



NATIONAL ELDER ABUSE
MULTIDISCIPLINARY TEAM SUMMIT

Advancing Dignity
and Well-Being

Day 1



DEPARTMENT OF JUSTICE
ElderJustice
INITIATIVE



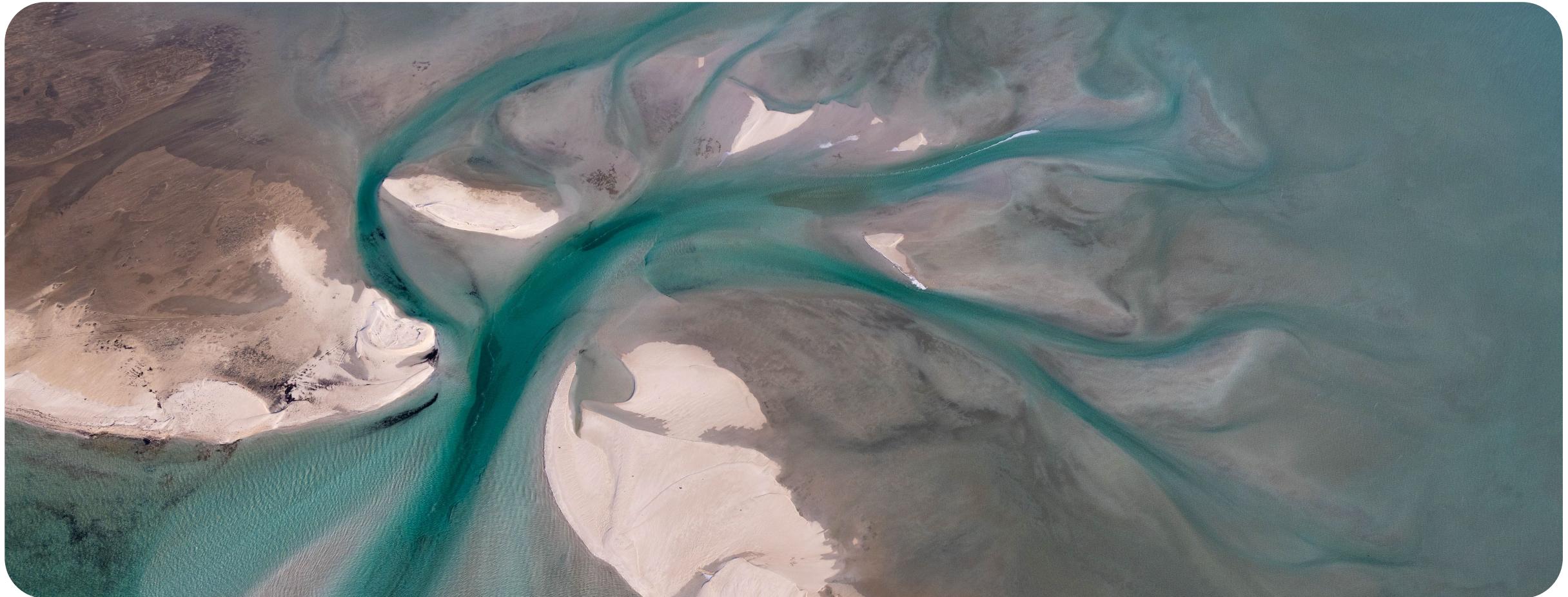
Advancing MDT Practices

Talitha Guinn-Shaver
Elder Justice Initiative
MDT Technical Advisor

SUMMIT
INTRODUCTION

Thursday 5.29.25

10:30 AM Est.

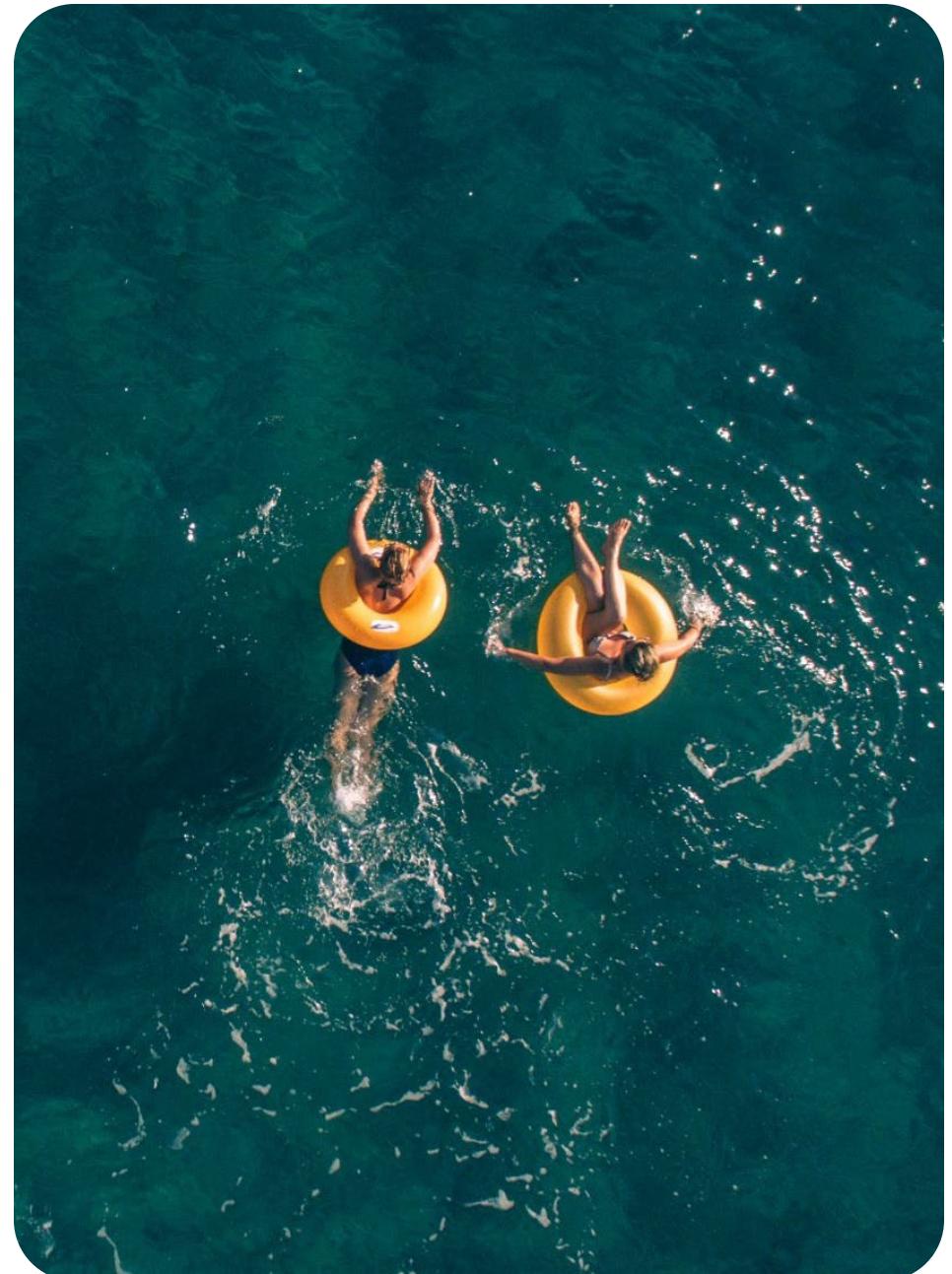


Advancing MDT Practices

Talitha Guinn-Shaver
MDT Technical Advisor
Elder Justice Initiative
US Department of Justice

Agenda

- Summit Background
- Definitions
- Listening Sessions
- New Tools and Resources

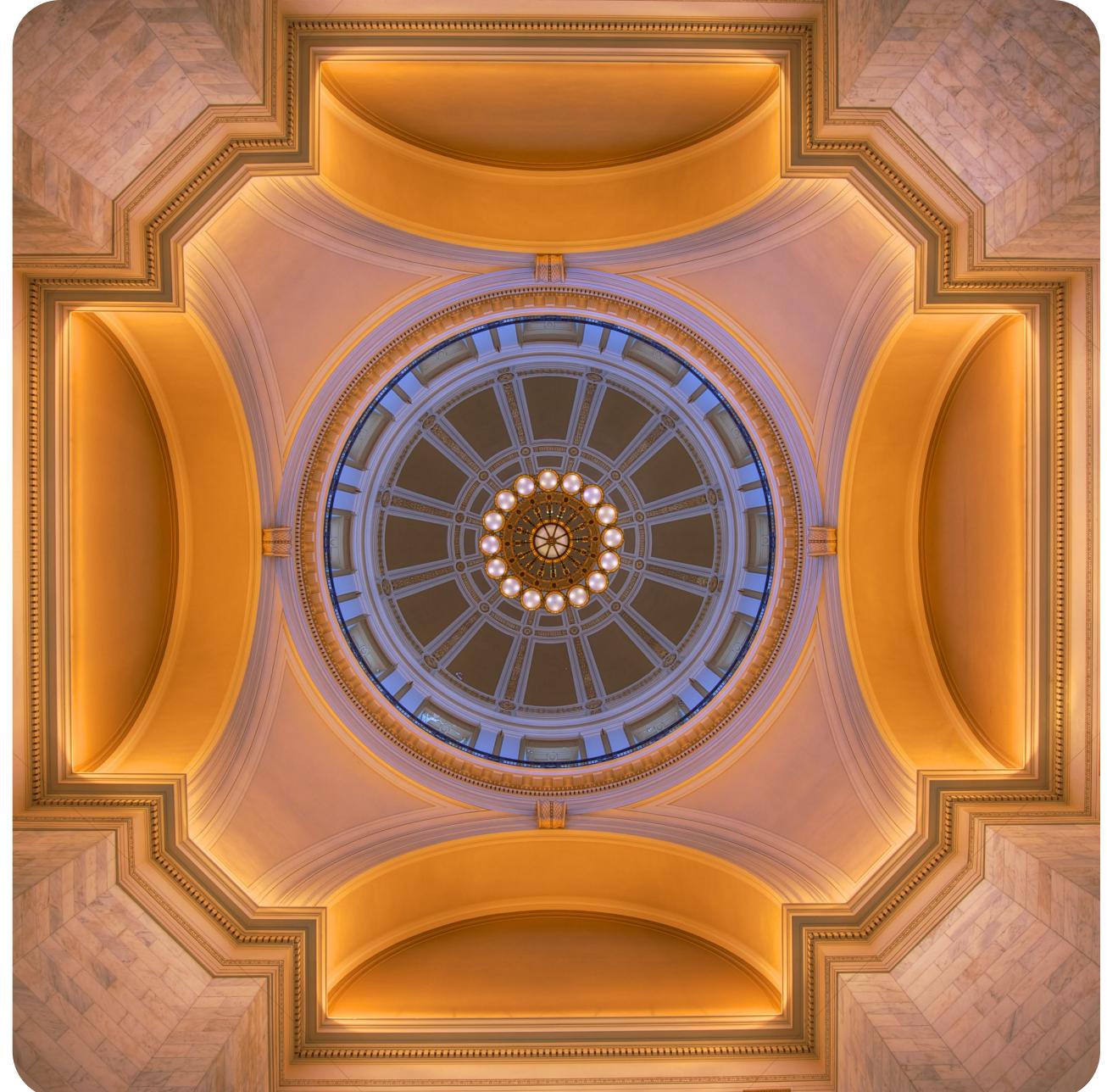


"Ideas flow like water – they are shaped by their environment, sometimes rushing, sometimes still, but always moving toward clarity."

– Margaret J. Wheatley (2006), **Leadership and the New Science**

Summit Background

- Always seeking to **advance justice** for elder abuse victims
- Began with **law enforcement listening sessions** in 2020
- Understanding their needs and challenges specifically related to **MDTs**
- Small group - led to more questions and **exploration of collaborative models** in the elder justice field and sister fields
- Also began exploring the **origin and evolution of the field**
- Bringing our federal and national partners into the conversation





3 Points of Learning from Sister Fields

- Triaging cases on the front end (emergency response, mobile)
- **Utilizing trauma-informed and person-centered practices to improve client outcomes, experience, wellbeing**
- Providing a soft landing – peer support, counseling, etc.

*DV teams, Child Advocacy Centers, Sexual Assault Response Teams (SARTs), Mental Health Crisis Teams, etc.

Summit Agenda Topics

- Collaboration (law enforcement, prosecutors, APS)
- Best practices
- Communicating with older adults
- Confidentiality
- Program evaluation
- State initiatives

*Technical assistance needs, listening session, feedback from partners



Navigating Together

What do we already know?

Literature review

Who are we? How do we define our teams?

Network definitions

What do local MDTs think, want, and need?

Listening sessions

How can we improve our practices?

Trauma-informed and person-centered vs. system-centered

How can we improve tools and resources?

Updated MDT Guide and Toolkit & statutory review

What are teams doing?

MDT status updates

Elder Abuse MDT Literature Review

The Office of Justice Program's (OJP) librarian created an annotated bibliography on elder abuse MDTs as our starting place for conversation.

What do we already know?



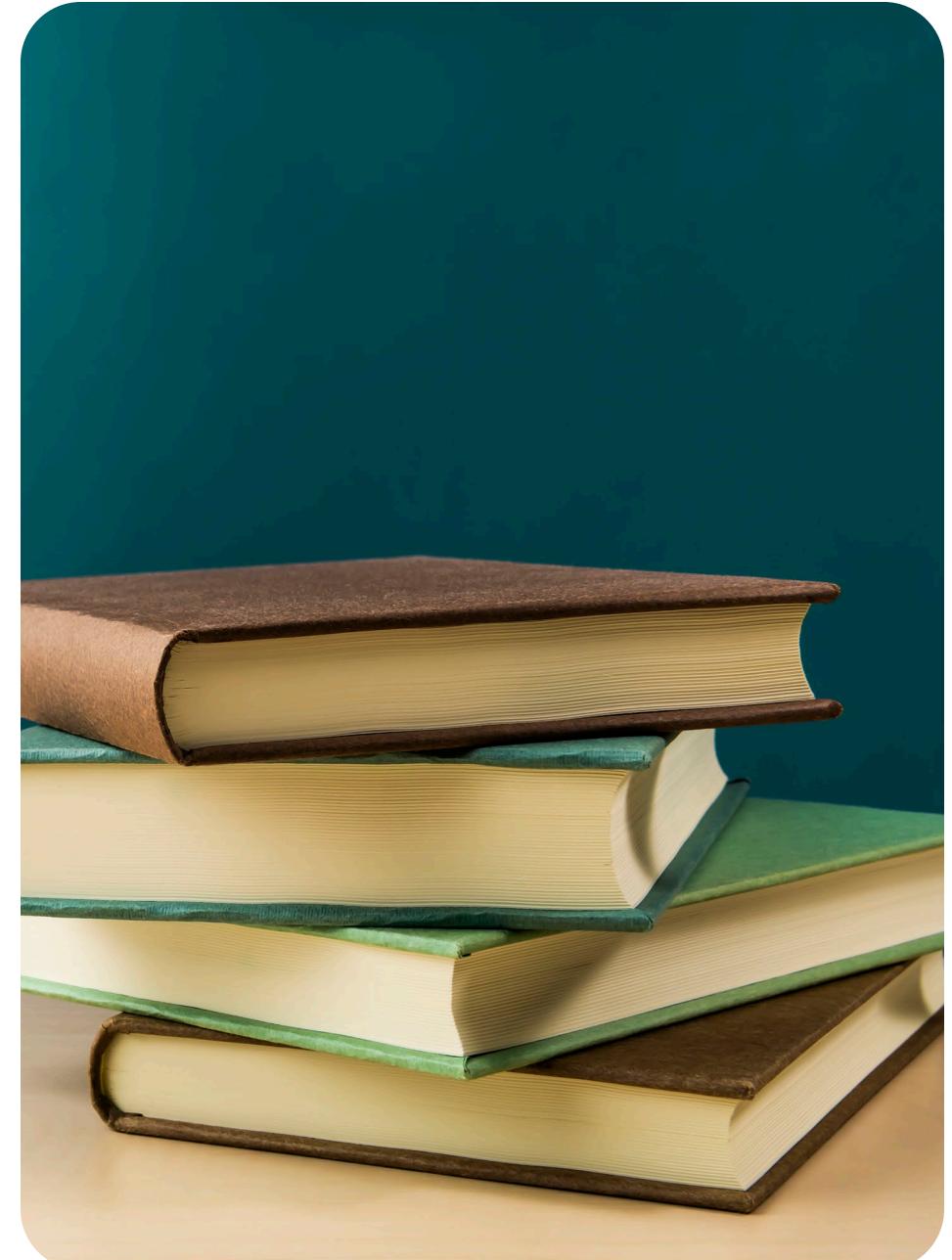
Network Definitions

- EJI drafted proposed network definitions
- Reviewed by our federal and national partners.
- Revisions with local MDTs during listening sessions

“When I started a year ago, this [list of definitions] would have been gold. It [examples] would also help me to locate more information about these models.”

“MDTs were foreign to me. It was a big learning curve, so this is great for someone coming into this field. It would be helpful to have these terms.”

Who are we? How do we define our teams?



Status Updates and Recommendations from MDTs Across the Country

- MDTs in 50 states participated
- 147 status updates and recommendations

What are teams doing?

Slides will be shared during lunch and are available on the Summit Materials page



National Elder Abuse MDT Listening Session Report

Listening Session Details

- 10 Listening Sessions
- 101 Participants
- 24 States

Report Results Section Structure

- Definitions
- Best Practices
- Data Collection
- Emerging Trends and Needs

What do local MDTs think, want, and need?

DEPARTMENT OF JUSTICE
ElderJustice
INITIATIVE



National Elder Abuse MDT Listening Session Report

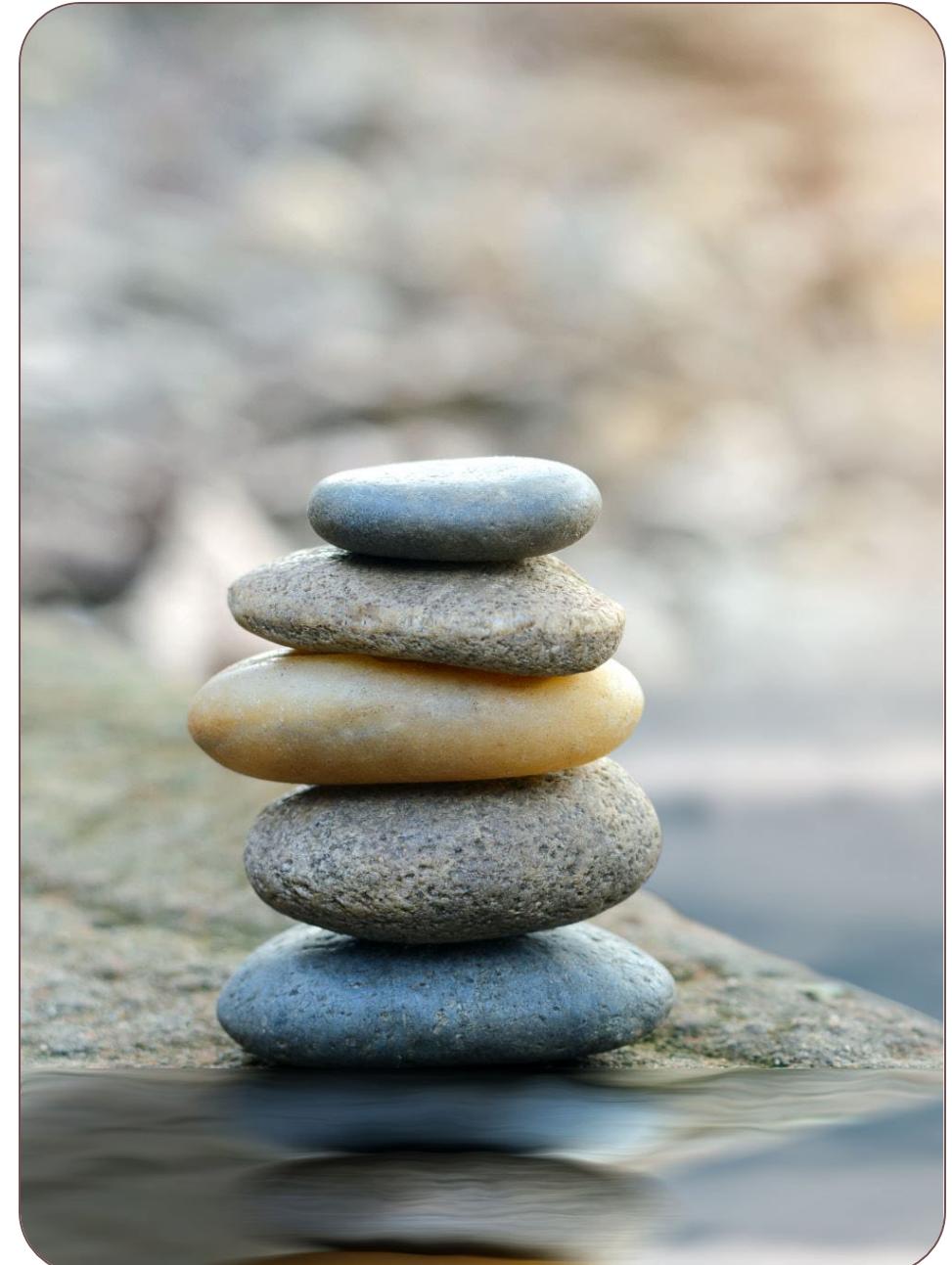
Comments from the field to advance MDT practices

2025



Participants Identified Additional High-Priority Data Elements

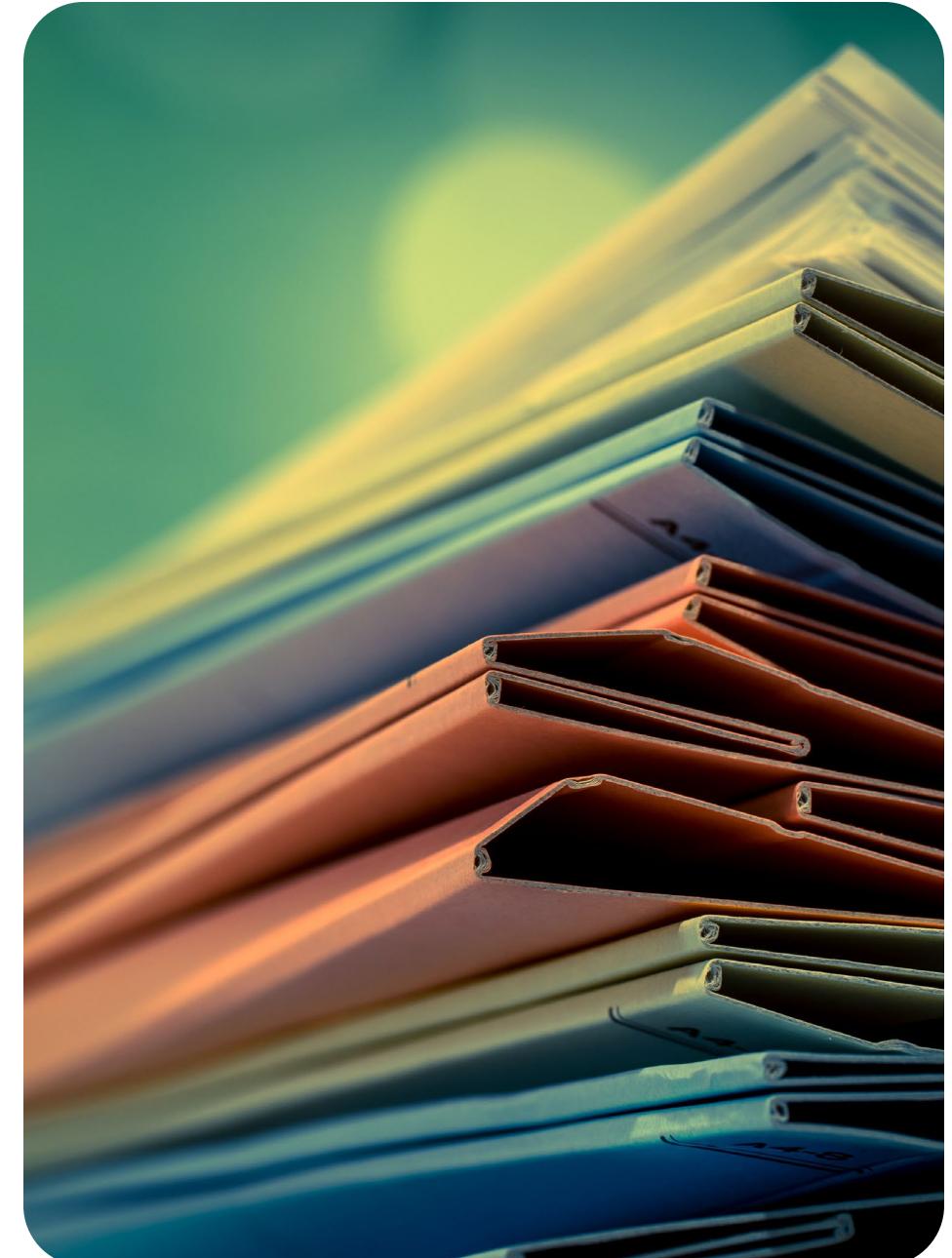
- Client outcomes, including long-term impact and follow-up
- Financial loss and recovery amounts
- Repeat victimization or recidivism
- Perpetrator demographics and relationships
- Action plan tracking
- Referral history and wraparound services
- Case closure reasons (with categorized perceived value: positive, neutral, negative)



Data Collection Needs

Participants were aligned on the value of national data standards and tools but stressed the need for

- flexible, low-burden implementation
- simple, customizable, and secure software options
- national guidance for integrating data to improve team function and to use for program evaluation
- funding, training, and cross-agency agreements to support this shift



Best Practices

- **Person-centered** and **trauma-informed** principles are widely embraced, though often applied informally.
- Teams expressed a desire for **practical tools, sample policies, and training materials** to help formalize these practices.
- Cross-sector collaboration, creative adaptations, and **sustained peer relationships** are key success factors.

