MDT comprised of a diverse range of professionals. Victims report greater satisfaction when they know what is going on with their case. Victims want to be kept informed, to be provided status updates on their case, and for someone to return their phone calls in a timely manner. Therefore, a member of the MDT should be a designated point-of-contact person for victims. Further recommended is the implementation of regularly timed verbal or written updates to families about the status of their case by the point-of-contact person. The point-of-contact person might be:</th>
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<td>The lead investigator</td>
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<tr>
<td>The victim advocate</td>
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<tr>
<td>The MDT Coordinator</td>
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<th>Clear Lines of Communication</th>
<th>A question need not wait to be asked until the next case review meeting but at the same time, accountability needs to be built into the system. Delineating clear lines of communication is not intended to control information, but rather is designed to ensure that information is received by its intended target.</th>
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<td>The MDT may want to establish both formal and informal lines of communication. Formal lines of communication may include a point of contact person for all communication to the MDT, such as the MDT Coordinator. Informal lines of communication may include communication between MDT members that is not necessary for all MDT members to receive. However, procedures for tracking these communications may be warranted.</td>
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### Conflict Resolution

It will be important for the MDT to recognize and acknowledge that the process of collaboration can result in frustration and conflict among MDT members. Plan ahead for conflict and how conflicts will be resolved. Some common conflict resolution (and prevention) strategies include:

- A situation left to fester will not resolve on its own. Acknowledging the frustration and concern is an important step in resolving the conflict.
- Separate the problem from the person. This way, you can discuss issues without damaging relationships.
- At times, when two people cannot agree or come to a compromise, voting is the best solution. If you simply must put a conflict to bed, voting can be an effective method.

### Length of Time Following Cases

Your MDT will want to discuss how long to follow cases. APS will have statutory time restrictions, but other MDT representatives may be able to maintain contact with the victim, depending on resources.

The MDT will want to discuss restrictions on how long a case can be followed and within those restrictions, discuss the pros and cons of tracking cases: 1) to when the MDT ceases to review the case, 2) to the close/resolution of the case, or 3) for some period of time after the case has been resolved.
**Assessing for Polyvictimization**

Older victims may be experiencing multiple forms of abuse simultaneously, sometimes referred to as polyvictimization or co-occurring abuse. Your MDT will need to decide whether it will screen for additional forms of abuse.

Knowing whether victims are experiencing multiple forms of abuse matters. A case of financial exploitation co-occurring with physical abuse increased the odds of submission to the District Attorney by a factor of two; increased the odds of charges being filed by a factor of two; and increased the odds of a plea or conviction by a factor of three. Furthermore, outcomes tend to be more severe for victims of polyvictimization.

Discuss the benefits and costs of assessing for polyvictimization. For example, are there services for polyvictims if they are identified? Engage in free online *Polyvictimization in Later Life* training.

**Victim Services Referrals**

Your MDT will need to determine the degree of involvement/assistance you are able to offer victims. The actual process of linking clients to additional services ranges from:

- Encouraging clients to link to the services themselves.
- Taking the client to an initial appointment and even subsequent ones.

**Co-Location**

Co-location is not an issue for most MDTs unless you are designing an Elder Justice Forensic Center. If co-location is an option, ensure the MDT members have input into the location, particularly law enforcement and adult protective services, as they are most often at the center of investigations and benefit from proximity. Consider both:

- Benefits, e.g., greater collegiality among MDT members.
- Liabilities, e.g., greater expense.
## Joint Signing of Documents

To promote interdisciplinary working, MDTs should consider joint documentation in which at least two team members sign a given report.\(^{xxxii}\) Consider both:

| Benefits, e.g., greater safety and accountability. |
| Liabilities, e.g., time consuming. |

## Battery of Assessment Instruments

Your MDT will need to determine which instruments to administer to clients. Each discipline may have its own battery of assessment instruments. Coordination and elimination of duplication will require careful consideration of which instruments to retain and which to eliminate. Consider, for example:\(^{xxxiv}\)

| Medical and pharmacology history |
| Psychosocial intake |
| Cognitive status |
| Mental health\(^{xxxv}\) |
| Functional assessment |
### Home Visits and Methods for Contacting Victims

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<th>The MDT will need to decide on the methods for contacting and assessing victims. The two primary options include:</th>
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- Request the victim to come to your office
- Making home visits[^xxxvi] in which physicians and other relevant MDT members visit the victim’s home together[^xxxvii]. Home intervention programs hold promise during the investigation phase as well as service delivery[^xxviii]. Situations that might warrant a house visit include: [^xxxix]
  - Victims who refuse to be investigated or refuse to leave their home
  - Hoarders
  - Problems with the alleged perpetrator
  - Logistical and health problems
  - Cases where clinicians need to assess the victim’s environment

[^xxxv]: Home intervention programs hold promise during the investigation phase as well as service delivery[^xxviii].

[^xxxvi]: Making home visits[^xxxvi] in which physicians and other relevant MDT members visit the victim’s home together[^xxxvii].

[^xxxvii]: Home intervention programs hold promise during the investigation phase as well as service delivery[^xxviii].

[^xxxviii]: Situations that might warrant a house visit include:

[^xxxix]: Situations that might warrant a house visit include:

[^x]: Scholars at the University of Texas at Houston have developed a House Call Program[^x].

[^xi]: House calls are not without peril and therefore a safety manual for making house calls has been developed[^xi].
End Notes


iv Most CACs focus on sexual abuse and severe physical abuse and neglect cases, although other variations exist depending upon the community.


viii The HOPE Project was disbanded in 2014.


Arguing that because self-neglect is the most common reported form of abuse to APS, it is included in their interdisciplinary team. 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.*


For a list of relevant statutes by state, visit https://www.justice.gov/elderjustice/elder-justice-statutes-0.

The Foothills Child Advocacy Center in Charlottesville, VA, obtained a grant from a local foundation, BAMA Works, specifically to fund child forensic interviews in outlying jurisdictions to accommodate numerous requests for assistance.

Some agencies participating on the MDT are responsible for adults age 18 and over, whereas the MDT may focus on older adults (however “older adults” is defined by the state).


A higher percentage of financial abuse cases are referred to the Elder Abuse Forensic Center in Irvine, CA (Mosqueda, L., Burnight, K., Liao, S., & Kemp, B. (2004). Advancing the Field of Elder Mistreatment: A New New Model for Integration of Social and Medical Services. *The Gerontologist, 44*(5), 703–708. doi:10.1093/geront/44.5.703) and the Orange County Elder Abuse Forensic Center (Navarro, A. E., Wilber, K. H., & Schneider, D. C. (November 2009). The Los Angeles County Elder Abuse Forensic Center: Team synergy to advance positive outcomes. Poster presented at the meeting of


In spite of all the advances the field of child abuse has made, Jones et al. (2010) opine communication between MDT members and families continues to suffer, with 32% of nonoffending caregivers in their study being dissatisfied because of the lack of clear and regular communication regarding the status of the case. (Jones, L. M., Atoro, K. E., Walsh, W. A., Cross, T. P., Shadoin, A. L., & Magnuson, S. (2010). Nonoffending caregiver and youth experiences with child sexual abuse investigations. *Journal of Interpersonal Violence, 25*(2), 291-314.) doi: 10.1177/0886260509334394


The lead investigative agency shall complete its final disposition within 60 calendar days. … (Minn. Stat. § 626.557 Subd. 9c (e) (2014))

Polyvictimization in Later Life online training available at https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_polyvictimization.cfm


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