

Chapter 7: Professional Development

Professional Development across Three Types of Training

One-time training is not optimal for any profession and can negatively impact case outcomes and team effectiveness. Build into the MDT protocols periodic and ongoing training, both formal and informal, particularly as new members arrive and protocols and policy change, and the political landscape shifts. There are three types of training reviewed in this chapter:

- Professional Training
- MDT Training
- Cross Training

Over time, belonging to a group changes the ways its members view the world (Levi, 214).

Professional Training and Training in Elder Abuse

All MDT members should maintain their professions' standards of training (e.g., continuing education training). In addition, given the varying levels of familiarity with elder abuse, all MDT members should attend elder abuse training, regardless of their level of expertise, to ensure all MDT members have the same exposure to information.ⁱ

In addition, the MDT Coordinator will want to identify weaknesses in the MDT's knowledge base and arrange for training (e.g., financial exploitation; power of attorney) where weaknesses exist. Your MDT may want to offer paying for training for MDT members whose training budgets are inadequate.

MDT Training

Not everyone instinctively knows how to collaborate and be a member of an MDT.ⁱⁱ Therefore, your MDT will benefit from MDT training. MDT training can overcome the tension between different organizational culturesⁱⁱⁱ and also produce morale and cohesion among team members.^{iv}

If professional training is unavailable in your community, consider attending MDT training offered in other disciplines^v or group exercises designed to strengthen relationships.^{vi} For example, consider using active learning styles such as role playing and small group discussions as some MDT members find lectures boring.^{vii}

...simply putting people together in groups, representing many disciplines, does not necessarily guarantee the development of a shared understanding. ...The extra ingredient that turns a group of professionals from different disciplines into an effective working team...[is] the creation of a new way of working...[which] can only emerge and develop through intense interactions (Ratcheva, 2009).

Cross Training

An important component that must be built into your MDT is cross training.^{viii} As it stands, most systems are unfamiliar with other system's mandates and jargon and the contribution each system makes to the team.^{ix} Cross training provides an opportunity to ensure that all members of the MDT know each other, trust each other, and share a common vision for the MDT.^x These are critically important qualities. If an MDT member knows he needs help with some aspect of a case, but does not know who on the MDT to contact, the MDT is not functioning effectively for that team member.^{xi}

A multidisciplinary team approach to working with this population rests on the capacity to arrive at a common understanding [of the problem]... (Koenig, Leiste, & Spano, 2013)

In addition to formal cross training (or where formal training is unavailable), informal cross training can be beneficial as well. Examples might include:

- Encourage MDT members to visit another organization
- Listen in on elder abuse intake calls
- Invite MDT members to in-service trainings
- Ask a member to make a brief educational presentation to the team on matters in which they have expertise that would be of benefit to the MDT,^{xii} either in a structured manner, such as once a month, or on an ad hoc basis.

- Create your own training. The Toolkit item titled: Issues to Discuss for Cross Training, provides an extensive list of topics for cross training purposes that the MDT may choose to discuss. Look for commonalities as well as differences across these topics. Consider these issues in the context of the case example below.

Case Example

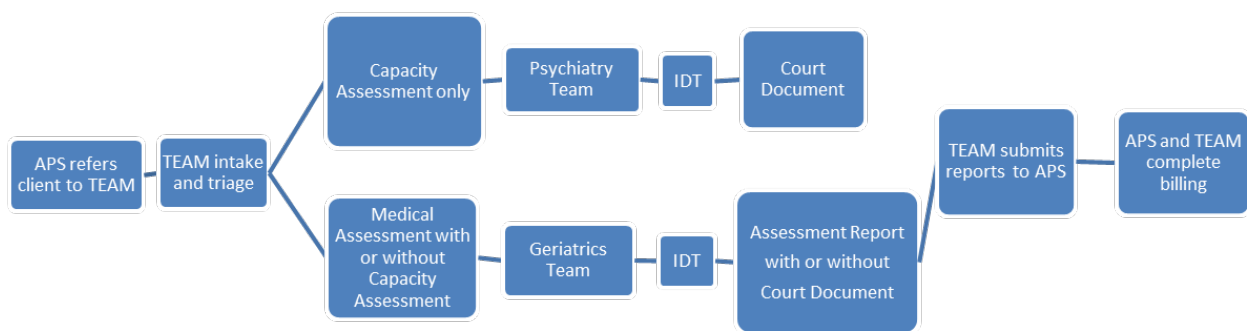
An older domestic violence victim lives in senior housing but her three sons live with the couple and sleep on the floor. She could lose her house if the housing authority learns they live there. The MDT wondered whether these sons were protective – whether her husband doesn't beat her when the boys are home – or whether they are also abusing her. The APS caseworker does not know. The team agreed not to notify the authorities until it was learned what their role was. In the meantime, mental health is still seeing her to ensure the woman has contact with someone outside her family, but is not telling the victim that she is a mental health worker. The victim either has an eating disorder or does not eat when she feels anxious.

- Consider mapping out how a typical case flows through various systems using a flow chart^{xiii} and where each MDT member fits in the flow chart (see below). The flow chart should begin with the referral protocol so everyone knows their role and the procedures to follow from the beginning of the case through to completion.^{xiv}

Santa Clara County Flow Chart^{xv}



Houston Sample Flow Chart^{xvi}



Cross Training Exercise

Have each MDT member outline the following pieces of information and then compare across members. Look for similarities and differences and discuss how these differences might be handled.