“We coordinate interviews, so the victim isn’t retraumatized by repeating their story.”

“We developed our mission and vision using the same language as the person-centered definition.”

“This has been a good reminder for us! These practices have been part of our work informally, but we will be more intentional going forward.”



Highlights from the National Elder Abuse MDT Listening Session Report

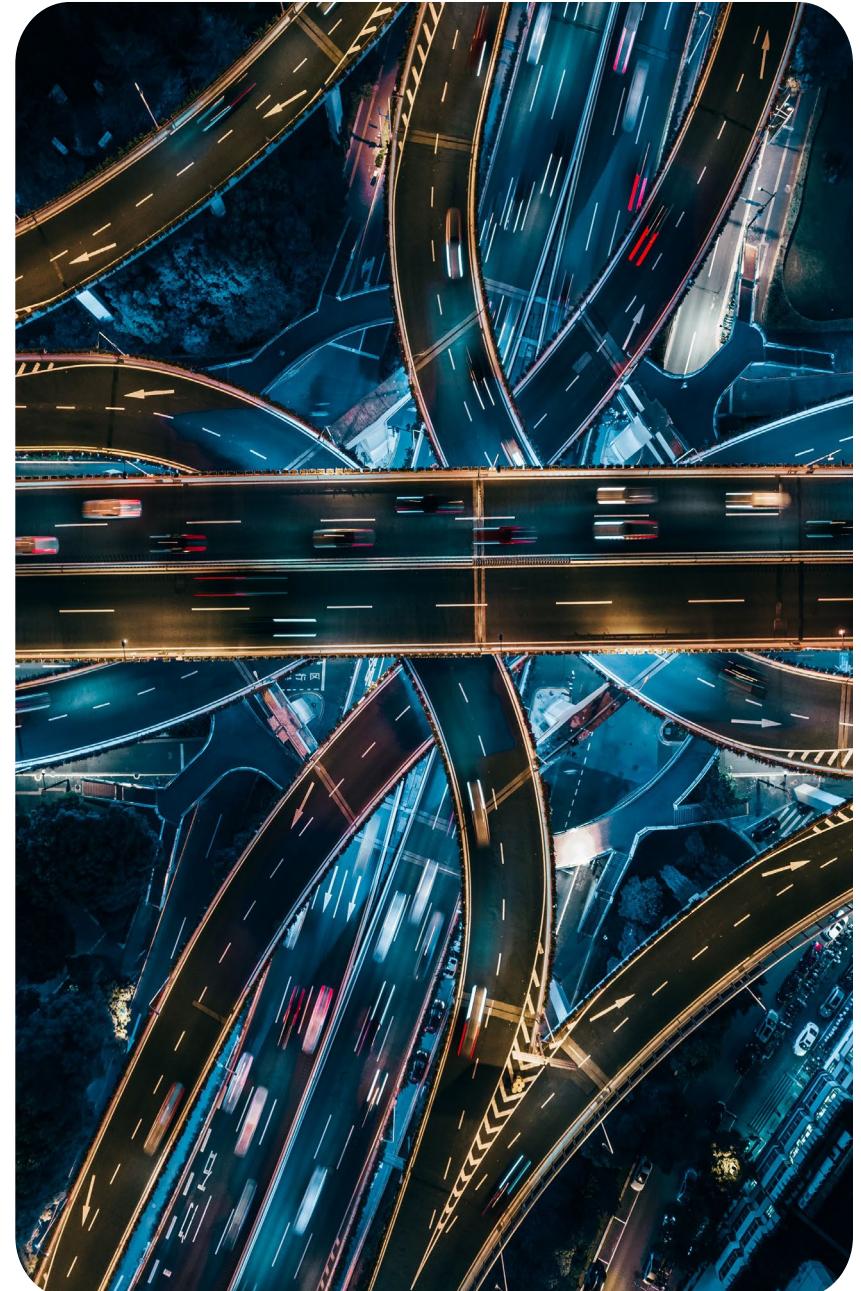
External Challenges

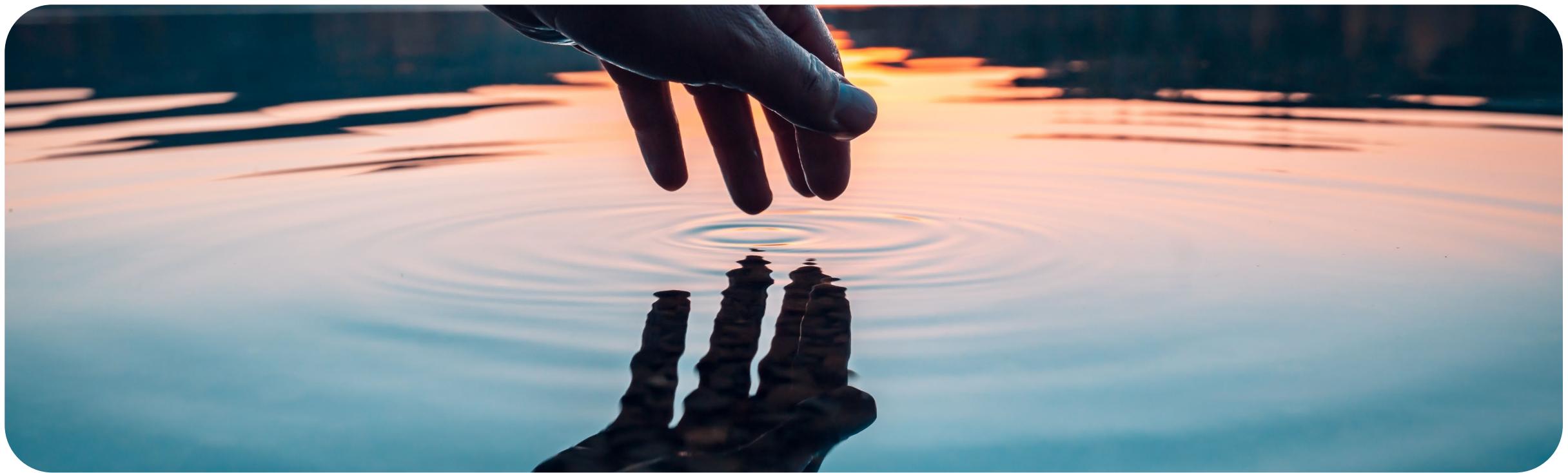
- Rising mental health challenges
- Substance use
- Deepening housing instability
- Rapid evolution of financial scams that utilize AI

These issues often intersect, straining already limited systems and highlighting gaps in services for older adults.

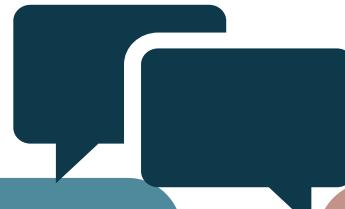
Internal Challenges

- The loss of long-time champions to retirement
- Difficulty gaining and maintaining law enforcement participation
- The ongoing burden of team sustainability





Keep Talking



Law Enforcement

It is hard to collaborate. They don't tell us anything. They don't understand what we can and cannot do. We want to work with them.

APS

It is hard to collaborate. They don't tell us anything. They don't understand what we can and cannot do. We want to work with them.

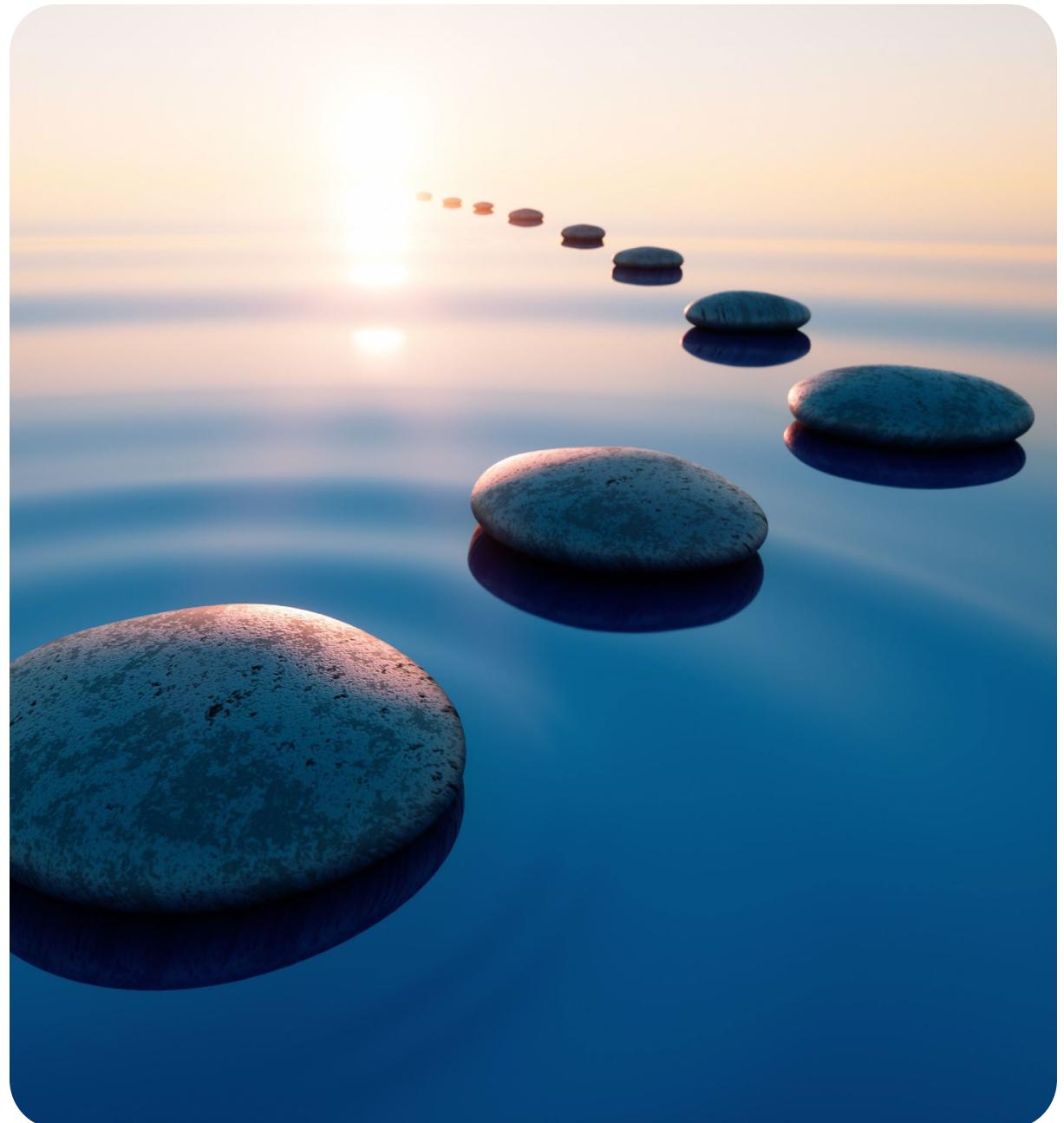
MDT Guide and Toolkit

2nd edition

Update includes

- Serving older adults utilizing trauma-informed and person-centered practices
- MDT Coordinators - expanded
- Confidentiality
- Program evaluation
- **MDT Statutes 2025 - updated**

How can we improve tools and resources?



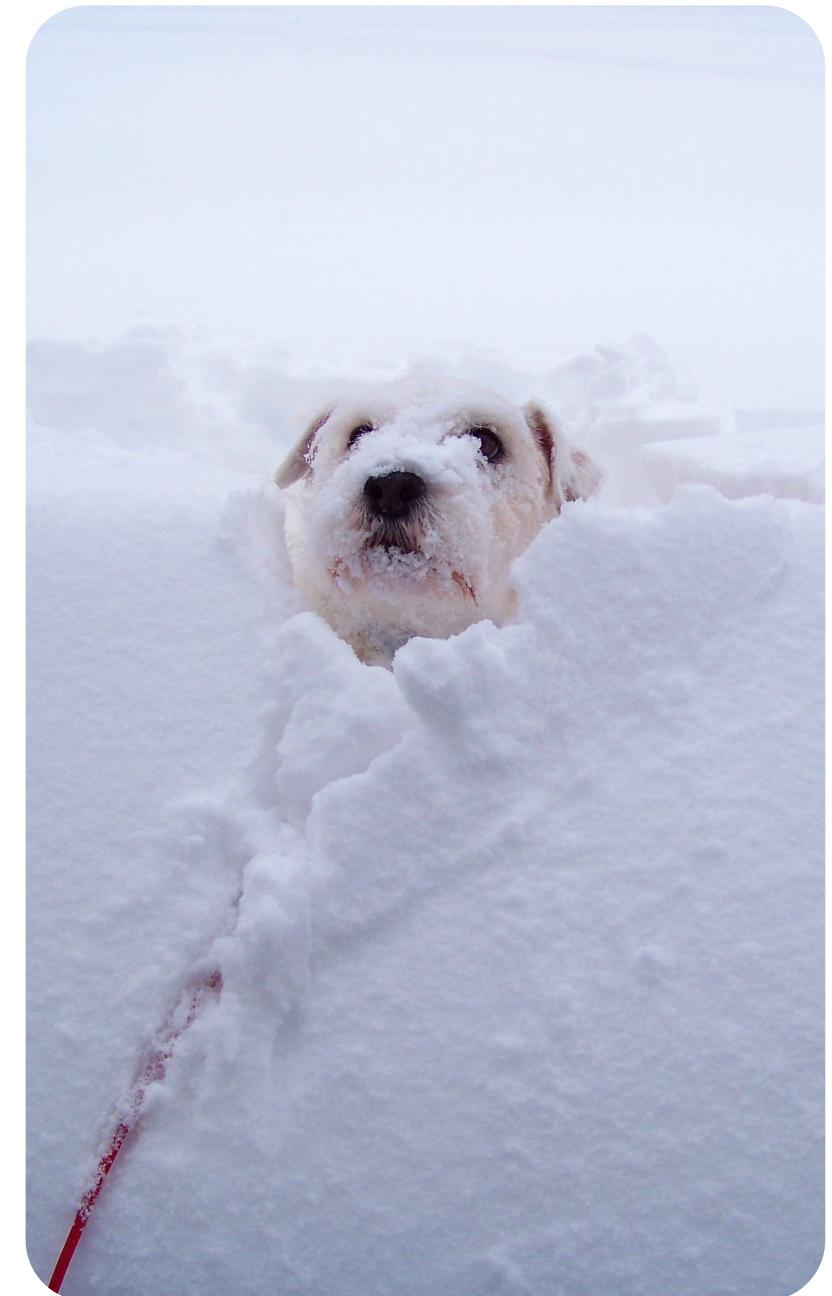
MDT TAC – Consults

You don't have to do this alone!

- No cost
- Confidential

- Problem solving
- Avoiding problems
- Identify resources
- More

Email: talitha.j.guinn-shaver@usdoj.gov

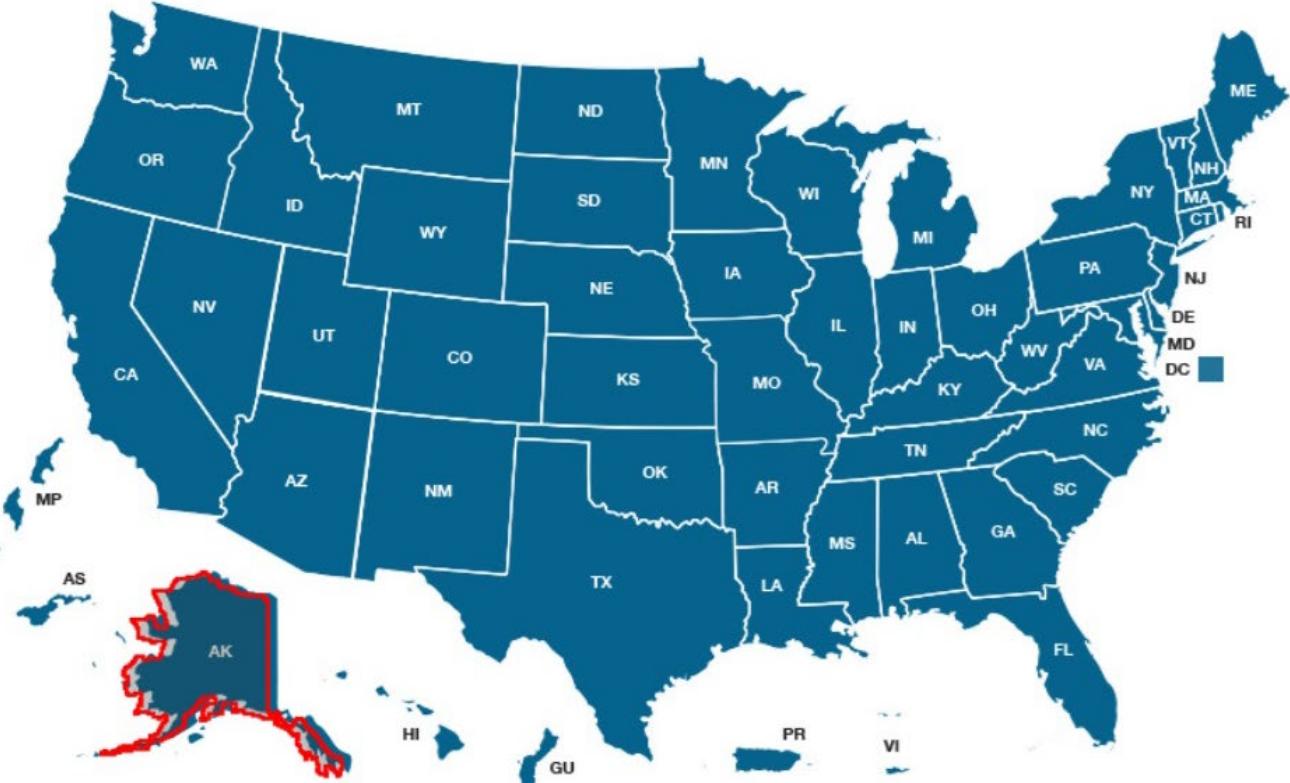


Join the MDT Map

- Team Name
- Location
- Team Type
- Contact Information

talitha.j.guinn-shaver@usdoj.gov

To view content by state, simply choose a state from the map below.





Keep the Conversation Going

Talitha Guinn-Shaver talitha.j.guinn-shaver@usdoj.gov

Poll

What is your MDT role? You may choose more than one.

- a) Advocate
- b) APS/Social worker
- c) Civil attorney
- d) Forensic accountant
- e) Law enforcement
- f) MDT Coordinator
- g) Medical professional
- h) Outreach specialist
- i) Prosecutor
- j) Psychologist/psychiatrist
- k) Other

Making the Case: How Collaboration among Law Enforcement, Prosecutors, and MDT Member Agencies Improves Prosecution

Page Ulrey

Senior Deputy Prosecuting Attorney
King County Prosecutor's Office

SESSION 1

Agenda

The Multidisciplinary Response to Elder Abuse in King County, WA

An Early Case

The Challenges We Face

A Recent Case

Conclusion

King County, Washington

Population: 2.271 Million

2130 square miles

Urban and rural

Largest city is Seattle, with population of 755,000

39 police agencies

- Seattle Police Dept. is largest



The Multidisciplinary Response to Elder Abuse in King County - 2001

Elder abuse prosecutor position created

Assignment:

- Prosecute cases
 - Financial exploitation and neglect
- Build relationships with law enforcement
- Coordinate community response



The Multidisciplinary Response to Elder Abuse in King County

- Seattle Police Department (SPD) had dedicated elder abuse detective and advocate
 - Later expanded unit to 3 detectives
- Collaboration with prosecutor, SPD detectives and APS

But:

- No advocacy for elder abuse victims in community-based agencies
- No elder abuse advocates in prosecutor's office
- Outside of Seattle, elder financial exploitation and neglect cases are rarely responded to by law enforcement

The Multidisciplinary Response to Elder Abuse in King County 2002 - 2010

- 2002: Formed King County Elder Abuse Council – unfunded group that meets monthly to improve systemic response to elder abuse
- 2009: Awarded 3-year Abuse in Later Life grant by Office on Violence Against Women. Through the grant:
 - Train law enforcement, APS, social service providers, judges, prosecutors
 - Work on improving system response to cases of elder abuse
 - Develop plan to improve victim services
- 2010: 2nd elder abuse prosecutor position is created

An Early Case

- Leon L was 79 years old, lived alone
- Son lived out of town
- Recently lost his wife to lung cancer
- Leon withdrew from his son after her death
- Put his wife's 1999 Cadillac (worth \$3800) up for sale by parking it in front yard with a "For Sale" sign in the window
- Michael E came to door, offered \$100 down and to make payments of \$100/month

An Early Case

- Leon agreed. Accepted the \$100 and gave Michael E the title
- No written contract; Michael E drove away with the car
- Two days later, Michael E returned with his “cousin,” Yana R
- She began talking to Leon, learned of his past
- Befriended him and brought her young daughter with her

An Early Case

- Yana R was kind to Leon, and flirtatious
- Soon convinced him to invest in a fictitious catering business she claimed she worked for
- Over six months, Leon gave her \$190,000 in cash to invest in the alleged business—his life savings
- Leon’s son eventually saw the withdrawals, talked to his father, called police and APS
- SPD elder abuse detective investigated
- Both defendants were known to us

An Early Case

- Detective and prosecutor collaborated on investigation
- Obtained capacity evaluation of Leon
 - Diagnosed with moderate dementia
- APS closed case on grounds that Leon did not meet WA definition of “vulnerable adult”
- After investigation, we filed charges:
 - Michael E: Theft of MV with Vulnerable Victim aggravator and Trafficking in Stolen Property
 - Yana R: Multiple counts of felony Theft with Vulnerable Victim aggravators

An Early Case

- Yana R pled guilty, went to prison
- Michael E went to trial
 - Key witnesses:
 - Leon
 - Refreshed his memory with notes he'd written
 - Confused about numbers, dates, but able to recount essence of what happened
 - Capacity evaluator
 - Leon's son
 - Jury convicted on both counts
 - Sentenced to prison
 - Ordered to pay restitution

An Early Case

- After trial, Leon went home alone
 - Life savings were gone
 - Though restitution was ordered, would never receive most of what he lost
 - No legal protections in place
 - No assistance with his finances
 - Still isolated, lonely, and vulnerable

Discussion

- Has anyone experienced a similar outcome to a prosecution?
- What are the barriers that prevent us from being able to better help victims like Leon?

The Challenges We Face in Helping Older Victims

- Elder abuse victims may be reluctant to cooperate, due to:
 - Fear of losing independence
 - Fear of retaliation by perpetrator
 - Lack of knowledge or disbelief that exploitation is occurring
 - Emotional dependence on, love for perpetrator
 - Belief that if they do, they will lose all hope of getting their money back
 - Mistrust of the criminal justice system, or of the system in general
 - Dementia

The Challenges We Face in Helping Older Victims

- Law enforcement/prosecutors may refuse to investigate/prosecute due to lack of training on how to respond to these cases, resulting in incorrect assumptions:
 - That a victim with dementia can't testify
 - That a case can't be proved without the victim's testimony
 - That a victim consented when their judgement was impaired due to undiagnosed dementia
 - Mild to moderate dementia is often missed by APS, primary care providers, financial advisors, family members
 - That the case is civil, not criminal

The Challenges We Face in Helping Older Victims

- Law enforcement/prosecutors may decline to investigate/prosecute due to:
 - Lack of needed experts:
 - Forensic accountants
 - Capacity evaluators
 - Geriatricians
 - Wound care specialists
 - Elder law attorneys
 - Delays in reporting
 - Complexity of cases
 - Lack of adequate resources

The Challenges We Face in Helping Older Victims

- Lack of working relationships between law enforcement, prosecutors, APS, and other agencies in aging network
- Lack of community resources for elder abuse victims
- The complexity of an older victim's needs
 - Legal, medical, social services, financial, housing, counseling, mitigation of loneliness

Despite the complexity of these cases and older victims' needs, most communities do not have multidisciplinary teams to help coordinate investigations and services for elder abuse victims.



Multidisciplinary Response in King County - 2011

- With OVW Abuse in Later Life grant funds, new elder abuse case manager position at AAA is created

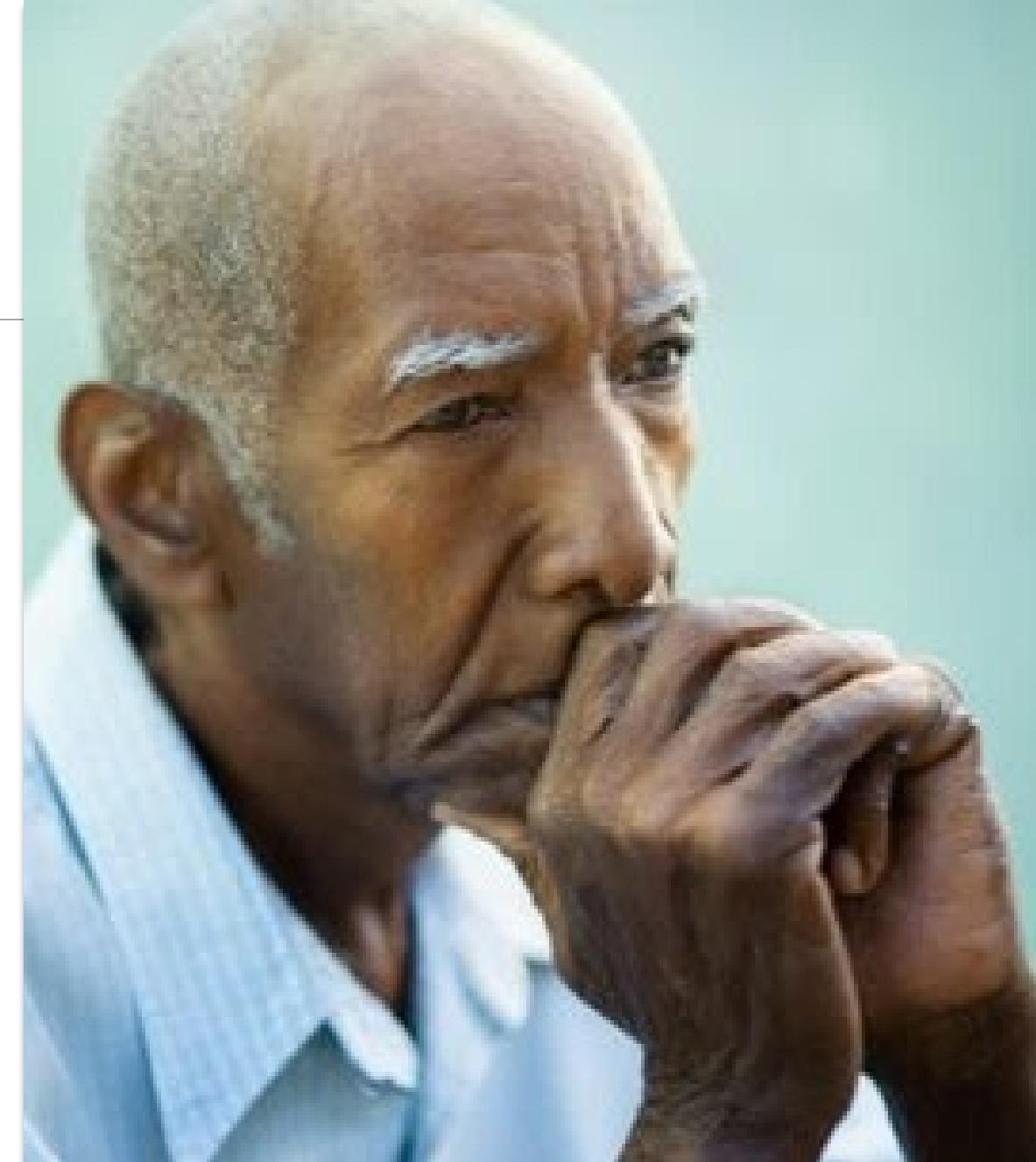
Elder Abuse Case Managers Area Agency on Aging (AAA)

- Provide long-term case management, advocacy for victims of all forms of elder abuse
 - No other similar resources for elder abuse victims in county
- After grant funds expire, AAA continues to fund
- Now employ two full-time case managers

Multidisciplinary Response in King County - 2019

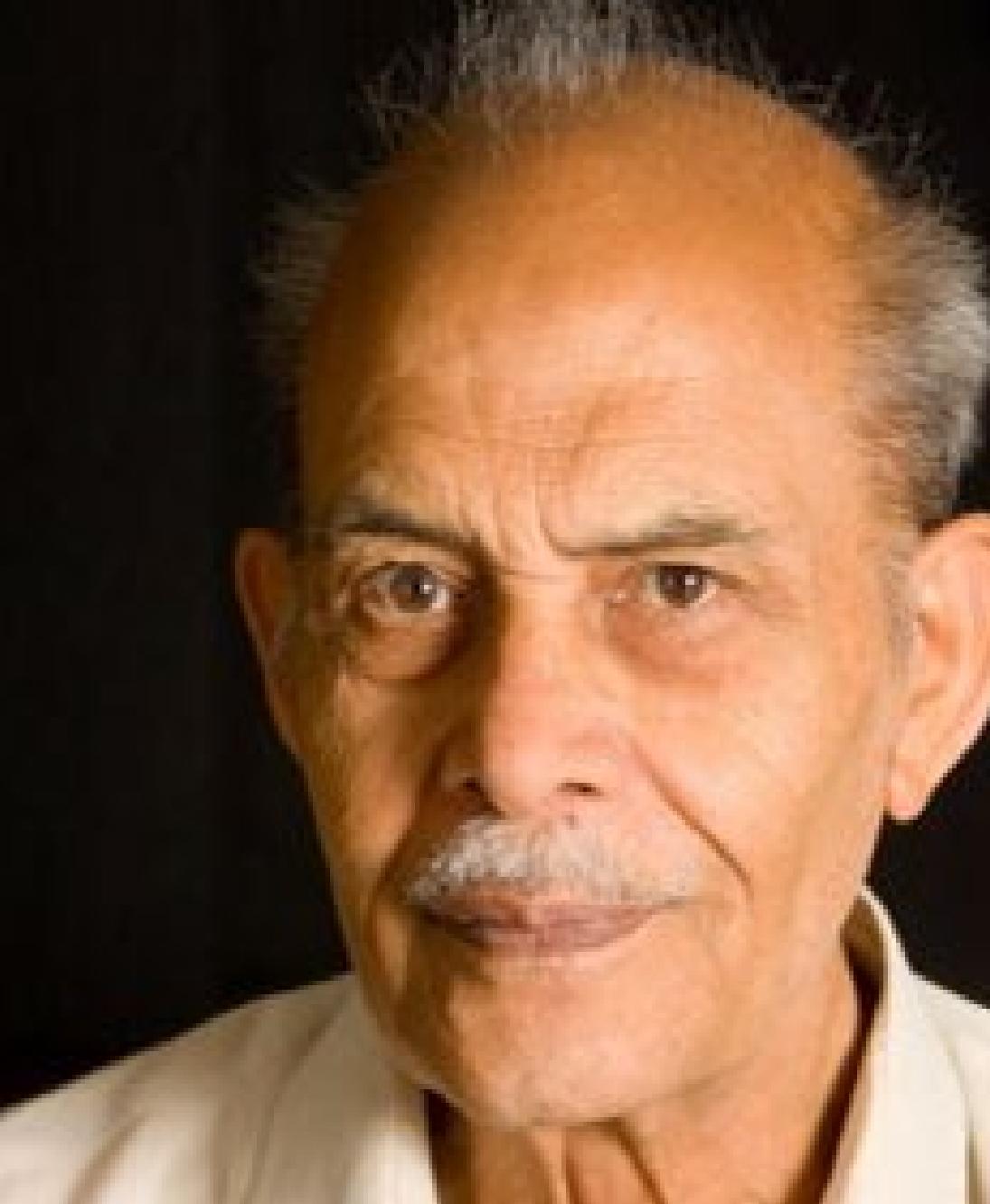
King County levy funds Elder Abuse
Multidisciplinary Team for 5 years:

- Half-time prosecutor
- FT Financial Analyst
- FT Coordinator



King County's Elder Abuse Multidisciplinary Team – Initial Partners

- King County Prosecutor's Office
 - Elder abuse prosecutors
 - Financial investigator
 - Advocate
- King County Sheriff's Office elder abuse detective
- Aging and Disability Services supervisor and elder abuse case managers
- APS supervisors



MDT Evolves Over Time

- Partners are added:
 - Geriatric Regional Assessment Team (in-home mental health assessments)
 - Developmental Disabilities Administration
 - Swedish Hospital geriatricians*
- Referrals increase
- Community relationships develop
- Services expand
 - Capacity evaluations
 - Money manager
 - Health care
 - Case management

A Recent Case

- Theresa L is 69 years old, suffers from traumatic brain injury
- Is easily confused and difficult to communicate with, particularly regarding finances
- Has two grown children—Travis and Traci
- Has owned her home in Seattle area for many years

A Recent Case

- June 2020: Social worker for Theresa calls 911 to report that a year prior, Theresa's son Travis sold her home and stole proceeds. Said Theresa is now homeless and living in a motel; Sergeant at King County Sheriff's Office believes case is civil, no detective assigned
- August 2020: After additional reports are made, assigns case to detective, who reaches out to prosecutor
- Detective works with prosecutor and APS investigator to conduct witness interviews, obtain financial records

A Recent Case

- Investigation reveals:
 - Theresa has worked full-time as a gas attendant at 7-Eleven for decades
 - Managed to stay afloat but was sometimes late with mortgage payments
 - Has history of being exploited by people living in her home; has refused to cooperate with police

A Recent Case

- August 2019: Theresa's home was sold for \$368,000 to a 3rd party
 - After mortgage and credit card debtor were paid off, \$151,000 remained
- September 2019: \$133,000 wired out of Theresa's account and into Travis L.'s bank account
- Shortly thereafter, Travis and his wife moved to Hawaii
- January 2020: Travis has spent the entire proceeds

A Recent Case

- Interview of Theresa:
 - Travis told her to move out of her house temporarily so he could fix it up
 - Travis told her the house was being transferred to him or Traci so they could help her
 - Theresa did not understand the purchase and sale documents, but trusted her son

A Recent Case

- June 2021: Case is referred to prosecutor's office
- I refer case to MDT for resources
 - ADS elder abuse case manager begins working with Theresa
 - APS coordinates with case manager, detective, and prosecutor
- October 2021: We file felony charges against Travis L:
 - Identity Theft 1
 - Theft from a Vulnerable Adult 1 (x2)
 - Mortgage Fraud
- Travis does not show for arraignment; warrant is issued

A Recent Case

- October 2021: MDT hires capacity evaluator for Theresa, who finds
 - Impaired decision-making capacity to manage housing, finances, and medical care; recommends financial guardianship, at least vulnerable to undue influence
- October 2021 – February 2023: Warrant remains outstanding for Travis L's arrest
 - Can't be located in Hawaii
- APS makes finding of financial exploitation against Travis

A Recent Case

- May 2022: MDT hires money manager with VOCA funds to work with Theresa
 - Prevents her from being evicted from hotel, finds long-term care facility for her
 - Serves as advocate for her on criminal case
 - Theresa eventually agrees to work with him long-term, avoiding guardianship
- March 2023: US Marshalls and Hawaii police locate and arrest Travis, who is extradited to WA, then released on bond

A Recent Case

- January 2024: Travis pleads guilty as charged
 - Due to Theresa's wish to recover lost assets, State makes tiered sentence recommendation, agreeing to dismiss charges and reduce prison recommendation contingent on amount of restitution Travis pays by time of sentencing
- Travis makes initial payment of \$25,000, then pays \$1000/week for the next year
- Total repayment pre-sentencing: \$75,000

A Recent Case

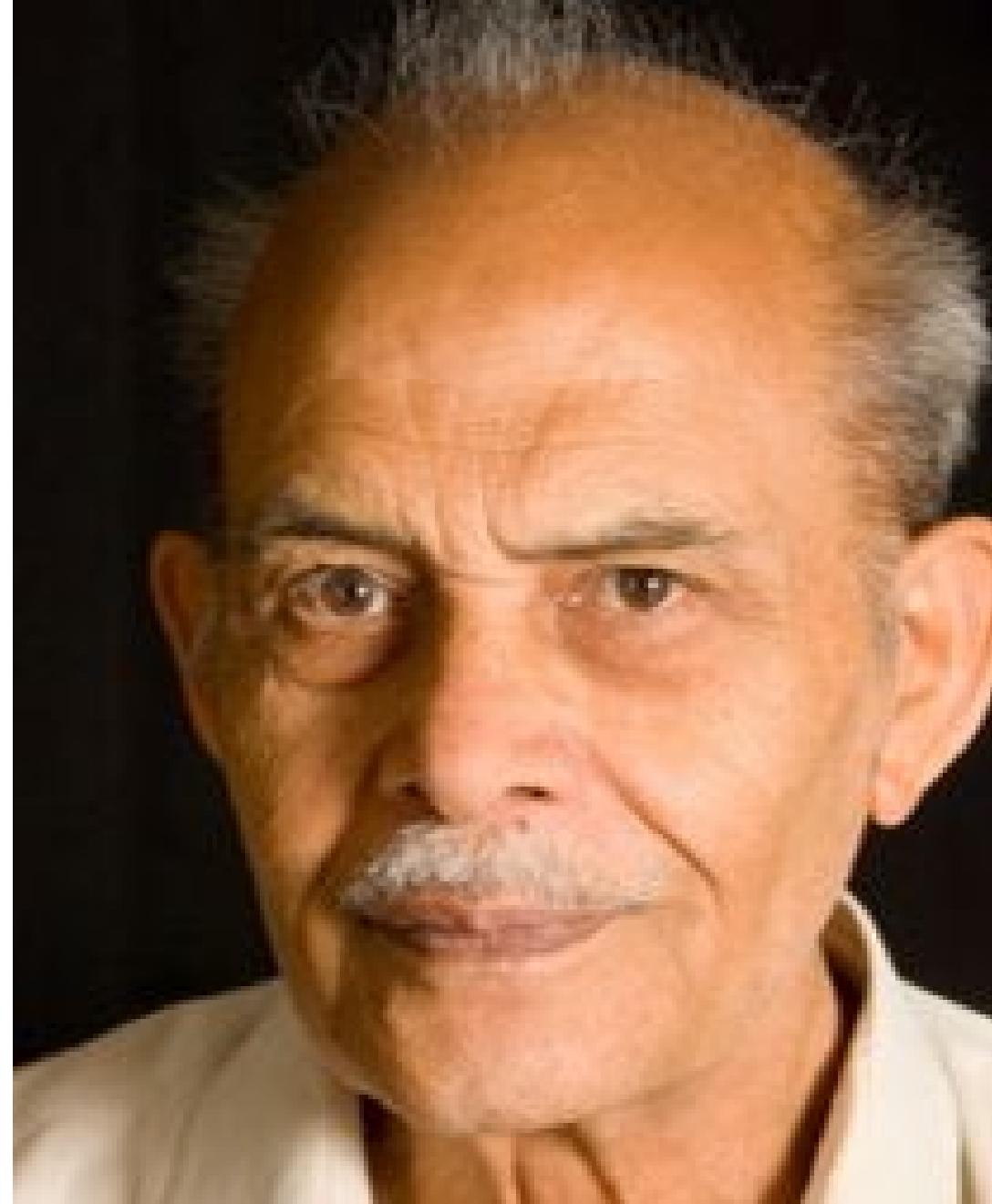
- January 2025: Sentencing hearing
 - Due to pre-payment of restitution, 2 felonies are dismissed, Travis avoids prison
 - Judge imposes:
 - 6 months electronic home monitoring
 - 1 year community custody
 - Remaining restitution due at \$500/month
 - No contact with Theresa, no work with vulnerable adults

A Recent Case

- As a result of the MDT's involvement, Theresa:
 - Avoided further financial exploitation and homelessness
 - Avoided guardianship
 - Is living in a home where she is safe and well cared for
 - Has a professional she trusts to advocate for her and manage her finances
 - Has recovered/will continue to recover significant portion of her financial losses

Multidisciplinary Response in King County 2023 - 2024

- Prosecutor's Office creates Elder Abuse, Neglect and Exploitation Unit
 - 3 prosecutors
 - 2 forensic accountants
 - 1 .5 advocate
 - 1 paralegal
- Elder Multidisciplinary Team is awarded second round of funding



By collaborating with professionals from other disciplines, we improve our ability to understand and respond to what victims need and want, to effectively and ethically prosecute cases, and to help older adults live their lives free of harm and with the dignity they deserve.



Feel Free to Contact Me

Page Ulrey

Senior Deputy Prosecuting Attorney

Elder Abuse, Neglect, and Exploitation Unit Chair

King County Prosecutor's Office

516 Third Avenue, Suite W554

Seattle, WA 98104

Office: 206-263-3318

Email: pulrey@kingcounty.gov

Thank you to Office on Violence Against Women and the National
Clearinghouse on Abuse in Later Life

A Shift in Perspective: The Relevance of Trauma-Informed Practices for MDTs

Joy Ernst, PhD, LLMSW

Associate Professor Emeritus
School of Social Work
Wayne State University

SESSION 2

A Shift in Perspective: The Relevance of Trauma-Informed Practices for MDTs

Joy Swanson Ernst, PhD, MSW

National Elder Abuse Multidisciplinary Team Summit

May 29, 2025



Shifts in perspective

Presentation overview

- Trauma and related concepts
- Trauma over the life course
- The connection to elder abuse and neglect
- Trauma-informed practices and organizational change
- Principles of trauma-informed practices and MDTs
- Benefits and challenges of adopting trauma-informed practices

Poll: What is trauma?

Provide a word or phrase that comes to mind when you hear the word “trauma”

Exhibit 1.2-1: Trauma Examples

Caused Naturally	Caused by People	
	Accidents, Technological Catastrophes	Intentional Acts
<ul style="list-style-type: none">TornadoLightning strikeWildfireAvalanchePhysical ailment or diseaseFallen treeEarthquakeDust stormVolcanic eruptionBlizzardHurricaneCycloneTyphoonMeteoriteFloodTsunamiEpidemicFamineLandslide or fallen boulder	<ul style="list-style-type: none">Train derailmentRoofing fallStructural collapseMountaineering accidentAircraft crashCar accident due to malfunctionMine collapse or fireRadiation leakCrane collapseGas explosionElectrocutionMachinery-related accidentOil spillMaritime accidentAccidental gun shootingSports-related death	<ul style="list-style-type: none">ArsonTerrorismSexual assault and abuseHomicides or suicidesMob violence or riotingPhysical abuse and neglectStabbing or shootingWarfareDomestic violencePoisoned water supplyHuman traffickingSchool violenceTortureHome invasionBank robberyGenocideMedical or food tampering

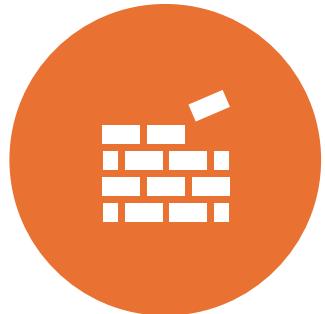
What is trauma?

“Individual trauma results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”
(SAMHSA, 2014a, p. 6)

What is trauma?

- Events – what happened?
- Experiences determine whether an event is traumatic
 - Feeling powerless
 - Loss of trust in person who harms
 - Influenced by cultural beliefs, social support, developmental stage
- Effects can be emotional, physical and cognitive
- Elder abuse is trauma!

Related concepts



Cumulative trauma – the extent to which a person has been subjected to traumatic events or experiences over their life



Shared trauma – helper and those being helped have experienced the same event (e.g., natural disaster, experiences of wartime, pandemic)



Secondary trauma – can develop, often suddenly, after direct exposure to the details of another's trauma



Vicarious trauma – result of cumulative exposure to trauma over time and can result in a shift in how the individual perceives safety, trust, and meaning in the world

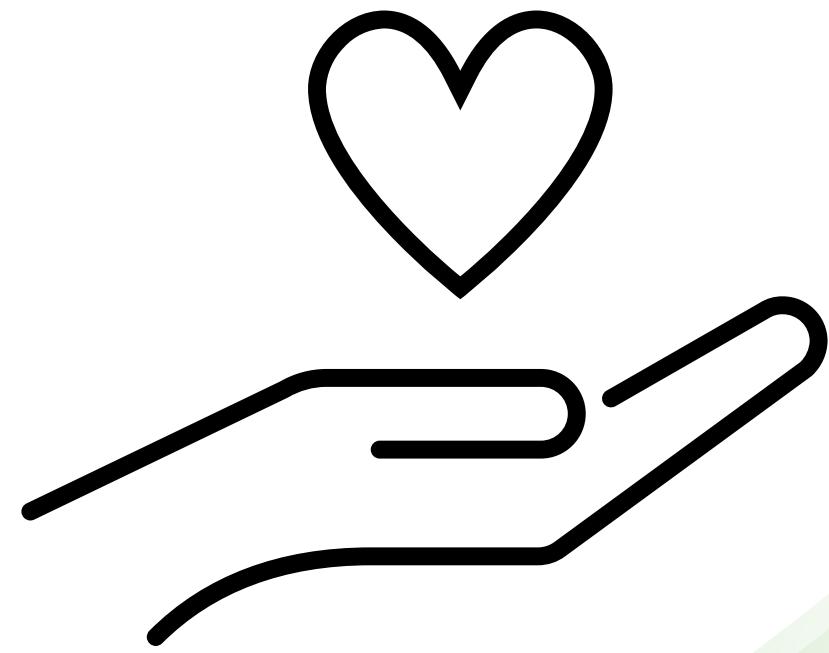
Healing from trauma

- Learning how to cope with sensations and emotions
 - Breathing techniques to deal with hyperarousal
 - Mindfulness
- Cultivating a support network
 - Developing relationships when family caused the trauma
 - Choosing a therapist
- Integrating traumatic memories
 - Usually requires professional guidance



Trauma-informed practices

- Built on the understanding of how trauma affects people
- Incorporating that knowledge into practice
- Shift in perspective – from “what’s wrong with you?” to “what happened to you?”





Life course perspective

- Helps us move away from “siloes” of family violence
 - Child abuse – focus on vulnerable and dependent children
 - Women – focus on women of reproductive age
 - Elder abuse – care dependent older adults
- Focuses on development and change over time, paying attention to the influence social environment and historical circumstances
- Prospective studies identify links between abuse experienced in different life stages
 - Cumulative disadvantage
 - Intergenerational transmission of violence
 - Predicting vulnerability to different types of abuse

Brownell, 2024

Trauma and elder abuse

- Predicted by child abuse and IPV and other trauma
- Link with polyvictimization (Ramsey-Klawnik & Miller, 2017)
- Understand risks and vulnerabilities associated with aging
- Adds to difficulty in addressing complicated elder abuse situations
- Different types of abuse require different responses



Trauma and MDTs

- MDT members are exposed to trauma regularly in their work
- MDTs deal with the most complex cases
- MDT-developed plans may be difficult to implement due to trauma-related challenges

Assumptions of the trauma-informed approach

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **resist re-traumatization**

SAMHSA, 2014a





Organizational change

- Involves tolerating the discomfort of not knowing
- Focusing on the quality of relationships in the organization
- Goal is to deliver outcomes that are positive, healing, or resolving
- Change is a *process* – involves language, behavior, policies
- Need a “champion”

Principles of trauma-informed care

Safety

Trustworthiness
and
transparency

Peer support
and mutual
self-help

Collaboration
and mutuality

Empowerment,
voice, and
choice

Respect for a
person's lived
experience

Safety

What to consider	Trauma-informed attitudes and actions
Physical and psychological safety	<ul style="list-style-type: none">Set communication guidelines (e.g., for how cases are presented)Emphasize respect for team members' expertise and for the experiences of older personsAttend to the environment of the MDT meetings
Respect for self-determination and autonomy	<ul style="list-style-type: none">Understand how past experiences inform attitudes about receiving help (for both older persons and team members)Maximize access to participationAvoid paternalistic attitudesAffirm basic dignity of all human beings
Victim safety	<ul style="list-style-type: none">Consider different possibilities to hold perpetrators accountable, taking impact on victim into account
Addressing environmental risks	<ul style="list-style-type: none">Assess the impact of clearing possessions and cleaning someone's house or yard

Trustworthiness and transparency

What to consider	Trauma-informed attitudes and actions
How to build trust	<p>Demonstrate reliability through regular attendance at meetings and follow through on decisions made during meetings</p> <p>Communicate openly to all team members</p> <p>Leader who champions trauma-informed practices</p>
Dynamics of abuse	<p>Understand the dynamics of elder abuse</p> <ul style="list-style-type: none">• High need for care associated with abuse• Risks for persons with dementia• Multiple forms of exploitation• Role of capacity
How to be transparent	<p>Be clear about limitations of your role and capacity of your organization</p> <p>Be honest about “non-negotiables”</p> <p>Acknowledge time limits and boundaries around meetings</p>

Peer support and mutual self-help

What to consider	Trauma-informed attitudes and actions
Prioritizing peer support	<p>Appreciate lived experiences of trauma survivors</p> <p>Determine mechanisms for obtaining input from past clients to improve MDT processes and decisions</p>
Mutual self-help	<p>Raise awareness of impact of service cuts on clients, other agencies, and community</p> <p>Consider joint visits to clients (e.g., victims' services and APS)</p>
The impact of ageism	<p>Counter ageist actions and statements</p> <p>Ensure that decisions made about older persons can meet individually identified needs, not their assumed needs</p>

Collaboration and mutuality

What to consider	Trauma-informed attitudes and practices
Power differentials	Acknowledge and address power differences among team members
Authentic partnering with older adults and team members	Appreciate importance of everyone's role
Reciprocity and mutuality in relationships	Focus on the team's shared efforts and goals (safety and well-being)
Avoiding re-traumatization	Assess the impact of proposed interventions from a trauma-informed lens (e.g., home cleanouts for hoarding)
Ambivalence of team members towards stated goals	Be honest about concerns with proposed actions

Empowerment, voice, and choice

What to Consider	Trauma-informed attitudes and actions
Empowerment	<p>Recognize strengths and skills</p> <p>Highlight important connections</p> <p>Convey realistic sense of hope for the future</p>
Giving voice	<p>Allow MDT participants to express themselves</p> <p>Communicate the wishes of the client to the MDT</p> <p>Accept feedback – from clients and fellow MDT members</p>
Respecting choice	<p>Demonstrate awareness that choices are difficult</p> <p>Be honest when there is no choice</p>

Respect for a Person's Lived Experience

What to Consider	Trauma-Informed attitudes and actions
Background and community	<ul style="list-style-type: none">Identify local demographicsBe knowledgeable about the population served by the MDTResist stereotypes and assumptionsRecognize variations in the way abuse is perceived
Cumulative trauma	<ul style="list-style-type: none">Actively incorporate awareness of communal trauma into assessment and case planning processesConsider cumulative harm of events experienced by whole populations, sometimes over time
Abuse prevalence categories	<ul style="list-style-type: none">There are differences in types of prevalent trauma commonly experienced by each population
Ageism	<ul style="list-style-type: none">Counter ageist actions and statementsEnsure that decisions made about older persons can meet individually identified needs, not their assumed needs

Poll

Choose the principle of trauma-informed practices that your team implements most effectively

- a) Safety
- b) Trustworthiness and transparency
- c) Peer support and mutual self help
- d) Collaboration and mutuality
- e) Empowerment, voice, and choice
- f) Attention to a person's lived experiences
- g) Not applicable – not a team member

Poll

Which principle of trauma-informed practices would require the most effort to implement?