- Applicable law – laws that guide their practice
- Applicable policies – policies that guide their practice
- Culture – reward structure, agency philosophy
- Hierarchy – power structure, decision making authority
- Roles – dispel or confirm assumptions about each other's agency
- Responsibilities – duties required as part of one's job
- Anticipated barriers to the MDT – confidentiality issues, turf issues

From Cross Training to Protocols

Now that differences have been identified and discussed, the MDT will need to decide how to address these differences and memorialize them in protocols so they are no longer barriers.

Summary. Training is a critical component of any MDT. All three types of training, professional development, MDT, and cross training, are important to the success of the MDT. Avoid the “one-and-done” approach, but rather, offer or arrange periodic and ongoing training opportunities for the MDT.

Endnotes

- ⁱ Karcher, B. C., & Whittlesey, V. (2007). Bridging the gap between academic gerontology and the educational needs of the aging network. *Educational Gerontology*, 33(3), 209–220.; Kemp and Mosqueda (2005) recommend an in-depth interview to determine the dynamics between the victim and perpetrator to determine why the elder trusted or believed the perpetrator, what the victim was hoping to achieve, what the perpetrator did to take advantage of the relationship, and the consequences on the older person. (Kemp, B. J., & Mosqueda, L. A. (2005). Elder financial abuse: An evaluation framework and supporting evidence. *Journal of the American Geriatrics*, 53(7), 1123–1127.; Ratcheva, V, (2009). Integrating diverse knowledge through boundary spanning processes – The case of multidisciplinary project teams. *International Journal of Project Management*, 27(3), 206–215.
- ⁱⁱ Levi, D. (2014). *Group dynamics for teams* (4th ed). Las Angeles, CA: Sage (pp. 335-341).
- ⁱⁱⁱ Levi, D. (2014). *Group dynamics for teams* (4th ed). Las Angeles, CA: Sage see (Chapter 14 Team, Organizational, and International culture). Tousijn, W. (2012). Integrating health and social care: Interprofessional relations of multidisciplinary teams in Italy. *Current Sociology*, 60, 522-537.
- ^{iv} Disis, M. L., & Slattery, J. T. (2010). The road we must take: Multidisciplinary team science. *Science Translational Medicine*, 2(22), p. 22cm9.; Newman, B. S., Dannenfelser, P. L., & Pendleton, D. (2005). Child abuse investigations: Reasons for using Child Advocacy Centers and suggestions for improvement. *Child and Adolescent Social Work Journal*, 22(2), 165-181.
- ^v Visit the National Children’s Advocacy Center training website
<http://www.nationalcac.org/about-ncac-virtual-training-center>
<http://www.nationalcac.org/images/pdfs/TrainingandConferences/NationalSymposiumOnChildAbuse/Handouts/2014/Migliaro-Your%20MDT%20How's%20that%20Working.pdf>
- ^{vi} Delagrammatikas, L. (2014). Team Building Activities for Use with Elder Abuse Multidisciplinary Teams, available at
http://theacademy.sdsu.edu/programs/Project_Master/projectmaster-1.htm (or available by inserting Team Building Exercises for Elder Abuse Multidisciplinary Teams)
- ^{vii} Payne, B. K., Berg, B. L., & James, L. F. (2001). Attitudes about sanctioning elder abuse offenders among police chiefs, nursing home employees, and students. *International Journal of Offender Therapy and Comparative Criminology*, 45, 363-382 (p. 378).
- ^{viii} Levi, D. (2014). *Group dynamics for teams* (4th ed). Las Angeles, CA: Sage (pp 338-339).
- ^{ix} Ratcheva, V, (2009). Integrating diverse knowledge through boundary spanning processes – The case of multidisciplinary project teams. *International Journal of Project Management*, 27(3), 206–215.
- ^x Disis, M. L., & Slattery, J. T. (2010). The road we must take: Multidisciplinary team science. *Science Translational Medicine*, 2(22), p. 22cm9.; Payne, B. K., Berg, B. L., & James, L. F. (2001). Attitudes about sanctioning elder abuse offenders among police chiefs, nursing home employees, and students. *International Journal of Offender Therapy and Comparative Criminology*, 45, 363-382.; National Institute of Justice (2004). What does it take to make

collaboration work? Lessons learned through the criminal justice system project (NCJ 204517). NIJ Journal, 251, 8-13. Washington, DC: National Institute of Justice.

^{xi} 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.

^{xii} Disis, M. L., & Slattery, J. T. (2010). The road we must take: Multidisciplinary team science. *Science Translational Medicine*, 2(22), p. 22cm9.

^{xiii} Malks, B., Buckmaster, J., & Cunningham, L. (2003). Combating elder financial abuse—A multi-disciplinary approach to a growing problem. *Journal of Elder Abuse & Neglect*, 15(3-4), 55-70 (p. 61-62).

^{xiv} Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (). Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team (pp. 103-104).

^{xv} [http://www.sccgov.org/sites/ssa/Department%20of%20Aging%20-%20Adult%20Services/Adult%20Protective%20Services/Financial%20Abuse%20Specialist%20Team%20\(FAST\)/Documents/fast_practice_guide.pdf](http://www.sccgov.org/sites/ssa/Department%20of%20Aging%20-%20Adult%20Services/Adult%20Protective%20Services/Financial%20Abuse%20Specialist%20Team%20(FAST)/Documents/fast_practice_guide.pdf)

^{xvi} Source: Jason Burnett, PhD, UTHHealth, Houston - Medical School, Assistant Professor, Co-Director of The Texas Elder Abuse & Mistreatment Institute (TEAM)