- a) Safety
- b) Trustworthiness and transparency
- c) Peer support and mutual self help
- d) Collaboration and mutuality
- e) Empowerment, voice, and choice
- f) Attention to a person's lived experiences
- g) Not applicable – not a team member



Discussion - Benefits and Challenges

- Where do you see these principles at work in your MDT?
- What gets in the way of implementing these principles?
- Which of your current practices can you extend and enhance?
- What is most challenging about implementing these principles?

Resources used

- Brownell, P. (2024). Trauma Theory and Abuse, Neglect and Violence Across the Life Course. *Journal of Interpersonal Violence*, 39(19-20), 4041-4064. <https://doi.org/10.1177/08862605241264542>
- Cockersell, P., & Marshall, S. (Eds.). (2024). *Implementing Psychologically Informed Environments and Trauma Informed Care: Leadership Perspectives* (1st ed.). Routledge. <https://doi.org/10.4324/9781003415053>
- Ramsey-Klawsnik, H., & Miller, E. (2017). Polyvictimization in later life: trauma-informed best practices. *Journal of Elder Abuse & Neglect*. <https://doi.org/10.1080/08946566.2017.1388017>
- Substance Abuse and Mental Health Services Administration. (2014a). SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration
- Substance Abuse and Mental Health Services Administration. (2014b). TIP 57: Trauma-Informed Care in Behavioral Health Services. U.S. Department of Health and Human Services. <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Viking Press.

Best Outcomes for Whom? Applying Person-Centered Practices to MDTs

Fabiola Flores, MS
Miles McNeeley, LCSW
Laura Mosqueda, MD

Bonnie Olsen, PhD
Renee Rose, JD
Francisco Javier Wong Jr, MPA

SESSION 3

Purpose

Personhood

social service needs physical health needs
relationships

Dignity

values

compassion

Person-Centered Care

respect

Multifaceted needs

preferences

**Shared
decision-making**

Voice

Understanding Person-Centered Care

- Individuals' values and preferences are elicited.
- These values and preferences guide care and are used to support our clients' life goals.
- It's a collaborative process which may involve shared decision-making and supported decision making.

“Person-centered care” means that an individual’s values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals.

American Geriatrics Society Expert Panel on Person-Centered Care. Person-Centered Care: A Definition and Essential Elements. *J Am Geriatr Soc.* 64(1):15-8, 2016.

Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent desired by the individual.

American Geriatrics Society Expert Panel on Person-Centered Care. Person-Centered Care: A Definition and Essential Elements. *J Am Geriatr Soc.* 64(1):15-8, 2016.

Understanding Person-Centered Care

- Individuals' values and preferences are elicited.
- These values and preferences guide care and are used to support our clients' life goals.
- It's a collaborative process which may involve shared decision-making and supported decision making.

Application in Practice

It sounds good, but....

- How do we elicit an individual's values and preferences, especially in the throes of a fraught situation?
- How do we operationalize this when talking to and about a client/patient/victim/person?
- What if we think that a PCC approach puts someone in danger?
- What is the role of the MDT facilitator?
- (As we discuss, think about: What are some small, incremental changes that are doable now?)

Center of Excellence MDT Purpose (stated in MOU)

The purpose of the Los Angeles County Elder & Dependent Adult Abuse Forensic Center (Forensic Center) is to facilitate the planning of comprehensive services for older adults and adults with disabilities who are experiencing abuse. The Forensic Center is a multidisciplinary team of professionals able to make decisions and take action to better serve victims through social, legal, behavioral, and medical service coordination. Forensic Center recommendations are intended to enhance autonomy, increase safety, prevent further harm, and support greater independence and wellness of APS clients. Expected outcomes include reduced recidivism to APS, facilitation/completion of capacity assessments, and prosecution of abusive parties when appropriate.

Promoting autonomy while maximizing safety of the victims is paramount. Maintaining clients' confidentiality and the integrity of the process are also critical. By signing this Memorandum of Understanding I am agreeing to the guidelines (below) for participation and confidentiality provisions.

Multidisciplinary Team Members

- **Adult Protective Services**
 - APS Program and Planning
- **Bet Tzedek Legal Services**
 - Community legal service provider
- **Law Enforcement and Prosecution**
 - CA Department of Justice
 - LA City Attorney
 - LA County District Attorney
 - LA Sheriff Department
 - LA Police Department
- **Clinical Service Providers**
 - USC Keck School of Medicine (*Geriatricians, Clinical Psychologists*)
 - Department of Mental Health – GENESIS
 - *Community based mental health services*
 - LA General Medical Center
- **Department of Consumer Business Affairs**
 - *Consumer Protection – Investigations*
- **Office of the Public Guardian**
- **WISE - Long-Term Care Ombudsman**
- **WISE - Elder Abuse Prevention**
 - *MDT Lead, Field-Based Advocates*

Partners we collaborate with as needed

- Kaiser Permanente Los Angeles – Geriatrics
- Regional Center Forensic Specialist
- Social Security Administration – Office of the Inspector General

Office Use Only:	Date:	Case Number:			
LOS ANGELES COUNTY CENTER OF EXCELLENCE REFERRAL FORM					
Section 1 - Referring Agency Information					
Referring Case Number:					
First Name	Last Name	COE Team Member Select One			
Office Phone	Office Fax	Mobile Phone Supervisor Name			
Section 2 - Client Information					
First Name	Last Name	Age	DOB	Language	Translation / Communication Needs Select One
Level of Education	Ethnicity	Gender	Marital Status Select One		
Address		City	Zip Code	Telephone	
Physician Name	Physician Telephone	Insurance	Physical Functional Status: Appears...	Select One	
Cognitive Status: Appears....		Medical Problems Select One			
Medications and Dosage:					
Living Setting	Lives With Select One		Previous Report of Abuse _____ Yes, explain:		
Section 3 - Alleged Abuser Information					
First Name	Last Name	Organization	Age	DOB	
Ethnicity	Gender	Language	Translation / Communication Needs Select One	Relationship to Client Select One	
Primary Caregiver?	Lives with Client	Mental Illness Select One	Addiction(s):	Select One	
Address		City	Zip Code	Telephone	
Section 4 - Abuse Information					
Other Agencies Involved	Reporting Party	Others with knowledge of abuse Select One			

Privacy Notice: This form contains confidential information intended only for the use of the Los Angeles County Center of Excellence. Authorized recipients of this information are prohibited from disclosing this information to any other party unless required to do so by law or regulation and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

8/16/2023

Types of abuse (check all that apply)					
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Abduction	<input type="checkbox"/> Emotional	<input type="checkbox"/> Financial - Real Estate	<input type="checkbox"/> Financial - Other	Est Loss \$ _____
<input type="checkbox"/> Physical - Assault/Battery	<input type="checkbox"/> Physical - Constraint or Deprivation	<input type="checkbox"/> Physical - Chemical/Restraint	<input type="checkbox"/> Physical - Medication		
<input type="checkbox"/> Neglect by Others	<input type="checkbox"/> Undue Influence				
<input type="checkbox"/> Other _____					
Section 5 - What Team Members Do You Think Are Needed?					
<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Medical Practitioner	<input type="checkbox"/> Ombudsman		
<input type="checkbox"/> Public Guardian	<input type="checkbox"/> Attorney Other	<input type="checkbox"/> Public Guardian	<input type="checkbox"/> Regional Center		
<input type="checkbox"/> District Attorney (D.A.)	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Unsure	<input type="checkbox"/> GENESIS		
<input type="checkbox"/> Other (describe): _____					
Narrative (attach additional pages if necessary) - Chronological order with dates appreciated What is your question for the team?					
Client's Goals and Wishes					

Privacy Notice: This form contains confidential information intended only for the use of the Los Angeles County Center of Excellence. Authorized recipients of this information are prohibited from disclosing this information to any other party unless required to do so by law or regulation and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

8/16/2023

Office Use Only:	Date:	Case Number:			
LOS ANGELES COUNTY CENTER OF EXCELLENCE REFERRAL FORM					
Section 1 - Referring Agency Information		Referring Case Number			
First Name	Last Name	COE Team Member Select One			
Office Phone	Office Fax	Mobile Phone Supervisor Name			
Section 2 - Client Information					
First Name	Last Name	Age	DOB	Language	Translation / Communication Needs Select One
Level of Education	Ethnicity Select One	Gender Select One	Marital Status Select One		
Address		City		Zip Code	Telephone
Physician Name	Physician Telephone	Insurance	Physical Functional Status: Appears... Select One		
Cognitive Status: Appears.... Select One	Medical Problems				
Medications and Dosage:					

Medications and Dosage:

Living Setting Select One	Lives With Select One		Previous Report of Abuse _____ Yes, explain:		
Section 3 - Alleged Abuser Information					
First Name Select One	Last Name Select One	Organization Select One	Age Select One	DOB Select One	
Ethnicity Select One	Gender Select One	Language Select One	Translation / Communication Needs Select One	Relationship to Client Select One	
Primary Caregiver? Select One	Lives with Client Select One	Mental Illness Select One	Addiction(s): Select One		
Address Select One			City Select One	Zip Code Select One	Telephone Select One
Section 4 - Abuse Information					
Other Agencies Involved Select One	Reporting Party Select One		Others with knowledge of abuse Select One		

Privacy Notice: This form contains confidential information intended only for the use of the Los Angeles County Center of Excellence. Authorized recipients of this information are prohibited from disclosing this information to any other party unless required to do so by law or regulation and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Types of abuse (check all that apply)

Abandonment

Abduction

Emotional

Financial - Real Estate

Financial - Other

Physical - Assault/Battery

Physical - Constraint or
Deprivation

Physical -
Chemical/Restraint

Physical - Medication

Est Loss \$ _____

Neglect by Others

Undue Influence

Other _____

Section 5 - What Team Members Do You Think Are Needed?

Adult Protective Services

Law Enforcement

Medical Practitioner

Ombudsman

Public Guardian

Attorney Other

Public Guardian

Regional Center

District Attorney (D.A.)

Psychologist

Unsure

GENESIS

Other (describe): _____

Narrative (attach additional pages if necessary) - Chronological order with dates appreciated

What is your question for the team?

Referral Form - Person-Centered Question

Client's Goals and Wishes

Privacy Notice: This form contains confidential information intended only for the use of the Los Angeles County Center of Excellence. Authorized recipients of this information are prohibited from disclosing this information to any other party unless required to do so by law or regulation and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

8/16/2023

Application in Practice

- How do we elicit an individual's values and preferences, especially in the throes of a fraught situation?
- How do we operationalize this when talking to and about a client/patient/victim/person?
- What if we think that a PCC approach puts someone in danger?
- What is the role of the MDT facilitator?
- What are some small, incremental changes that are doable now?
- **On to the panel!**

Panelists

Fabiola Flores, MS

Miles McNeely, LCSW

Laura Mosqueda, MD

Bonnie Olsen, PhD

Renee Rose, JD

Francisco Javier Wong Jr, MPA

Gloria

- 38 y/o woman dx with multiple sclerosis, paralyzed, retains use of R hand only. Dependent for all ADLs.
- Hx of sepsis, necrotic feet, multiple bedsores, hospitalized with UTI.
- Resides with husband/boyfriend of 20 years, has been her caregiver for 15 years, 3 children aged 10, 12, 17. 8 y/o son now in Mexico with relatives.
- House is filthy, cockroach infested, lacks electricity intermittently.
- Child services closed case after prior reports and home visit finding children were fed and attending school.
- Client receives \$2,800 monthly including In Home Support Services.
- Client expresses wish to remain in home with children.

Harry

- Client is an 83 y/o widowed male. His only living relations are 2 grandsons who are convicted drug abusers/dealers who have taken financial advantage of the client in the past.
- Client residing in SNF recovering from a stroke, grandson released from prison, returned to client's home where he now continues to reside.
- Client seeking to be discharged home to live with grandson. Client has no significant cognitive impairment. He has significant care needs and lacks insight into his needs or strategies to arrange for care.

Sylvia

- Client is a 68 y/o widowed woman who has significant financial resources.
- Financial institution made APS report after multiple transfers of \$10,000 to an individual in the Philippines.
- Client reports financial transfers were to a “new friend” who is a well-known actor who has invited her to come to live with him in Manilla.
- Client denies all evidence that the friend is a fraud and will continue to take her resources.
- Client insists on flying to Manilla to meet her new friend.

Best Practices for MDT Members Communicating with Older Adults

Chris Dubble, MSW
CEO
Pursuit of Discovery Training and Consultation

SESSION 4

BEST PRACTICES FOR MDT MEMBERS COMMUNICATING WITH OLDER ADULTS

CHRIS DUBBLE, MSW

pursuit of discovery

TRAINING AND CONSULTATION



5 UNIQUE ASPECTS OF COMMUNICATING WITH OLDER ADULTS

1. Years of self-determination experience
2. Trust over transaction
3. Brain and sensory changes
4. A lifetime of resiliency



5 UNIQUE ASPECTS OF COMMUNICATING WITH OLDER ADULTS

1. Years of self-determination experience
2. Trust over transaction
3. Brain and sensory changes
4. A lifetime of resiliency
5. Shift in goals

BARRIERS TO EFFECTIVE COMMUNICATION WITH OLDER ADULTS

- **Not making sensory accommodations** – Hearing loss, vision changes, or speech issues can make it harder to receive or send messages clearly without accommodations.
- **Not minimizing environmental distractions** – Noisy settings, poor lighting, and lack of privacy can interfere with the ability to focus and fully participate in conversations.
- **Not allowing enough time** – Rushed conversations due to busy schedules can prevent building rapport, checking understanding, or addressing concerns thoroughly.
- **Minimizing the emotions of a conversation** – Anxiety, fear, shame, or distrust, especially for those who have experienced trauma or loss, can make communication more difficult.

BARRIERS TO EFFECTIVE COMMUNICATION WITH OLDER ADULTS

- **Using jargon or complex language** – Professionals sometimes use technical terms or bureaucratic language that can confuse or alienate older adults.

Area Agency on Aging

Allegheny County





BARRIERS TO EFFECTIVE COMMUNICATION WITH OLDER ADULTS

- **Using jargon or complex language** – Professionals sometimes use technical terms or bureaucratic language that can confuse or alienate older adults.
- **Not checking for understanding** – Professionals may assume that older adults understand the information given without using techniques like teach-back or asking clarifying questions.
- **Communicating based on assumptions and stereotypes** – Beliefs that all older adults are frail, confused, or resistant to change can cause professionals to communicate in dismissive or less engaging ways.
- **Confusing cognitive changes with the ability to communicate** – Memory issues, slower processing speed, or attention challenges require adjusted communication techniques.

TIP: REMEMBER, THIS IS AN ART AND NOT A SCIENCE

- **Every person is unique** – Background, cognitive status, lived experience, and personality shape how someone receives and responds to communication.



Photo Credit: <https://www.facebook.com/raymond.maholtz/>

TIP: REMEMBER, THIS IS AN ART AND NOT A SCIENCE

- **Every person is unique** – Background, cognitive status, lived experience, and personality shape how someone receives and responds to communication.
- **Effective interviews require intuition** – Skilled interviewers must read subtle cues—tone, hesitation, body language—and adjust in real time.
- **Outcome is often less important than the process** – At its best, communication is about human connection, not just data gathering, and that's where its true power lies.

TIP: IDENTIFY AND CONNECT WITH THEIR MEANING

- **Meaningful relationships drive disclosure** – Trust and emotional connection are essential to share sensitive or important information.
- **Listen for meaning, not just information** – Be attuned to life themes, values, and emotionally important narratives in what is shared.



TIP: IDENTIFY AND CONNECT WITH THEIR MEANING

- **Meaningful relationships drive disclosure** – Trust and emotional connection are essential to share sensitive or important information.
- **Listen for meaning, not just information** – Be attuned to life themes, values, and emotionally important narratives in what is shared.
- **Use emotionally meaningful questions** – Ask, “What’s most important to you right now?” or “What do you want others to understand about your situation?”

TIP: USE BEST-PRACTICE COMMUNICATION TECHNIQUES

- **Use right-branching sentences to enhance clarity** – Start with the main idea first, then add details—this structure makes it easier to follow and process information without getting lost.

RIGHT BRANCHING QUESTIONS

Left Branching

“If I say anything that is unclear, you can ask me questions.”

Right Branching

“You can ask me questions, especially if anything I say is unclear.”

TIP: USE BEST-PRACTICE COMMUNICATION TECHNIQUES

- **Use right-branching sentences to enhance clarity** – Start with the main idea first, then add details—this structure makes it easier to follow and process information without getting lost.
- **Avoid oversimplifying language, which can feel patronizing** – Use clear, respectful communication without “dumbing down” speech. Older adults deserve adult-to-adult conversations that honor their intelligence and life experience.

P Words
Are The Most Fun

TIP: USE BEST-PRACTICE COMMUNICATION TECHNIQUES

- **Use right-branching sentences to enhance clarity** – Start with the main idea first, then add details – this structure makes it easier to follow and process information without getting lost.
- **Avoid oversimplifying language, which can feel patronizing** – Use clear, respectful communication without “dumbing down” speech. Older adults deserve adult-to-adult conversations that honor their intelligence and life experience.
- **Be concrete and specific, especially about next steps** – Clear, actionable information helps older adults understand what to expect, reduces anxiety, and supports informed decision-making – vague or abstract statements can cause confusion or uncertainty.

TIP: DEMONSTRATE RESPECT

- **Listen actively and without interruption** – Give full attention, show interest through eye contact and affirming gestures, and allow time.
- **Avoid condescending tone and body language** – Speak respectfully, using adult language. Never simplify in a way that implies they are incapable.
- **Respect decisions shaped by emotional goals** – Recognize that choices may not align with logic or longevity but are valid expressions of emotional priorities.



Image Source: My Ex-Wife

TIP: DEMONSTRATE RESPECT

- **Listen actively and without interruption** – Give full attention, show interest through eye contact and affirming gestures, and allow time.
- **Avoid condescending tone and body language** – Speak respectfully, using adult language—never simplify in a way that implies they are incapable.
- **Respect decisions shaped by emotional goals** – Recognize that choices may not align with logic or longevity but are valid expressions of emotional priorities.

TIP: REFRAME RESISTANCE AS RELUCTANCE

- **Respect that older adults have experienced a lifetime of decision-making** – Being questioned or evaluated may feel intrusive or disrespectful, especially if they perceive a threat to autonomy.



Image Source: <https://www.facebook.com/olderthanireland>

TIP: REFRAME RESISTANCE AS RELUCTANCE

- **Respect that older adults have experienced a lifetime of decision-making** – Being questioned or evaluated may feel intrusive or disrespectful, especially if they perceive a threat to autonomy.
- **Understand that reluctance may stem from prior negative experiences** – Older adults who've faced adverse experiences, institutionalization, or coercion may be cautious or slow to engage.
- **Use curiosity instead of pressure** – Ask gently, “Can you help me understand what’s making this feel uncomfortable?” instead of pushing for agreement.

TIP: THINK ABOUT WHAT ELSE IS OCCURRING

- **Unspoken trauma may shape communication** – Past abuse, neglect, war, institutionalization, or medical trauma can impact how older adults respond to questions or perceive intent.



TIP: THINK ABOUT WHAT ELSE IS OCCURRING

- **Unspoken trauma may shape communication** – Past abuse, neglect, war, institutionalization, or medical trauma can impact how older adults respond to questions or perceive intent.
- **Mental health conditions like depression or anxiety may affect engagement** – Flat affect, irritability, or withdrawal may not be disinterest, but signs of emotional distress or suicidality.
- **Cognitive impairments may influence responses** – Neurocognitive disorder (dementia), delirium, or mild cognitive decline can lead to confusion, memory gaps, or inconsistent communication.



THANK YOU

pursuit of discovery

TRAINING AND CONSULTATION

Christopher Dubble

chris@thepursuitofdiscovery.com

Confidentiality and Information Sharing on MDTs

Alicia Aiken, JD
Director
Confidentiality Institute
Danu Center for Strategic Advocacy

SESSION 5

Friday 5.30.25

10:15 AM Est.



CONFIDENTIALITY & INFO SHARING ON MDTs

Alicia L. Aiken, JD
Director, Confidentiality Institute

Alicia Aiken

- Attorney with 15+ years representing survivors of violence & people in poverty
- National expert on privacy for violence survivors
- Experienced consultant on strategic issues for mission-based groups



Goals

- Help teams identify questions that need to get answered locally
- Highlight information sharing norms for professionals commonly on MDTs
- Better understand how MDT information norms impact the group

The questions I get...

- “Can I share this?”
- “What can’t I share?”
- “Why won’t they share?”





**Step Back...
...Start Again**

First, Whole Team Needs Consensus About:

1. The purpose of the team
2. The participants on the team
 - a. What is their role?
3. The law for the team
4. The law for each team member
5. The norms and expectations around information sharing

Poll: What is purpose of your team?

- Choose all that apply:
 - Review individual complex cases
 - Systems improvement
 - Facilitate referrals and meeting needs
 - Increasing prosecution
 - I don't feel completely certain



Different Meetings for Different Purposes?

- Case coordination meeting
- Prosecution-related meeting
- Solicit expertise meeting
- Develop leaders in community



REMEMBER the Purpose

- If someone else chose purpose,
 - Have to learn what they chose
- When new folks join,
 - Have to inform them
- As time goes by,
 - Refresh your recollection





Is This “Healthcare” Purpose?

- Some professionals can share if related to “provision of healthcare”
- Increasing prosecution is not “provision of healthcare”



2. Participants on Team?

- WHO should be here?
 - Depends on goals of TODAY's meeting?
- WHY should they be here?
 - Bringing expertise?
 - Bringing info about individuals?
 - Carrying info to individuals?
 - Learning?
 - Advocating improvement in community?



Example: Victim Service Providers

- Are they on your MDT?
- Why on team? Why at this meeting?
- Was the “why” discussed in advance?
- Are you communicating with everyone on team why VSP’s are there?



3. The Law for the Team

- Was your team created by a statute?
- Does the statute create rules?
 - Confidentiality
 - Subpoenas
 - Disclosures
- Does statute include any special rules for confidential professionals?



Confidentiality among Professionals in a Collaboration



What Can You BRING to Vegas?



- Professionals apply their rules to what can share
- Nothing changes unless a statute explicitly says so
- Important to understand each other's rules



APS & MDT Statutes

- Some state statutes for MDTs:
 - Allow sharing confidential info with team
 - Make team communications confidential
 - Set rules for information related to APS investigations
- Helpful 2025 statute compilation at:
<https://www.justice.gov/elderjustice/file/960791/download>

MOU's Are Not Law

- MOUs are contracts
 - Agreements how will work with each other
- If privilege/confidentiality law prohibits sharing,
 - No MOU contract can change that
- If criminal/reporting law mandate sharing,
 - No MOU promise will change that

Example: “Brady” Exculpatory Disclosures

- Prosecutors & law enforcement must disclose “exculpatory” evidence
 - Tends to show defendant not guilty or discredits a prosecution witness or reduces seriousness of offense
- Constitutional, due process, fairness
- CAN’T agree to keep it from Defendant



4. The Law for Each Team Member

- Individual responsibility to find out
 - Educate the team on what rules are
- Elder Abuse MDTs may not fit neatly in the existing rules
- Attend to the difference between "investigations" & MDT activities
- Pay attention BOTH to:
 - Requirements to disclose beyond MDT
 - Prohibitions on sharing with MDT

Two Separate Questions

- Do I have power to decide whether to share with this group?
 - Local law & profession-specific law

If “yes”, then...

- Do I think its helpful to share with this group?
 - A clear, accurate MOU agreement can help answer this



Example: Attorney Confidentiality

- Attorney ethics prohibit sharing unless:
 - Client instructs to share
 - Attorney believes client “impliedly authorized” sharing to help the case
 - Exceptions where attorney either has discretion or is mandated



Example: Victim Services Confidentiality

- Federally funded programs prohibited from disclosing identifying information
- Can only share if:
 - Instructions from survivor (or guardian)
 - Statute or court order requires it
- Advocate has no power to decide that sharing right thing to do



5. Group norms for information exchange



Understanding & Respect

- Take time to learn:
 - Each other's role
 - Each other's rules
- Practice respect across professions
- Not ok to pressure or judge each other for following ethical norms



Where Does the Elder Fit In?

- Is there a way for team members to bring information at request of elder/guardian/caregiver?
- What are rules for sharing info from meeting with elder/guardian/caregiver?



Universal Release for all E-MDT Members?

Not recommended!

- Mixing law enforcement, advocacy, legal services, financial, medical, & protective agencies
- Implied pressure to consent in exchange for services
- Usually sought *before* even knows what kind of interactions will have



Lead from Respect for Partners

- If you are the one being told “No”
 - Focus on understanding the No
 - Don’t impose your priorities on others
 - Don’t assume your position is “more moral” than theirs
 - Avoid taking advantage of power imbalance



www.techsafety.org

Tech (Use, Misuse, Evidence) & VAWA/VOCA Confidentiality Toolkits

HOME TECHNOLOGY SUMMIT SAFETY NET APPS RESOURCES NNEDV.ORG COVID-19 QUICK EXIT

Technology Safety

exploring technology in the context of intimate partner violence, sexual assault, and violence against women



NATIONAL NETWORK
TO END DOMESTIC
VIOLENCE



Looking for COVID-19 related information? Check out our [COVID-19 Resources](#).

Are you a survivor looking for information on technology safety? Check out our [Survivor Toolkit](#).

 Search

SAFETY CHECK!

If you think someone's monitoring
your devices, visit this website from
[SafeKit.org](#)

Ask Us Questions, Too!

- Technical assistance at:
 - alicia@confidentialityinstitute.org
 - safetynet@nnedv.org

State MDT Initiatives

7 States Discuss Local MDT Projects

SESSION 6

Friday 5.30.25

11:20 AM Est.

SPEAKERS

Robyn James (AL)

Director

Elder Justice Center of Alabama

Shelly Carlson, MPA (MN)

Special Projects Manager

Minnesota Elder Justice Center

Allison Granata (NY)

Director

E-MDT Initiatives

Lifespan of Greater Rochester

Kristy Preston (NC)

Director

Adult Protection Network

UNC School of Government

Robin Young (OH)

APS Policy Developer

Ohio Department of Job and Family Services

Jason Burnett, PhD (TX)

Associate Professor

UTHealth, Houston

Co-Director

Texas Elder Abuse and Mistreatment Institute

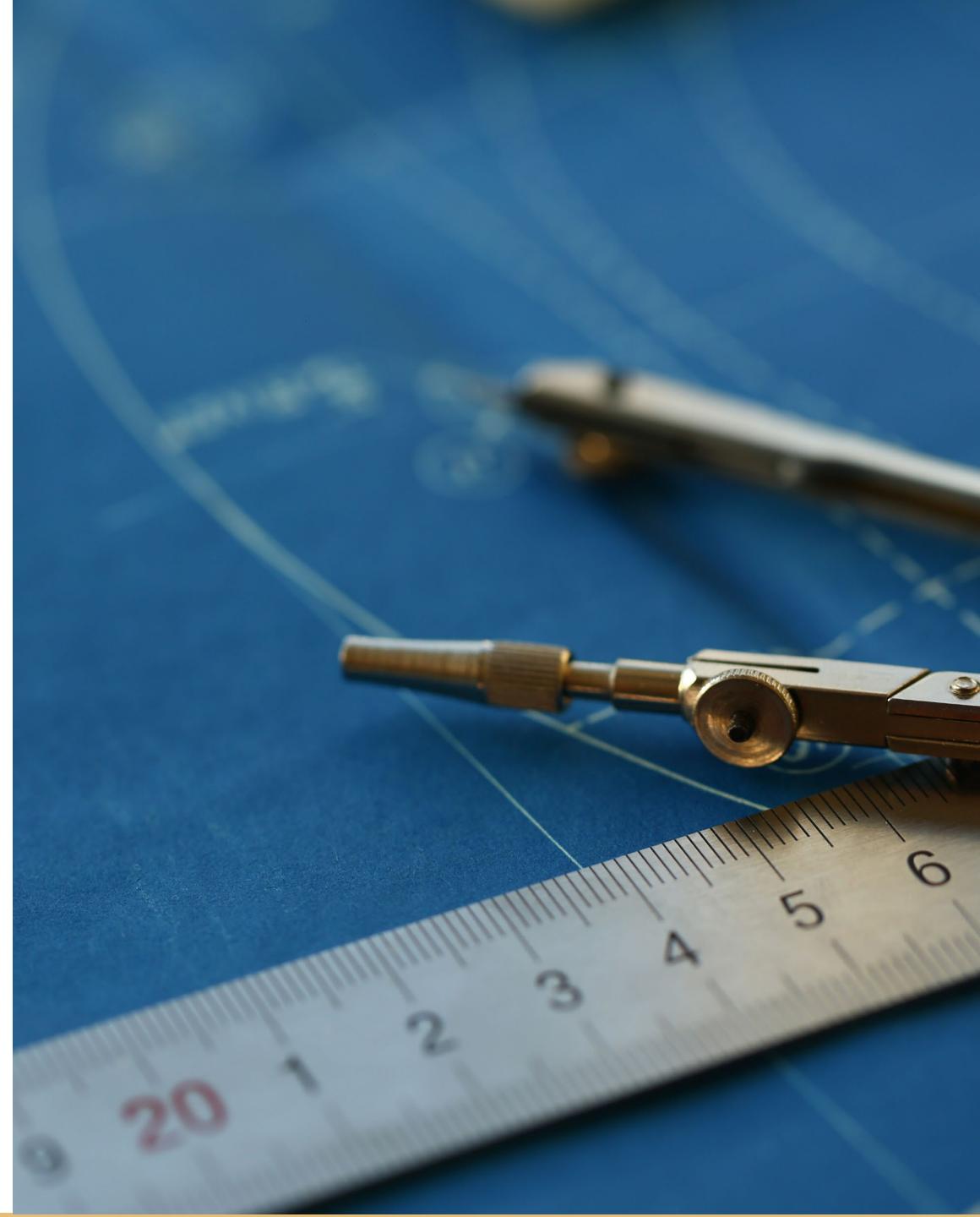
Jane Carlson (WY)

APS Program Analyst

Wyoming Department of Family Services

STATE MDT INITIATIVES

This panel discussion will showcase seven innovative state MDT initiatives and the benefits that accrue to the state and ultimately justice for older victims. Topics include state funding for MDT replication, providing funding for infrastructure development, accessibility of resources and experts, and tips and lessons learned that other states could utilize in developing their own MDT initiatives.



State of ALABAMA

INTERAGENCY COUNCIL FOR THE PREVENTION OF ELDER ABUSE (2011)



Dementia Friendly
ALABAMA

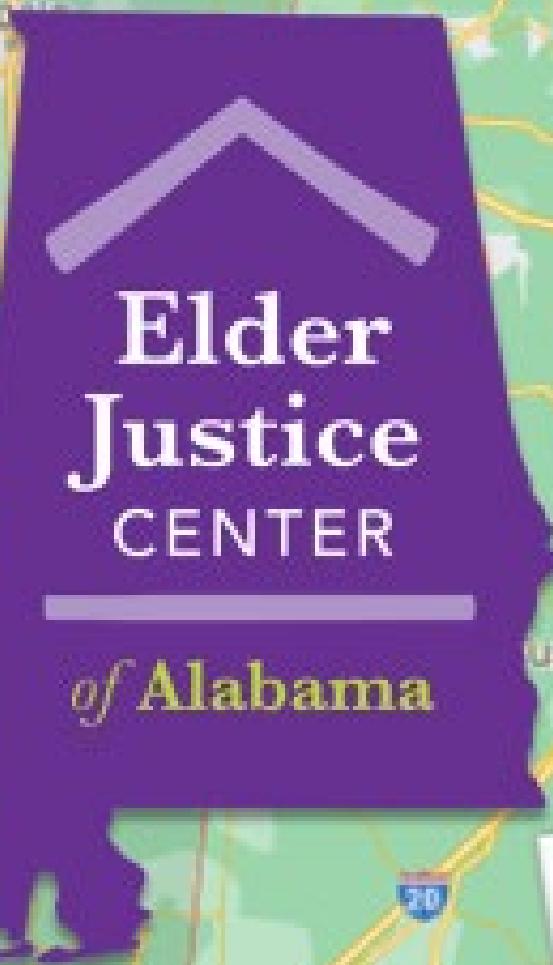
Area Agency on Aging

Elder Justice & Advocacy



Elder Abuse
Protection Toolkit

ELDER JUSTICE CENTER OF ALABAMA



To mobilize communities to prevent and properly respond to adult mistreatment so people can live with dignity, security, and independence as they age.



ELDER
JUSTICE
ALLIANCE

SHELBY COUNTY

ELDER
JUSTICE
ALLIANCE

CHILTON COUNTY

ELDER
JUSTICE
ALLIANCE

WALKER COUNTY

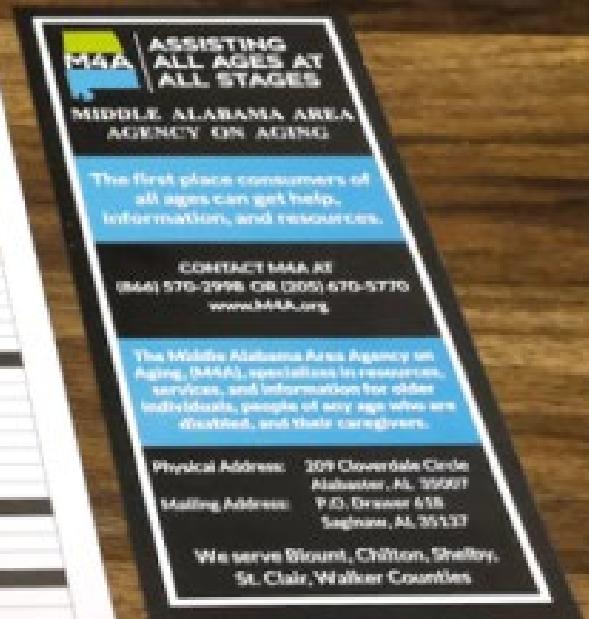




www.m4a.org
205.670.5770



NAME (Last, First, Middle Initial) DATE OF BIRTH (Month/Day/Year) SEX (Male/Female) ADDRESS (Street, City, State, Zip) PHONE NUMBER (Home, Work, Cell)	
EDUCATION GRADE (Elementary, Middle School, High School, College, Postgraduate)	
EMPLOYMENT EMPLOYER (Name, Address, City, State, Zip) EMPLOYMENT STATUS (Full-time, Part-time, Self-employed, Unemployed)	
RELIGION RELIGIOUS AFFILIATION RELIGIOUS PRACTICES	
RELATIONSHIP TO INSURANCE INSURANCE RIGHTS RELATIONSHIP TO INSURANCE RIGHTS	
RELATIONSHIP TO INSURANCE RIGHTS RELATIONSHIP TO INSURANCE RIGHTS RELATIONSHIP TO INSURANCE RIGHTS RELATIONSHIP TO INSURANCE RIGHTS	
ADMITTED DISORDERS ADMITTED DISORDERS ADMITTED DISORDERS ADMITTED DISORDERS	
ADMITTED DISORDERS ADMITTED DISORDERS ADMITTED DISORDERS ADMITTED DISORDERS	
PRINT NAME IN BLOCK CAPITALS	





June 12, 2024

10am-noon
Snead Senior Center
268 Richman Drive
Altoona, AL 35952

2 CEUs Offered

for Law Enforcement
and First Responders

TO REGISTER scan the code below or email Robyn James, lead trainer, m4a at rjames@m4a.org.



REGIONAL ELDER ABUSE FIRST RESPONDER TRAINING CONFERENCES	
ELDER ABUSE: FROM REPORT TO COURT	
9:00 am - 9:10 am	Welcome & Opening Remarks
9:15 am – 11:30 am	Identifying and Prosecuting Elder Abuse Crimes
11:30 am – 12:00	LUNCH SESSION
12:00 pm – 1:00 pm	Identifying, Investigating & Prosecuting Financial Crimes
1:00 pm – 1:15 pm	BREAK
1:15 am – 2:00 pm	Reporting & Investigating Elder Abuse Crimes
2:00 pm – 2:45 pm	Working with Older Adults, People Living with Dementia and Family Caregivers: Connecting them to Resources

In Honor of
World Elder Abuse Awareness Day
and the Grand Opening of the
Elder Justice Center of Alabama

BUILDING STRONG SUPPORT *for* ELDERS



June 15, 2022
10:00 am - 1:00 pm



Celebrate with us
on this Special Day

Elder Justice Center
of Alabama

4804 Highway 25
Montevallo, AL 35115

Lunch Provided
Vendors
Guest Speakers
Ribbon Cutting

REGISTER HERE:
m4a.ticketleap.com

More info: rjames@m4a.org



HELP US PROTECT OUR OLDER VETERANS WHO PROTECTED US

Elder Abuse Is Happening To Our Older Veterans.
It Is The Hidden Crime Behind Closed Doors.

Elder Abuse happens to 1 in 10 people aged 60 and older. Elder Abuse can be physical, sexual, or emotional abuse, neglect or self-neglect, and financial exploitation. For every one case that is reported, another 23 continue to go unreported. For Alabama, this equates to over 216,000 of our older adults—MANY of these victims are also VETERANS experiencing abuse and it is happening behind closed doors.

This is unacceptable, and we should protect them like they protected us! If you suspect an older adult is being mistreated, please report it. Reports can be made anonymously.

Report Abuse in Alabama to Adult Protective Services:
(800) 458-7214 or aps@dhr.alabama.gov.



Contact us:
(205)490-8448

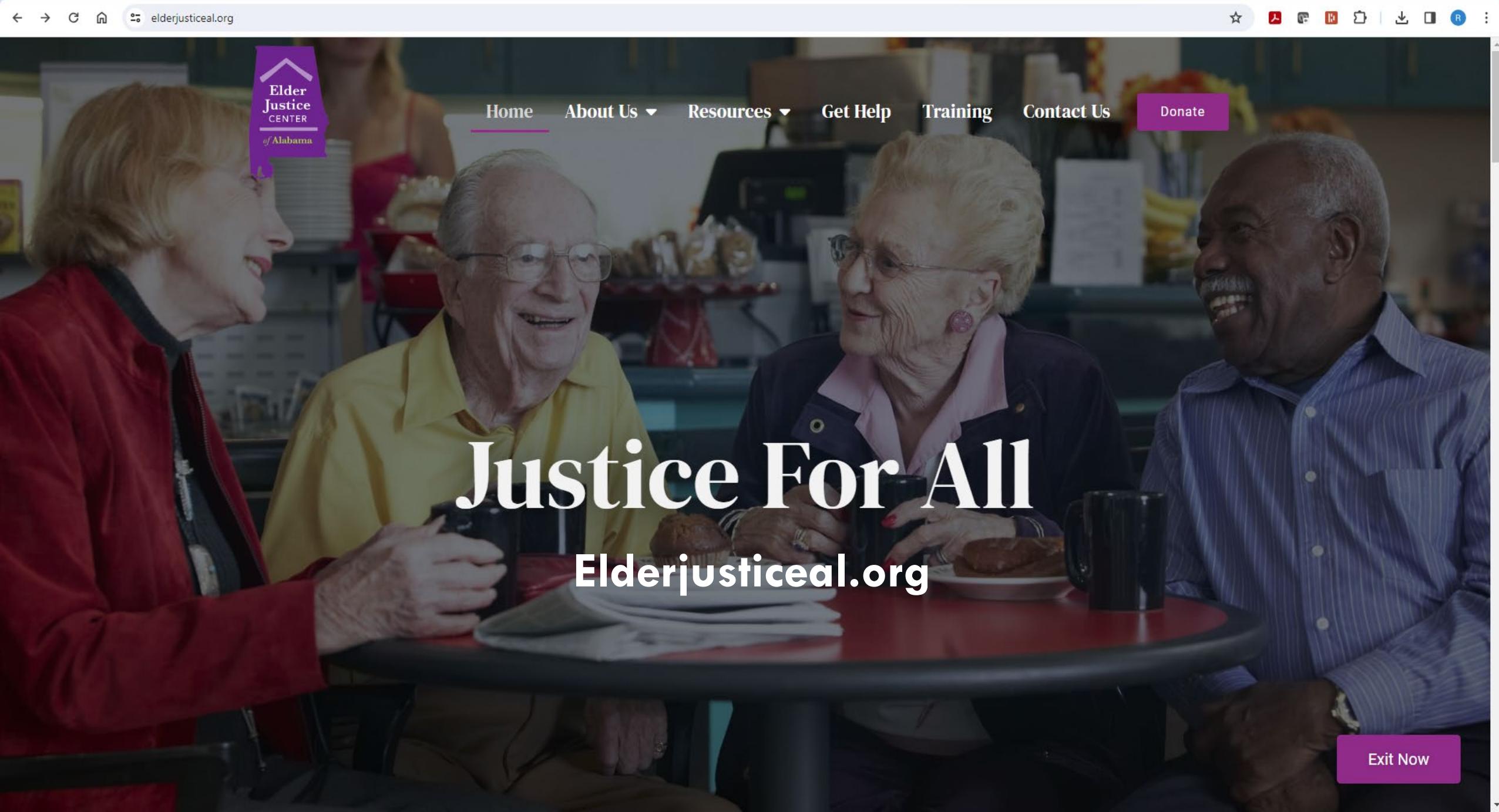


The mission of the Elder Justice Center of Alabama is to mobilize communities to prevent and properly respond to adult mistreatment so people can live with dignity, security, and independence as they age.

Donate now to help the center help our Veterans and other older adults across our communities prevent adult mistreatment.



**Scan here
to donate
or go to
elderjusticeal.org**

[Home](#)[About Us](#) ▾[Resources](#) ▾[Get Help](#)[Training](#)[Contact Us](#)[Donate](#)

Justice For All

Elderjusticeal.org

[Exit Now](#)



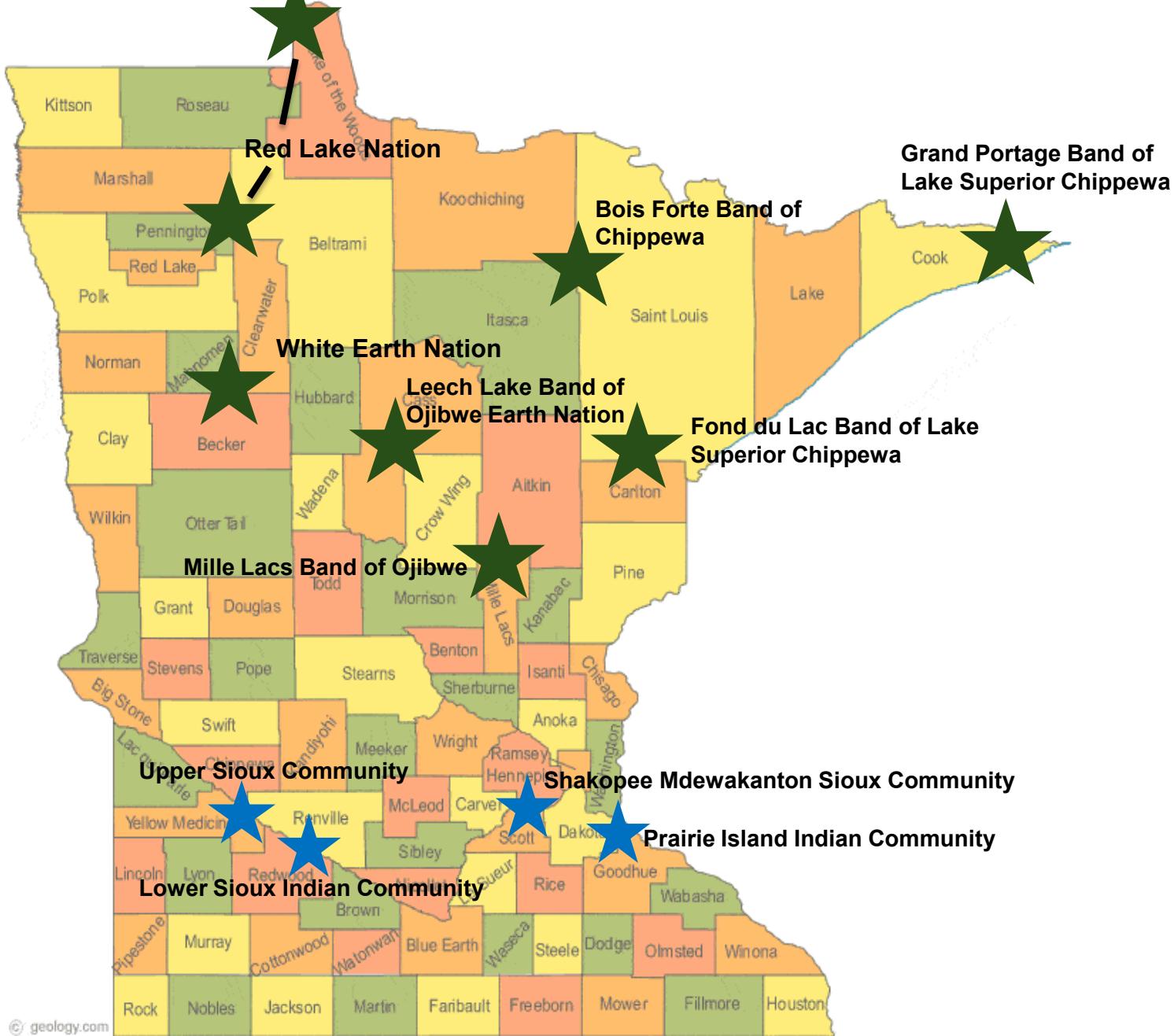
Contact

- Robyn James
- rjames@m4a.org
- Website:
www.elderjusticeal.org
- Website: m4a.org

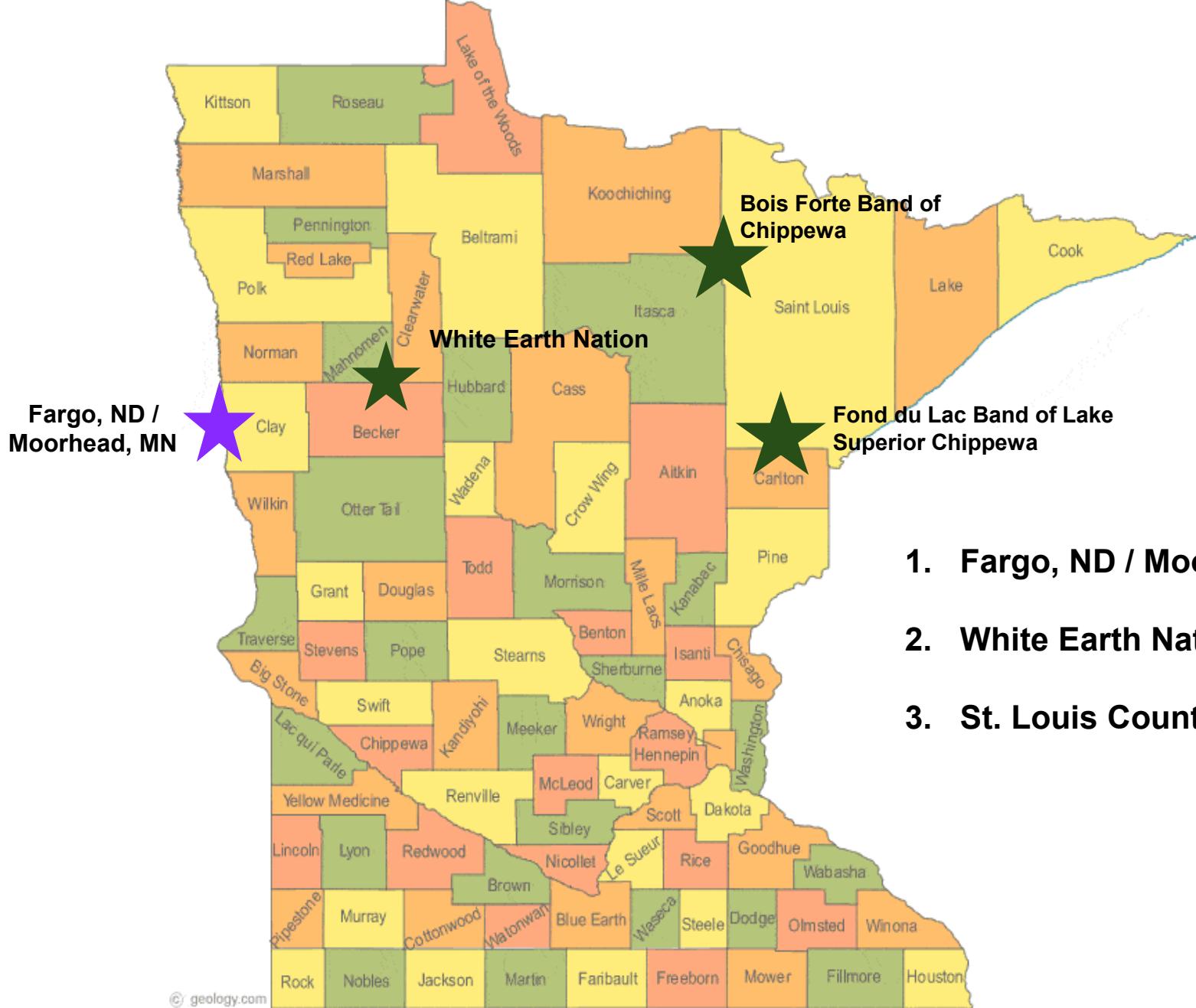
Minnesota

Minn. Stat. § 626.5571

- Subd. 1 Establishment of team
- Subd. 2 Duties of team
- Subd. 3 Information sharing



- ★ Anishinaabe Reservations
- ★ Dakota Reservations

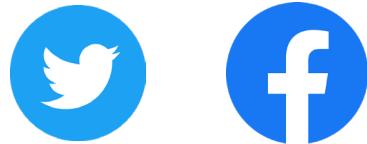


- 1. Fargo, ND / Moorhead, MN Elder Abuse Forensic Network**
- 2. White Earth Nation & Tri-County Elder Abuse MDT**
- 3. St. Louis County Elder Abuse MDT**

Shelly Carlson
Multidisciplinary Teams Project Manager

Shelly.Carlson@elderjusticemn.org

651-440-9307



MINNESOTA
ELDER JUSTICE
CENTER

NYS Enhanced Multidisciplinary Teams

Allison Granata

Director for E-MDT Initiatives

Upstate Elder Abuse Center at Lifespan

May 31, 2025

National Elder Abuse Multidisciplinary Team Summit

NYS E-MDT Initiative

Funding:

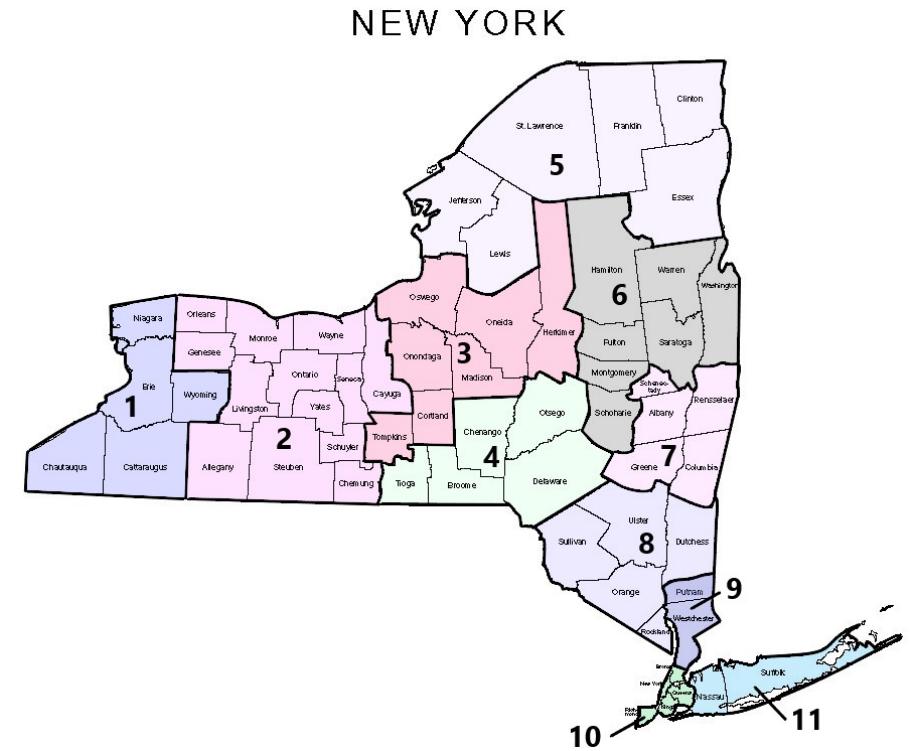
- NYS Office for the Aging
- NYS Office of Victim Services - Victims of Crime Act
- Funding administered through Lifespan

Partners:

- Lifespan of Greater Rochester
- Weill Cornell Medicine - Center for Elder Abuse Solutions

E-MDT Hubs:

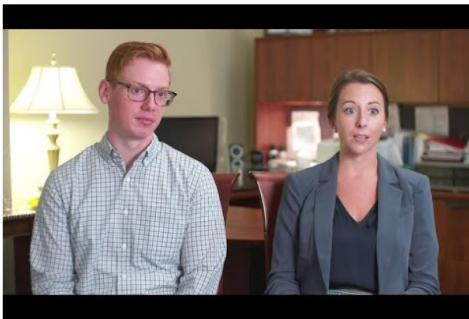
- 11 hubs averaging 5-6 counties per hub
 - 13 funded agencies
 - 18 E-MDT Coordinators



A Statewide Approach

- Network of E-MDT Coordinators
 - Monthly Peer Leadership Meetings
 - Monthly E-MDT Coordinator Case Support
- Technical Assistance
- Statewide Policies - Procedures vary by hub
- Annual Statewide E-MDT Conference
- County :: Hub :: State Professional Networks
- Access to limited specialty resources

NYS Specialty Services



E-MDT Specialty Service Providers

The Role of the Forensic Accountant

Forensic Accounting:

conducts in-depth reviews of bank, credit card, and investment statements, analyzing transactions to determine the exploitation of victim assets.

Funded through Lifespan's budget for statewide access.



E-MDT Specialty Service Providers

The Role of the Geriatric Psychiatrist

Mental Health Professionals/Geriatric Psychiatrists:

review psychiatric evaluations conducted, make suggestions for referrals for treatment and services, communicate with medical providers involved in the older adult's care, provide direct assessments, and testify in court.

Primarily funded through Lifespan's budget for statewide access, a few hubs fund/budget for local provider.



E-MDT Specialty Service Providers

The Role of the Civil Legal Attorney

Civil Legal Providers:

provide expert input and recommendations on areas of civil law that most consistently affect elder abuse victims and provide legal services to the older adult victim, as appropriate.

Funded locally by each E-MDT Hub.

Contact Information

Allison Granata, Director for E-MDT Initiatives
Upstate Elder Abuse Center at Lifespan

agranata@lifespan-roch.org

585-287-6440

www.nysemdt.org

This program is funded in part by New York State Office for the Aging, U.S. Department of Justice Office of Victims of Crime, New York State Office of Victim Services and Lifespan of Greater Rochester. Any opinions, results, findings, and/or interpretations of data contained herein are the responsibility of Lifespan and do not necessarily represent the opinions, interpretations, or policy of the State of New York or the U.S. Department of Justice Office of Victims of Crime.

A Framework for Impact: How North Carolina's Adult Protection Network (APN) Connects, Informs, and Supports MDTs

Kristy Preston, Network Director
May 30, 2025



Connecting. Informing. Supporting.

Introduction to the Network

Who We Are: A partnership between the UNC-Chapel Hill School of Government and the NC Department of Health and Human Services.

Our Mission: The mission of the APN is to connect, inform, and support professionals in government and community organizations to effectively prevent and respond to the abuse, neglect, and exploitation of vulnerable adults across North Carolina.

Our Role in Supporting MDTs: Provide targeted services to professionals working to build or strengthen MDTs in their communities.

Key Components of the APN



ADULT PROTECTION NETWORK

RESOURCES ▾

FIND YOUR PEERS

HELP DESK

ABOUT US ▾

JOIN THE LISTSERV

The North Carolina Adult Protection Network

Connecting. Informing. Supporting.

Resources →

A library of tools to help you protect adults from abuse, neglect, and exploitation in your community.

Find Your Peers →

A map and directory of multidisciplinary teams (MDTs) and MDT coordinators working to protect adults in NC.

Help Desk →

A hub for online technical and legal support for North Carolina adult protection multidisciplinary teams.



<https://protectadults.sog.unc.edu>

Resource Library

Explore our Resources



Understanding the Adult Protection System



Adult Guardianship



Financial Exploitation



Reporting Abuse



Legal Remedies



Connecting to State Agencies



Multidisciplinary Teams

Legal Framework for North Carolina's Elder Protection System

This manual serves as a foundational legal resource for public officials working to address adult abuse, neglect, and exploitation.

[READ THE ELDER PROTECTION MANUAL >>](#)

Adult Protective Services: Process Overview

A high-level overview of the APS process in North Carolina, beginning with a report of abuse, neglect, or exploitation to the county social services agency.

[PROCESS OVERVIEW - DOWNLOAD PDF](#)

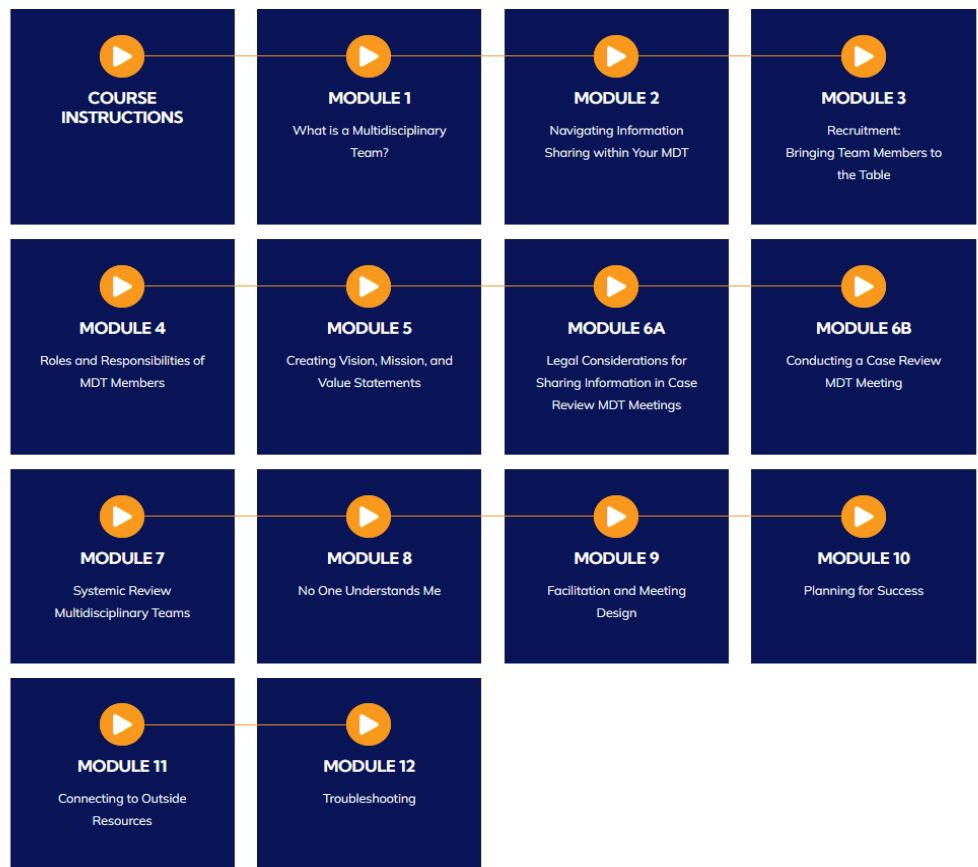
Alternatives to Guardianship

A brief overview of legal and practical alternatives to guardianship of the person and of the estate that empower surrogate decision makers to act on an older adult's behalf.

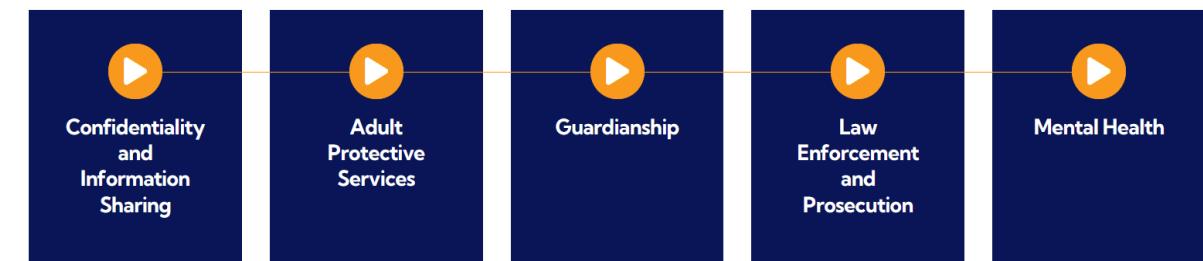
[ALTERNATIVES - DOWNLOAD PDF](#)

E-Learning Modules and Webinars

The "Building Adult Protection MDTs" series offers a guide to creating, growing, and expanding adult protection MDTs.



The "Beyond the Basics: Strengthening Adult Protection MDTs" series offers five interactive webinars that explore key tools engaged by adult protection MDTs and the roles of the professionals who serve on these teams.



MDT Toolkit



**Adult Protection
Multidisciplinary
Team Toolkit**

» **VIEW FULL MDT TOOLKIT**



Introduction to the Toolkit

- [Introduction](#)

Part 1: The Basics

- [MDT Fact Sheet](#)
- [Initial Planning Worksheet](#)

Part 2: Getting Started

- [Invitation Letter, New Team](#)
- [Invitation Letter, Existing Team](#)
- [Invitation Letter, Reorganizing Team](#)

Part 3: Hosting Your First Meeting

- [In-Person Meeting Suggestions](#)
- [Sample Agenda](#)
- [Sample PowerPoint](#)
- [What Do We Want Our MDT to Be?](#)
- [Roles and Responsibilities of Team Members](#)
- [Information-Sharing on MDTs](#)

Part 4: Sample Policies and Procedures

- [Sample Memorandum of Understanding](#)
- [Client Authorization to Use and Disclose Confidential Information](#)

Part 5: Maintaining Your Team

- [Case Review Intake Form](#)
- [Data Collection Tool](#)
- [Discussion Prompts for Assessing Functionality](#)
- [Community Needs Assessment](#)
- [Elder Abuse Brochure Template](#)

Appendix

MDT Workshop

ADULT PROTECTION MULTIDISCIPLINARY TEAM WORKSHOP

OCTOBER 7–8, 2025 • UNC SCHOOL OF GOVERNMENT

APPLICATIONS OPEN JUNE 1

MORE INFO: go.unc.edu/mdt

WORKSHOP

This two-day workshop will bring together diverse stakeholders from around North Carolina to begin the process of forming and developing adult protection multidisciplinary teams (MDTs). Each team may send up to six people to participate in the workshop. To learn more about adult protection MDTs in North Carolina, visit protectadults.sog.unc.edu.

Day 1

- Learn about MDTs
- Understand NC's system of adult protection and prosecution
- Engage in team-building

Participants may:

- Identify short-term and long-term goals for the MDT
- Draft a funding plan to support the MDT work
- Outline MDT policies and procedures
- Identify a team administrator and establish role and responsibilities

Day 2

- Begin developing a toolkit to create collaborative responses to adult protection

MULTIDISCIPLINARY TEAM

A group of professionals from diverse disciplines working with a common purpose for a common goal

Key Functions

- Build partnerships and trust
- Facilitate complex case communication and response
- Address systemic problems and service gaps
- Provide or support community education

Benefits to Members

- Increase understanding of the elder protection system in NC
- Expand access to resources
- Deepen professional expertise
- Strengthen community networks
- Relieve tension and frustration

Benefits to Victims

- Improve access to services and supports
- Enhance coordination and efficiency of services
- Create a "no wrong door" system

APPLY

The course is application-based. Participants are encouraged to apply in teams. The core of each team should include representatives from the office of the clerk of superior court, the county department of social services, the district attorney's office, and law enforcement. Other team members may include guardian ad litem attorneys, public guardians, and representatives from hospitals, adult care homes, housing authorities, financial institutions, long term care ombudsman, faith communities, and mental health agencies.

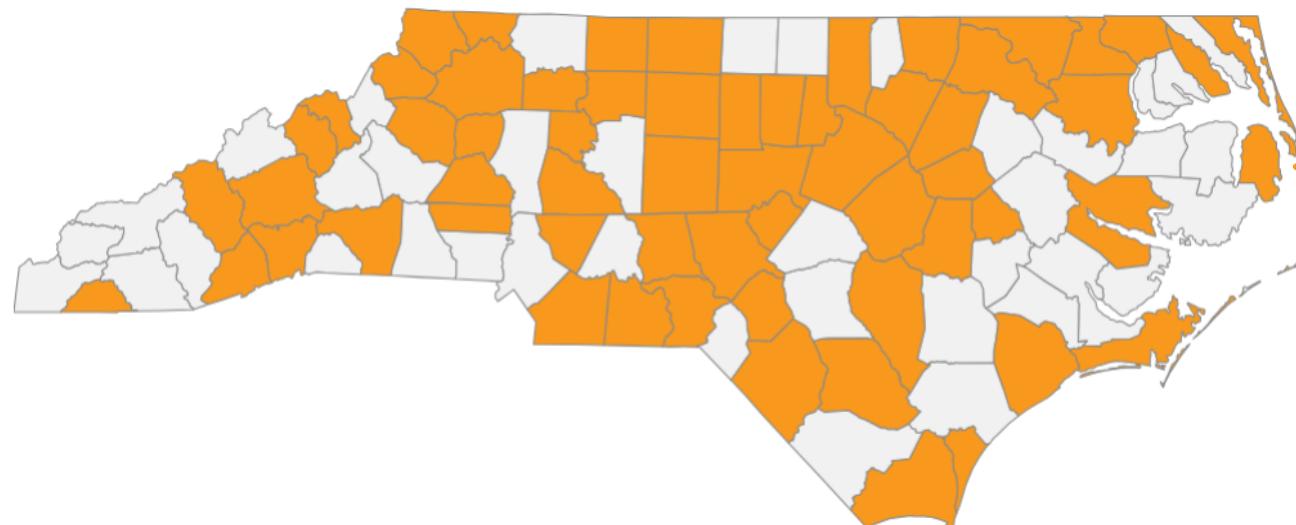
SOG faculty members are willing to work with interested applicants to identify other potential stakeholders in the community who can participate in the training as a team. Only teams will be accepted to attend.

Find Your Peers

County Adult Protection Multidisciplinary Teams

The map below identifies county-based adult protection multidisciplinary teams (MDTs) in North Carolina. These teams work together to help vulnerable adults who may need protection from abuse, neglect, or exploitation.

Below the map is a directory of MDT coordinators who serve as points of contact for the MDT in their county teams.



<https://protectadults.sog.unc.edu/peers/>

Dare County

Active MDT: Yes

MDT Coordinator(s)

Beth Bradley

bradleyb@darenc.gov

(252)475-5538

Dare County DHHS

Help Desk

We are here to help.

Contact us at **919-966-4247** or **kpreston@sog.unc.edu**

Members of the adult protection community can access information and direct questions related to establishing and maintaining strong multidisciplinary teams (MDTs) through the Adult Protection Network Help Desk. The work of the Help Desk is supported through a grant from the Division of Social Services at the North Carolina Department of Health and Human Services.

Contact us when you are facing challenges. You may want ideas about how to strengthen your team. Or perhaps you need coaching on taking your first steps in forming an MDT. Some of you may need help managing dynamics among your team members or maybe you need to access specific legal expertise in managing a current case. The Help Desk is here to support you in all of these situations.

Across the state MDTs are in various stages of development. Some counties have fully functioning MDTs. Some counties want to re-invigorate their efforts and some counties haven't gotten off the ground yet. The Help Desk is here for all of you – every community, and everyone who participates in the MDT.



Email Listserv



Training Tuesday

Welcome to this week's Training Tuesday, a weekly e-mail for professionals who work in the field of aging and adult services.

Break the Silence: Abuse and Exploitation May 6-8, 2025 | Beaufort, NC

Sponsored by the North Carolina Conference on Aging, this conference will address the complex issues inherent in finding and responding to abuse and exploitation.

1. The overlap between civil and criminal law
2. Complicated financial analysis
3. Reluctant or deceased victims
4. Medical, psychological, or emotional issues
5. Common defenses like consent and autonomy
6. The different priorities of parties involved (e.g., law enforcement, providers, victims)

This course is open to prosecutors, law enforcement, and administrative professionals, adult protective services workers, and other professionals.

[Access the full course description and registration information.](#)

Contact: [Brenda Matthews](#)
(919)890-1516



Friday Focus

Welcome to this week's Friday Focus, a weekly e-mail where we shine a light on resources, insights, and tools specifically curated for professionals who work in aging and adult services.

Friday Focus: Clarifying MDT Roles for Stronger Teams

This week's Friday Focus highlights [Module 4: Roles and Responsibilities of Team Members](#) from [The Basics: Building Adult Protection Multidisciplinary Learning Series](#).

This module explores key team roles, including coordinator, chair, facilitator, secretary, and discusses how each contributes before, during, and after meetings. Whether you're launching a new team or refining a well-established one, this module and its companion exercises offer a practical roadmap to clarify your structure and clarify responsibilities.

For additional support, the [MDT Toolkit](#) on the [Adult Protection Network](#) includes [Roles and Responsibilities of Team Members](#), a valuable resource for team planning and discussion. This document can help MDTs clarify roles and enhance collaboration.

Is your team using these tools? We'd love to hear how they are working for you. Email us at protectadults@sog.unc.edu to share how you're building stronger MDTs!



MDT Coordinator Connection

The MDT Coordinator Connection is your resource for staying informed, engaged, and connected as an adult protection MDT coordinator.

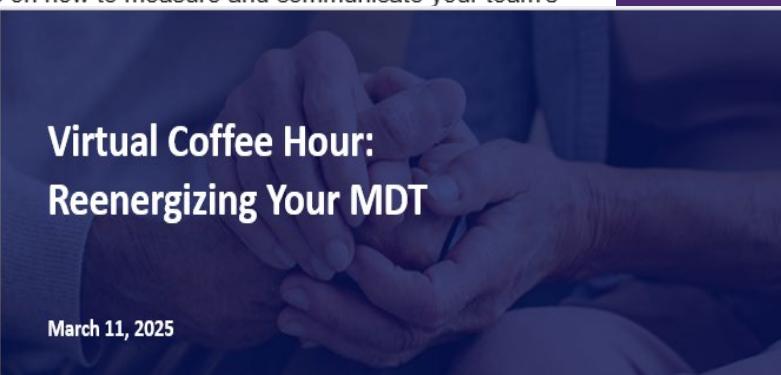
Recognizing and Celebrating Your MDT Wins

When was the last time your team paused to celebrate its successes? Recognizing and celebrating your MDT's wins is a great way to boost morale, strengthen collaboration, and remind everyone of the impact your team is making.

If you're looking for ideas on how to measure and communicate your team's progress, check out [Module 1: Measuring and Communicating Your MDT's Progress](#). This module provides tips for collecting meaningful data, identifying successes, and sharing them with your team.

We'd love to hear how your team is celebrating its successes! Share your tips, stories, or examples of how your team is recognizing progress by emailing us at protectadults@sog.unc.edu.

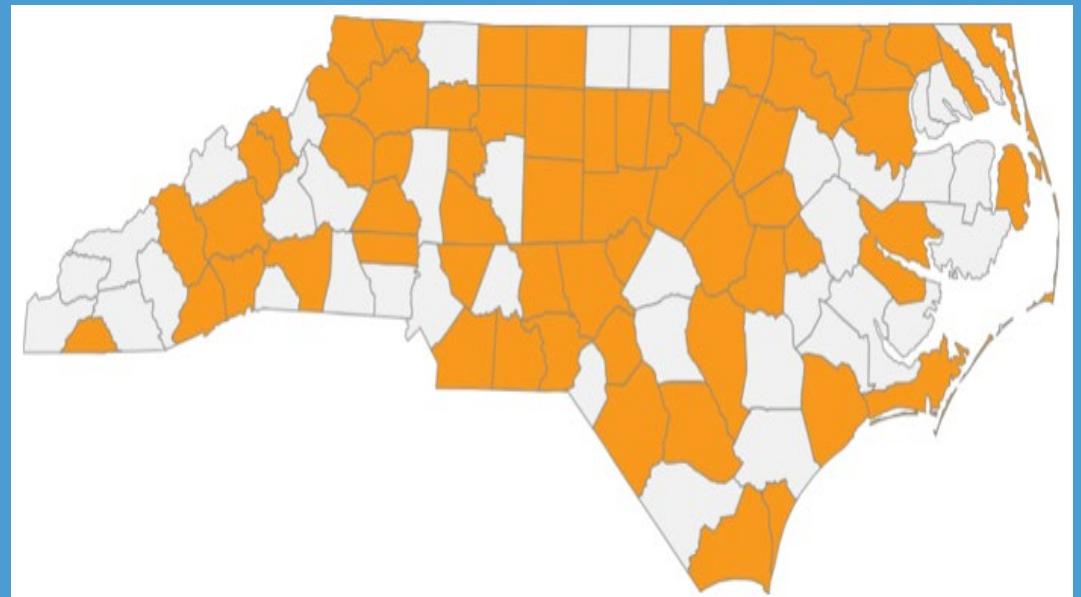
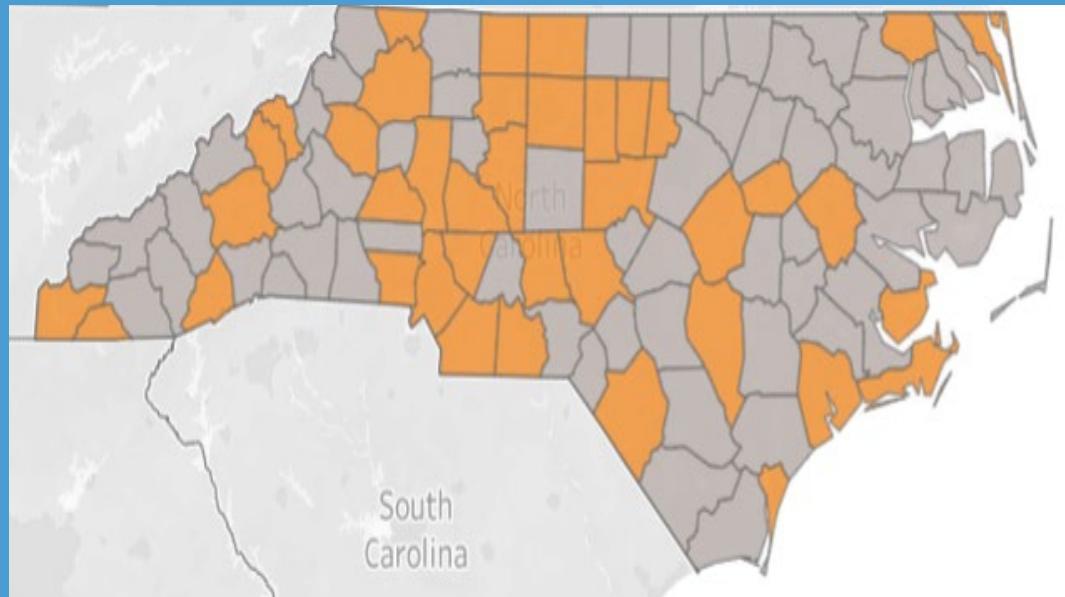
If you are no longer serving on a team, please let us know and we'll update the [Help Desk](#) to update our records.



Connecting. Informing. Supporting.

APN Impact: Growth of MDTs Across NC

Increased number of MDTs from 34 to 61 out of 100 counties since March 2023



*An additional 34 counties are working to build MDTs

APN Impact: Help Desk Engagement

All 100 counties engaged through mix of on-site consultation and virtual consultation, in-person, and virtual presentations.



APN Impact: Listserv Expansion

549 email subscribers (45% increase since March 2023)

Audience

North Carolina Adult Protection Network

608 total contacts. 549 email subscribers.

Messages Inbox
You've received 0 messages in the last 30 days.

Recent growth
New contacts added to this audience in the last 30 days.

9	9	0
New Contacts	Subscribed	Non-Subscribed

From March 29, 2025 to April 28, 2025

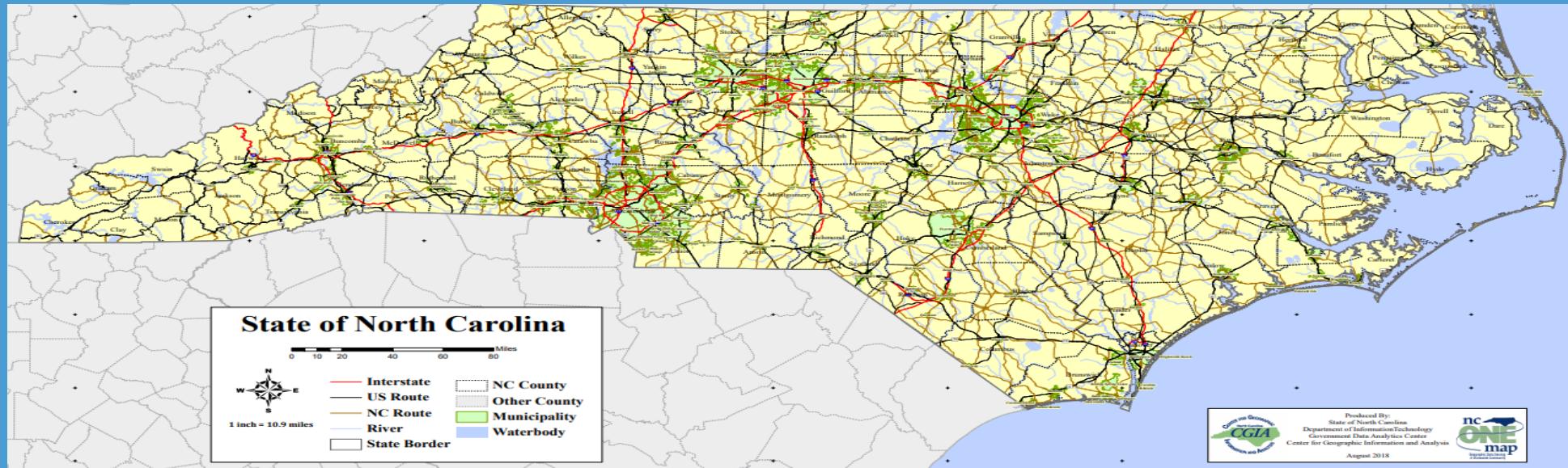
View Contacts **Manage Audience**

 **Mailchimp**
Email marketing company

APN Impact: Building Relationships

Increased collaboration among state and local partners:

- Legal Aid of NC
- NC Baptist Aging Ministry
- NC Conference of District Attorneys
- NC Division of Aging and Adult Services
- NC Division of Social Services
- NC Partnership to Address Adult Abuse
- NC Secretary of State



More Information?

Website: <https://protectadults.sog.unc.edu>

Help Desk: (919)966-4247

Contact: Kristy Preston, kpreston@sog.unc.edu

Ohio APS Interdisciplinary Teams (I-Teams)

Robin Young, APS Policy Developer

Introduction

- Ohio I-Teams background
- Key mandates
- Purpose of the MOU and I-Teams
- Structure and activities of I-Teams
- State level I-Teams
- Current status and future plans

Ohio I-Teams Background

2014 Section 751.130 of Ohio HB 483 - Workgroup:

- Investigate programmatic or financial gaps
- Identify best practices
- Identify areas of overlap
- Recommend distribution of funds - \$10 million
- HB 64 (Budget Bill) codified several of the Workgroup's recommendations

Planning Grant 2015

- Letter of Attestation
- Plan of Cooperation
- Memorandum of Understanding
- Interdisciplinary Team

Memorandum of Understanding (MOU)

[Ohio Revised Code 5101.621](#)

- What is it?
- Statement of Purpose
- Participating Agencies
- Roles and Responsibilities
- Scope of Work
- Confidentiality
- Signatures

Memorandum of Understanding (MOU)

Ohio Revised Code 5101.621

➤ Signatures:

- The Director of the County Department of Job and Family Services
- The County Peace Officer
- The Chief Peace Officer of the largest municipality within the county
- The County Prosecuting Attorney
- The County Coroner

Memorandum of Understanding (MOU)

[Ohio Revised Code 5101.621](#)

The memorandum of understanding shall establish the following:

1. An ***interdisciplinary team*** to coordinate efforts related to the prevention, reporting, and treatment of abuse, neglect, and exploitation of adults;
2. The roles and responsibilities for handling cases that have been referred by the county department to another agency; and
3. The roles and responsibilities for filing criminal charges against persons alleged to have abused, neglected, or exploited adults.

Ohio APS I-Team Criteria for Funding

- Identify community partners
- Identify meeting schedule
- Identify strategies to meet objectives
- Signed copy of I-Team participation
- Signed copy of confidentiality agreement

Ohio APS I-Teams

- Prior to 2015 requirement, 9 reported I-Teams in Ohio
- 78 out of 88 counties received funding to implement a local I-Team (\$10,000)
- 78 out of 88 counties received funding by submitting a completed MOU (\$20,000)
- I-Teams are statutorily mandated in all 88 counties

Ohio APS I-Teams

- 2015 – MOU and I-Team Webinar
- 2020 – I-Team Conference
- 2024 – I-Team Coordinator Training
- Ongoing – Technical assistance from state level

Ohio APS I-Team Structure and Activities

- Ohio is a state supervised and county administered state.
- Counties can structure their I-Team in a manner that fulfills the needs of their community.
- The county departments of job and family services is not required to facilitate meetings.
- Frequency varies and is dependent on the needs of the community.

Ohio APS I-Team Structure and Activities

- Educational component of available services
- Case discussion
- Planning for elder events
- Elder fatality reviews

Additional I-Teams at the State Level

- Ohio Department of Job and Family Services – Advisory Council
- Department of Aging – Ohio Advisory Council for Aging
- Attorney General’s Office – Elder Abuse Commission

Current Status and Future Plans

- I-Team schedules requested annually
- Quality Assurance and Technical Assistance project
- Ongoing technical assistance

Ohio APS I-Teams Conclusion

The political leaders of Ohio believed collaboration was so important for the safety and well-being of older Ohioans, that I-Teams became statutorily mandated.

AN MDT MODEL FOR SCALING CAPACITY ASSESSMENTS FOR APS CLIENTS

JASON BURNETT, PHD

DIRECTOR OF THE TEAM COLLABORATORY

UTHEALTH HOUSTON, JOHN P. & KATHERINE G. MCGOVERN MEDICAL SCHOOL,
HOUSTON

Objectives

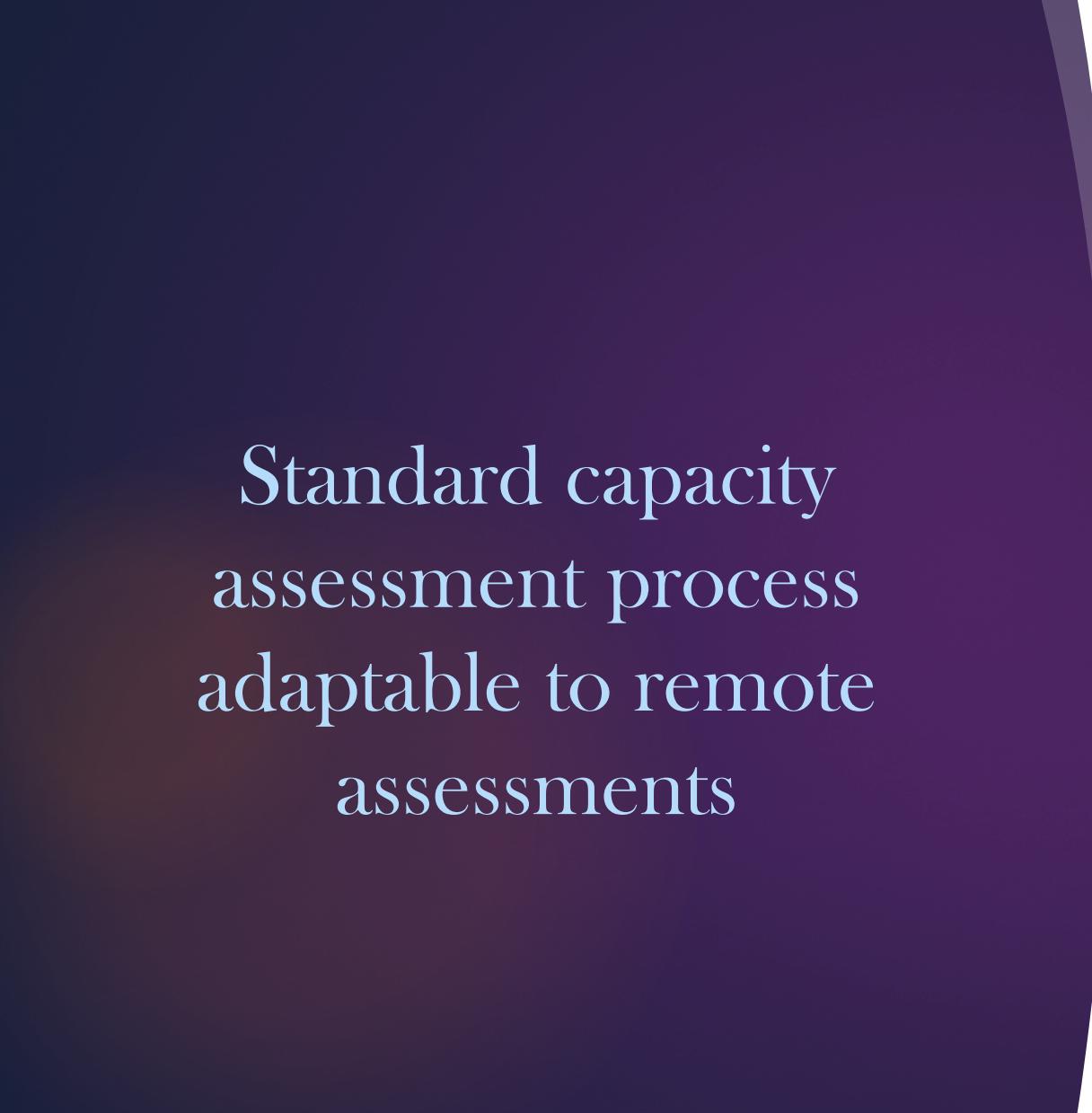
- ▶ After this presentation, the audience will be able to:
- ▶ Describe an MDT model that provides statewide capacity assessments for APS clients
- ▶ Describe the necessary resources for scaling a capacity assessment model for APS clients

Forensic capacity assessment demand

- ▶ In the U.S., about 12% of adults 65 or older and about 9% of adults 18 to 64 have cognitive impairment
- ▶ Increasing numbers of validated allegations of elder abuse and self-neglect
- ▶ Capacity assessments are needed by APS and courts
- ▶ Trouble finding local evaluators

Problem- solution?

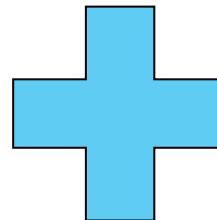
- ▶ How do we increase APS client access to timely and evidence-based capacity assessment experts?



Standard capacity
assessment process
adaptable to remote
assessments

1997

- In home medical and mental health capacity
- Region VI
- Expert Court Testimony



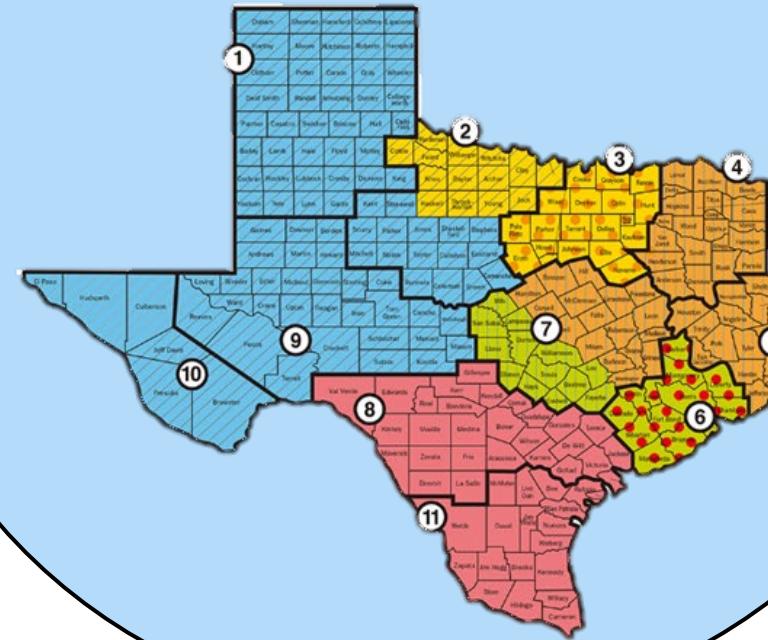
2015

- Statewide:
 - Telehealth Mental Capacity Assessments
 - Case Staffing
 - Forensic Records Reviews
- Employee Misconduct Registry Reviews



2017

APS In-Home Investigations **TEAM Forensic Assessment Center Network**



 **UTHealth** | **McGovern**
The University of Texas
Health Science Center at Houston

 **TEXAS**
Health and Human
Services

Texas Department of Family
and Protective Services



Promoting health and safety for children and adults who are suspected victims of abuse, neglect or exploitation.



www.facntx.org
<https://test.facntx.org>

FACN Online

FACN website will be down for maintenance
Friday, Aug 24, 2018 from 5:00pm - 11:00pm.
We apologize for the inconvenience.

APS has joined FACN! Click on the Training tab to learn more about the system upgrades.

DFPS Physicians & Coordinators

User Name or Email

Password

Remember Me

Login

If you are logging in as a DFPS user, your username and password are the same ones used to access IMPACT

If you are a DFPS employee and unable to access the FACN site, contact us at FACN@dfps.state.tx.us.

Journal of the American Geriatrics Society

MODELS OF GERIATRIC CARE,
QUALITY IMPROVEMENT, AND
PROGRAM DISSEMINATION

A Statewide Elder Mistreatment Virtual Assessment Program: Preliminary Data

Jason Burnett, PhD,^{*†} Carmel B. Dyer, MD,^{*†} Leslie E. Clark, BSN, RN-BC,^{*†} and
John M. Halphen, MD, JD,^{*†}

DOI: 10.1111/jgs.17424

HEALTH POLICY AND ECONOMICS



Journal of Elder Abuse & Neglect

ISSN: 0894-6566 (Print) 1540-4129 (Online) Journal homepage: <https://www.tandfonline.com/loi/wean20>

Capacity evaluations for adult protective services: videoconference or in-person interviews

John M. Halphen, Carmel B. Dyer, Jessica L. Lee, Carlos A. Reyes-Ortiz,
Cristina C. Murdock, Julia A. Hiner & Jason Burnett

**Journal of the
American Geriatrics Society**

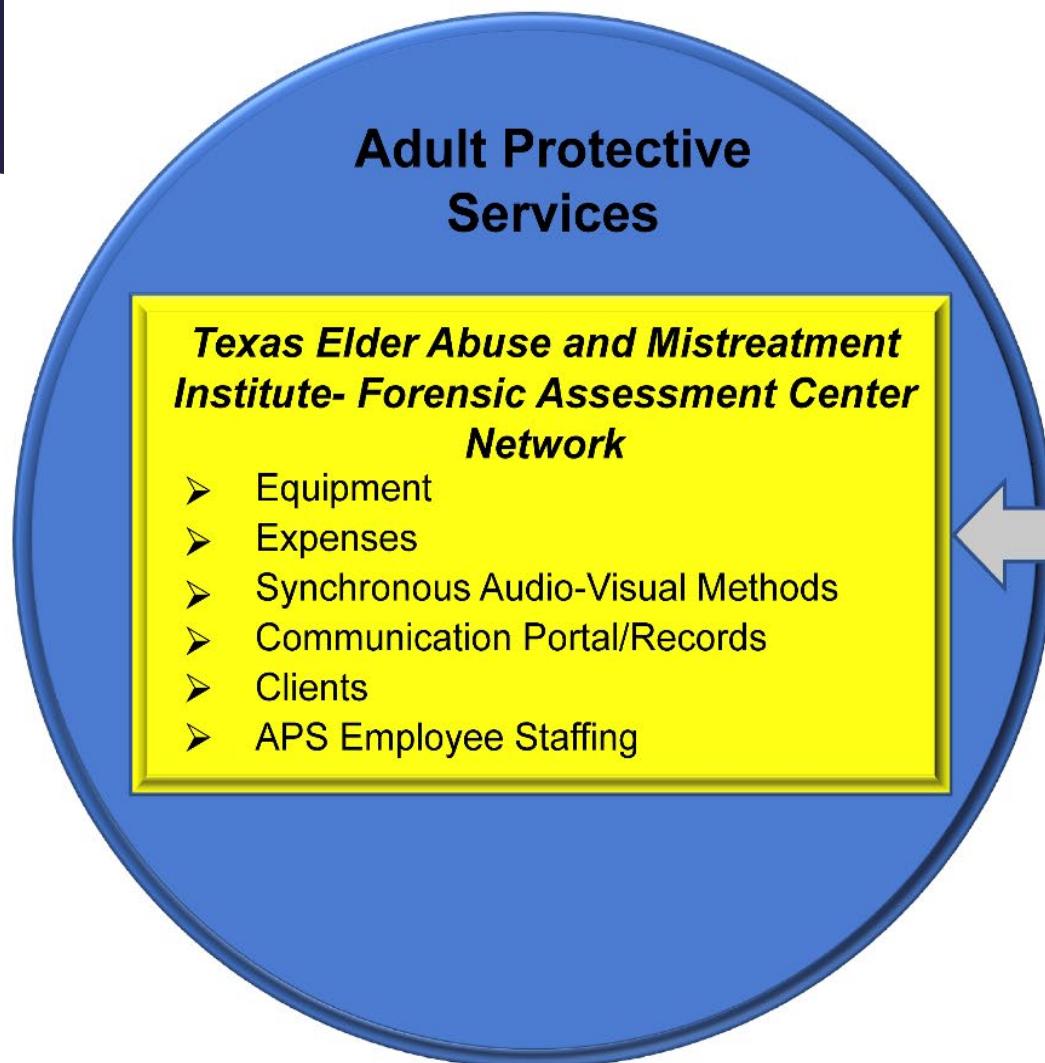
A statewide elder mistreatment virtual assessment program: Legal, ethical, and practical issues

John M. Halphen JD, MD^{1,2} | Christina F. Solis JD, MPH³ | Jason Burnett PhD^{1,2}

Numbers

- ▶ July 2017 through April 2025 - ~4,000 assessments completed
- ▶ 80% of our cases are not referred for guardianship, but do need supervision in at least one of the areas of function (functional capacity assessment statute)
- ▶ No statistical differences in the number of cases determine to lack capacity between in-person and video-conferencing

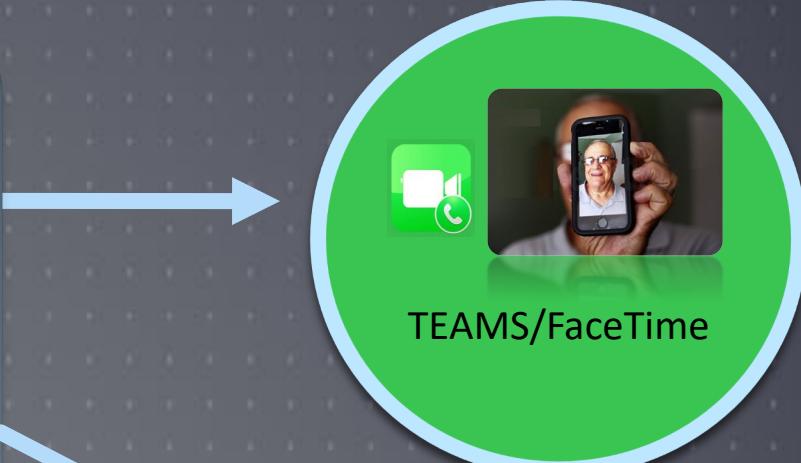
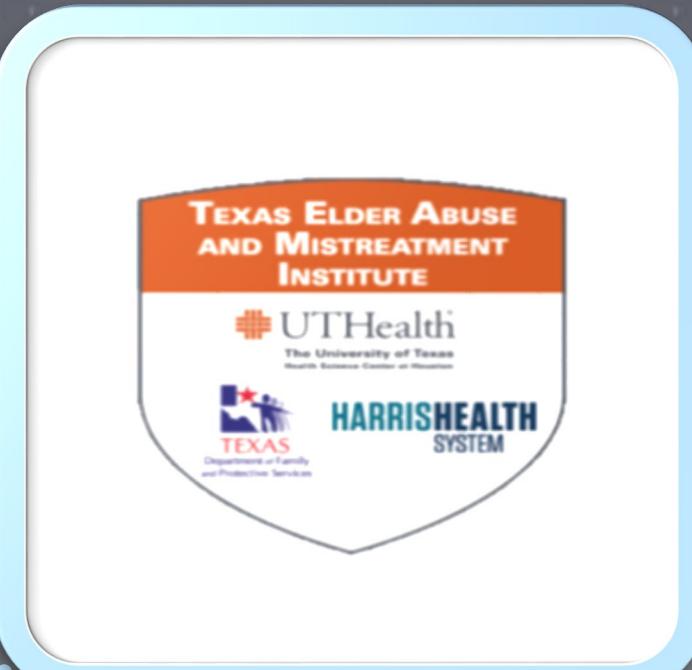
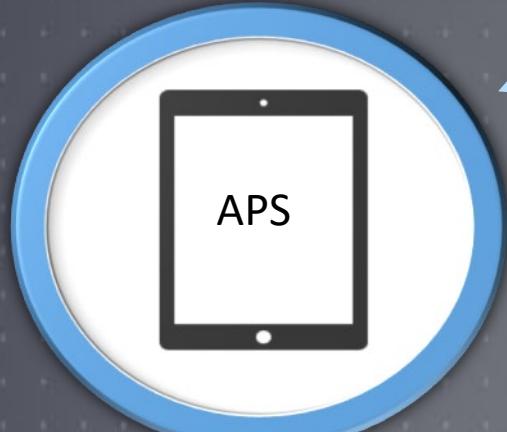
Program Structure



University of Texas Health Science Center at Houston, McGovern Medical School

Key aspects of the collaboration

- ▶ TEAM-FACN within APS
- ▶ Telecommunications extend to remote areas
- ▶ Capacity assessment is standardized for remote and in-person interview
- ▶ Only mental health assessments if remote
- ▶ No treatment
- ▶ Interdisciplinary team case discussion



Remote interview in same way, but the APS specialist more active:

- ▶ The APS specialist brings the communication device
- ▶ Excludes persons without authority to overhear or interfere with the interview
- ▶ Sets up the connection
- ▶ Brings, helps administer, and uploads the completed evaluation instruments
- ▶ Facilitates a virtual inspection of the client and their environment

Confidential MDT discussion

- ▶ APS, RN coordinator, physicians, learners
- ▶ Presentation by APS concerns and function
- ▶ Presentation of physician evaluator - function and reasons for findings
- ▶ Discussion feasible least restrictive alternatives

Tips for Success

Strong collaboration with APS

Full time program coordinator

FTE protected time for clinicians

Evidence-based approaches

Detailed reports for APS and the courts

Conclusions

- ▶ Telecommunications are critical
- ▶ Capacity assessments can be carried out effectively and efficiently using video-conferencing
- ▶ This approach does not increase the rate of guardianship filings or emergency removals than in-person assessments nor do they increase the determinations of lacking full capacity
- ▶ Strong and trustworthy collaborations with APS and the program are critical

CONTACT

Jason Burnett, PhD

Jason.Burnett@uth.tmc.edu



Wyoming Department of Family Services

Jane Carlson
APS Program Analyst
Wyoming Department of Family
Services

National MDT Elder Abuse Summit
May 29, 2025

What's Unique about Wyoming APT's

- IDENTIFY AND ADDRESS SERVICES GAPS
- CONNECTING WITH DIVERSE SERVICE PROVIDERS
- BOTH TEAMS HAVE OPEN COMMUNICATION
- ADVOCATING FOR ENHANCED SUPPORT

Additional Details

GAPS: Local APTs address individual APS needs. If a local team identifies a difficult need then this concern can be addressed with the State APT.

CONNECTIONS: A comprehensive ‘team’ approach involving diverse stakeholders, such as animal control and the gas company, can lead to more effective solutions.

COMMUNICATION: Utilizing cross-mentoring, ensure clear communication and goal alignment, identify strengths and weaknesses, and tailor accordingly.

SUPPORT: Should the State APT become aware of a service gap, they will advocate for new policies, regulations, funding opportunities and legislation to better support local teams.

CONTACT

Jane Carlson and Bonnie Volk

jane.carlson@wyo.gov and bonnie.volk@wyo.gov

<https://dfs.wyo.gov/about/contact-us/>



MDT Program Evaluation

Julia Martinez, PhD

Director of Research and Evaluation
ReGenerations Aging Services

SESSION 7

MULTIDISCIPLINARY TEAM PROGRAM EVALUATION

Julia Martinez, Ph.D.

National Elder Abuse Multidisciplinary Team Summit

May 29-30, 2025

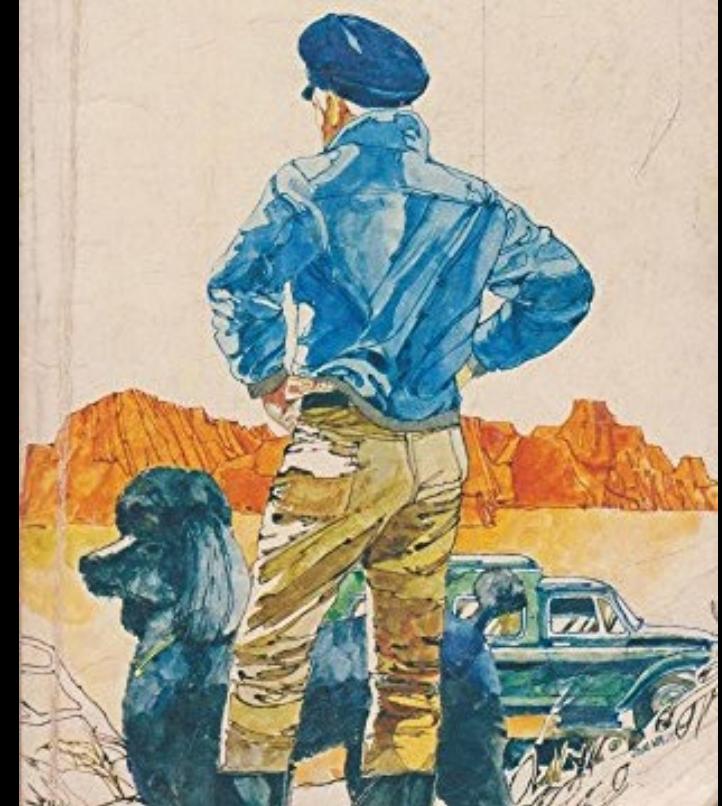
OVERVIEW

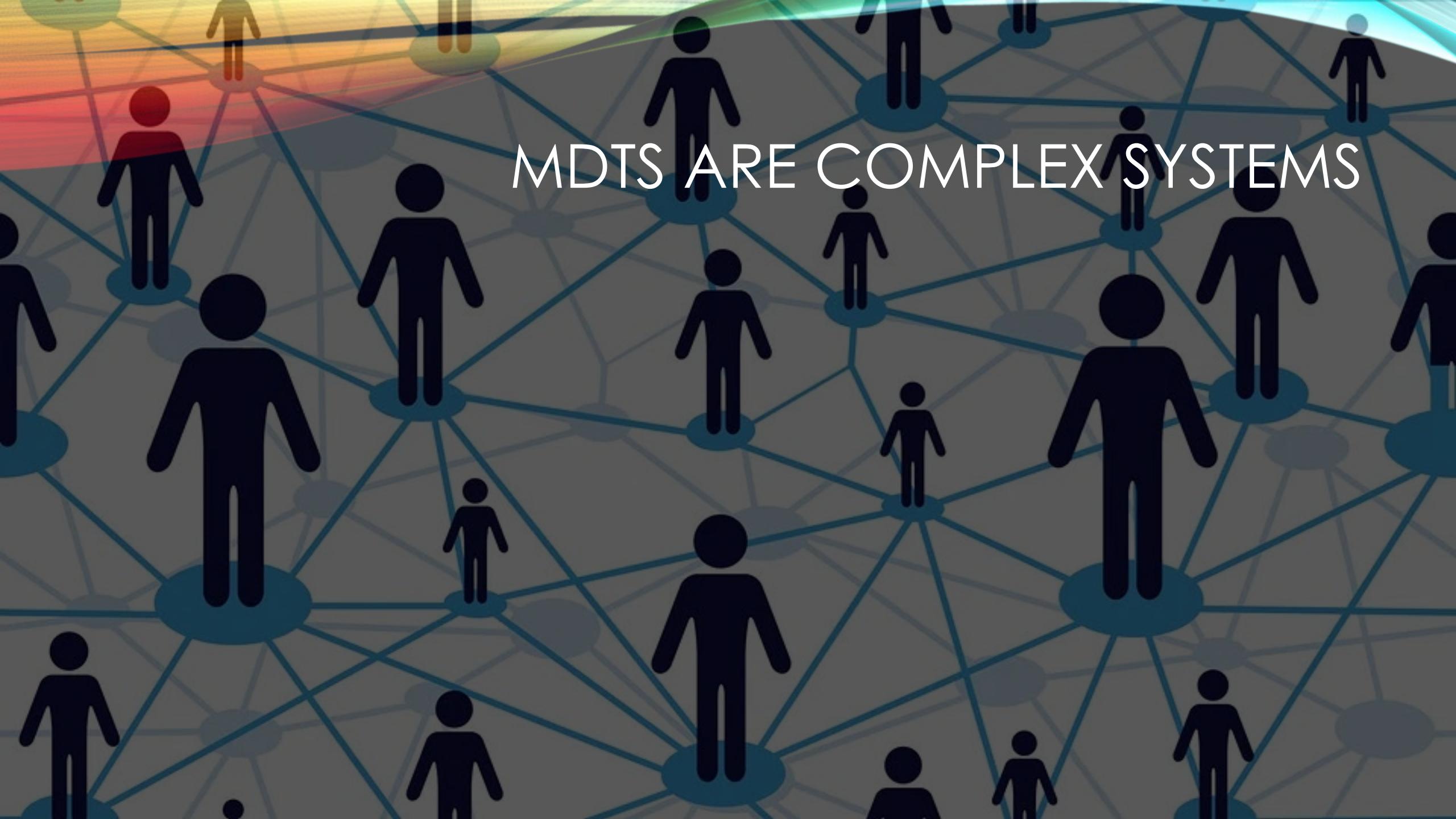
- My Background
- MDTs are Complex Systems
- Traditional Evaluation
- Developmental Evaluation
- Specific Evaluative Strategies



MY TRAVELS WITH MDTS

- MDT Coordinator
- Academic Researcher
 - Observed the Los Angeles Forensic Center MDT
 - Site visits to four other Forensic Center MDTs in CA
 - National surveys to MDTs
 - Site visits nationally (CO, TX, NY)
- Consultation
 - Evaluating innovative offshoot programs (CA, NY)
 - Technical assistance provider
 - MDT Technical Assistance Center evaluation





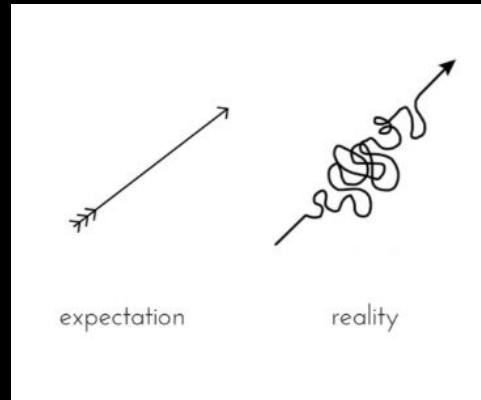
MDTS ARE COMPLEX SYSTEMS



COMPLEX SYSTEMS

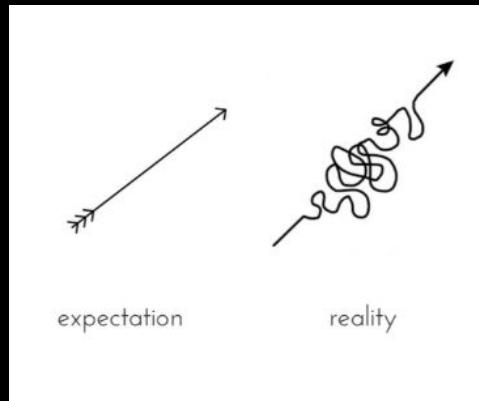
COMPLEX SYSTEMS

Non-Linearity

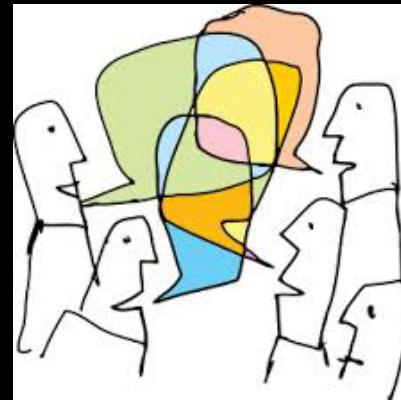


COMPLEX SYSTEMS

Non-Linearity

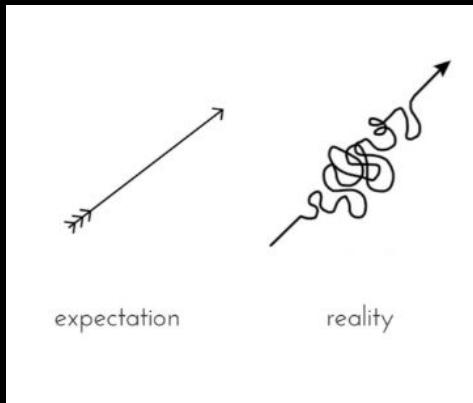


Multiple
Perspectives

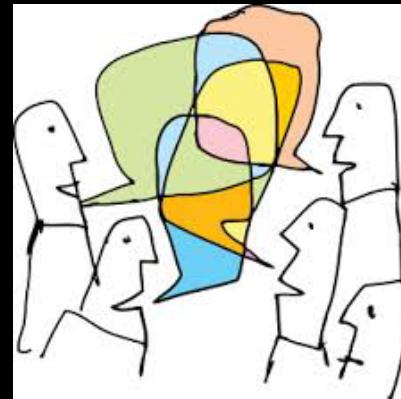


COMPLEX SYSTEMS

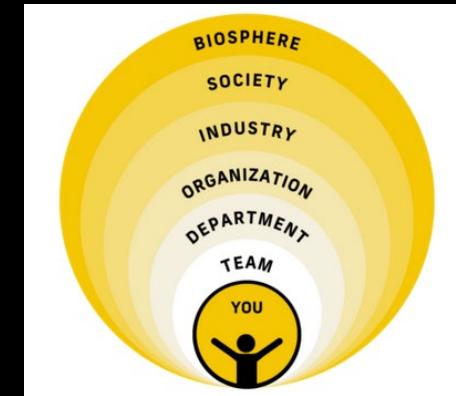
Non-Linearity



Multiple Perspectives

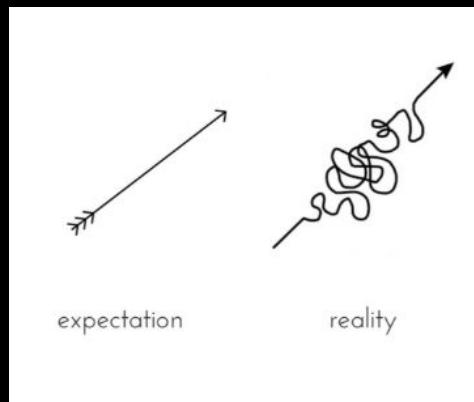


Nested

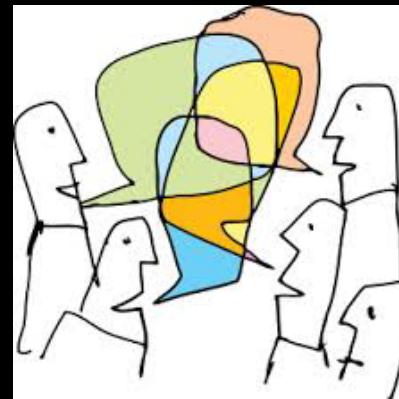


COMPLEX SYSTEMS

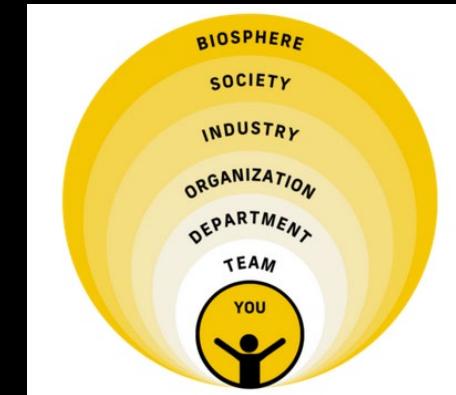
Non-Linearity



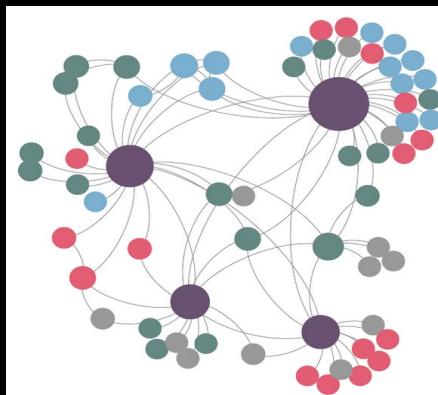
Multiple Perspectives



Nested

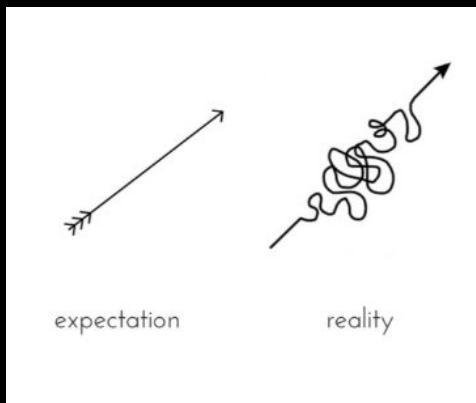


Nodality

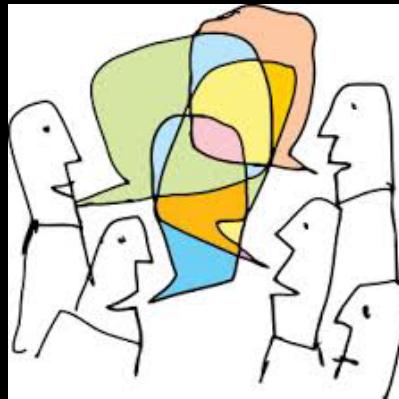


COMPLEX SYSTEMS

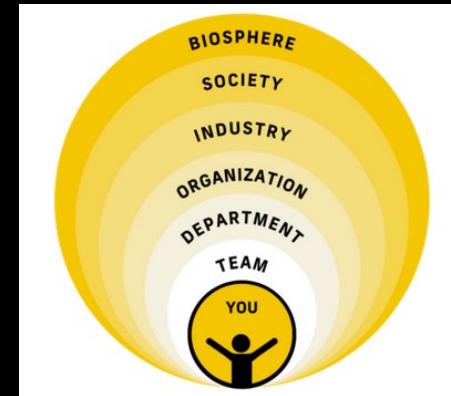
Non-Linearity



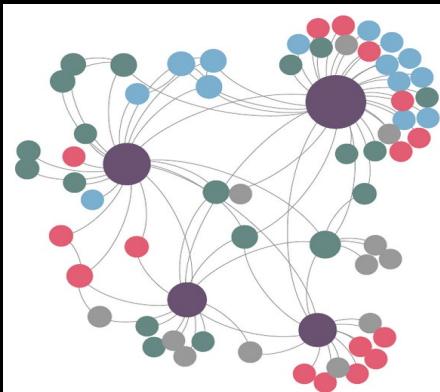
Multiple Perspectives



Nested



Nodality

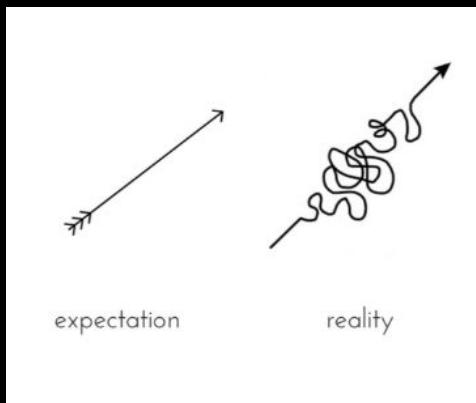


Adaptation

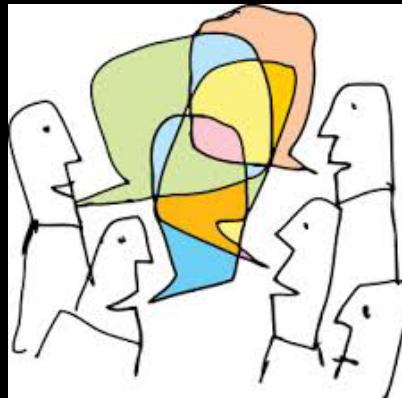


COMPLEX SYSTEMS

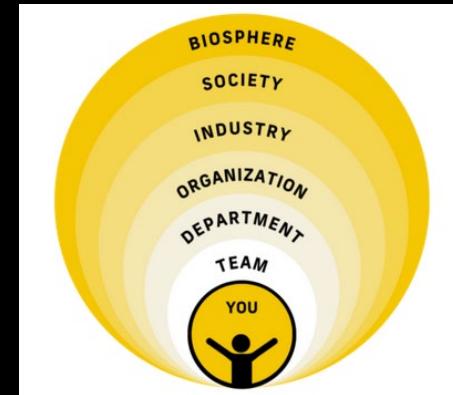
Non-Linearity



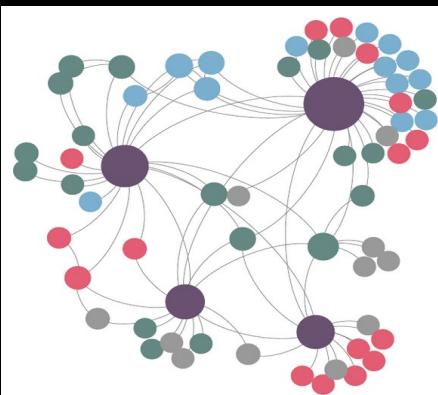
Multiple Perspectives



Nested



Nodality



Adaptation



Emergence



A photograph of a person from behind, looking at a large map spread out on a surface. The person is wearing a blue long-sleeved shirt and a dark backpack. The background is a scenic view of a sunset over a valley with mountains. The title 'EVALUATION STRATEGIES' is overlaid in large, white, sans-serif capital letters.

EVALUATION STRATEGIES

EVALUATION STRATEGIES

Traditional Evaluation



Developmental Evaluation



WHAT IS TRADITIONAL PROGRAM EVALUATION?



WHAT IS PROGRAM EVALUATION?

Questions

What is it?
What does it do?
How does it do it?
Who is affected?
How are they affected?

Information

Numeric & categorical data
Stories & descriptions
Process maps

Analysis

What's working?
What could be better?
What else we need to know?

Decisions

Improve effectiveness & efficiency
Improve affects
Expand affects
Strategy
Evaluation

WHY EVALUATE AN MDT?

Questions

What is it?
What does it do?
How does it do it?
Who is affected?
How are they affected?

Information

Numeric & categorical data
Stories & descriptions
Process maps

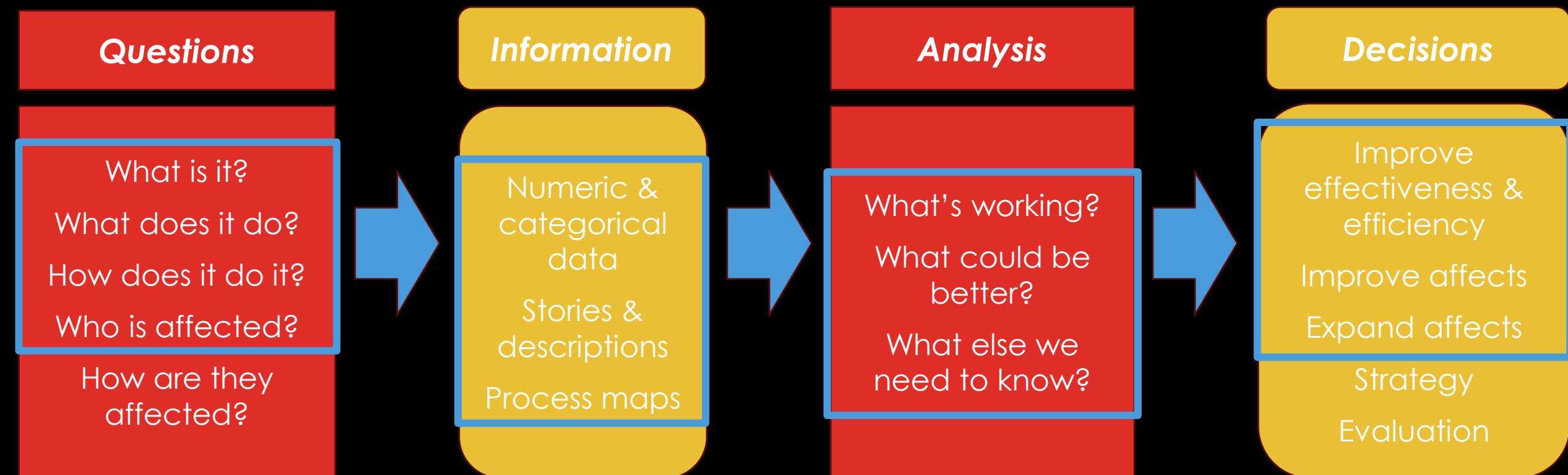
Analysis

What's working?
What could be better?
What else we need to know?

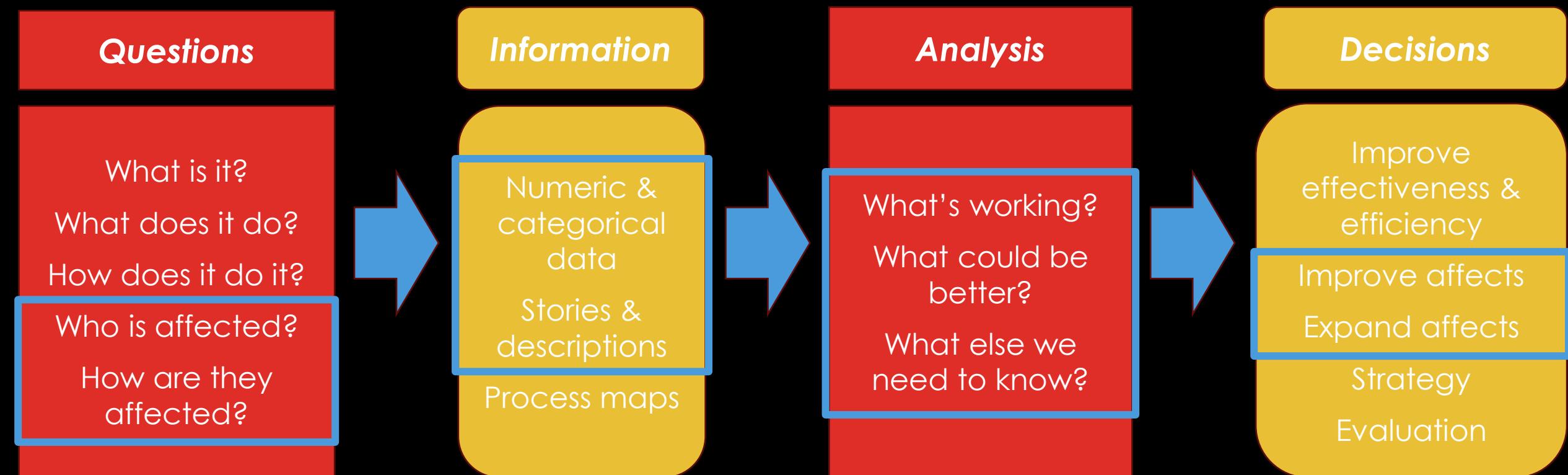
Decisions

Improve effectiveness & efficiency
Improve affects
Expand affects
Strategy
Evaluation

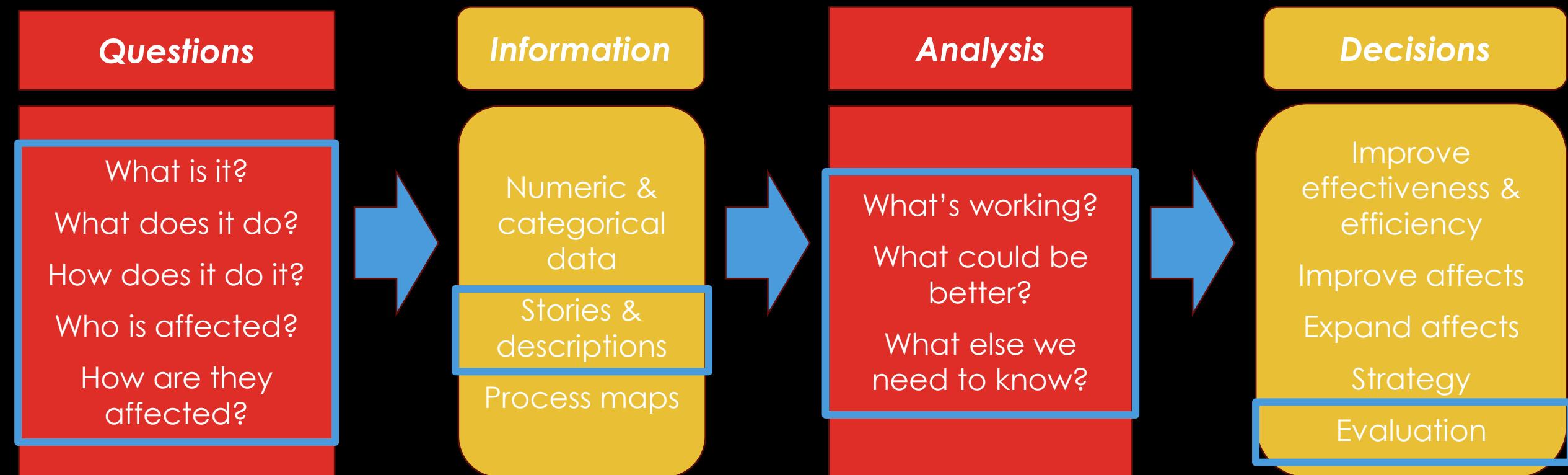
EVALUATION DESIGN: PROCESS EVALUATION



EVALUATION DESIGN: OUTCOME EVALUATION

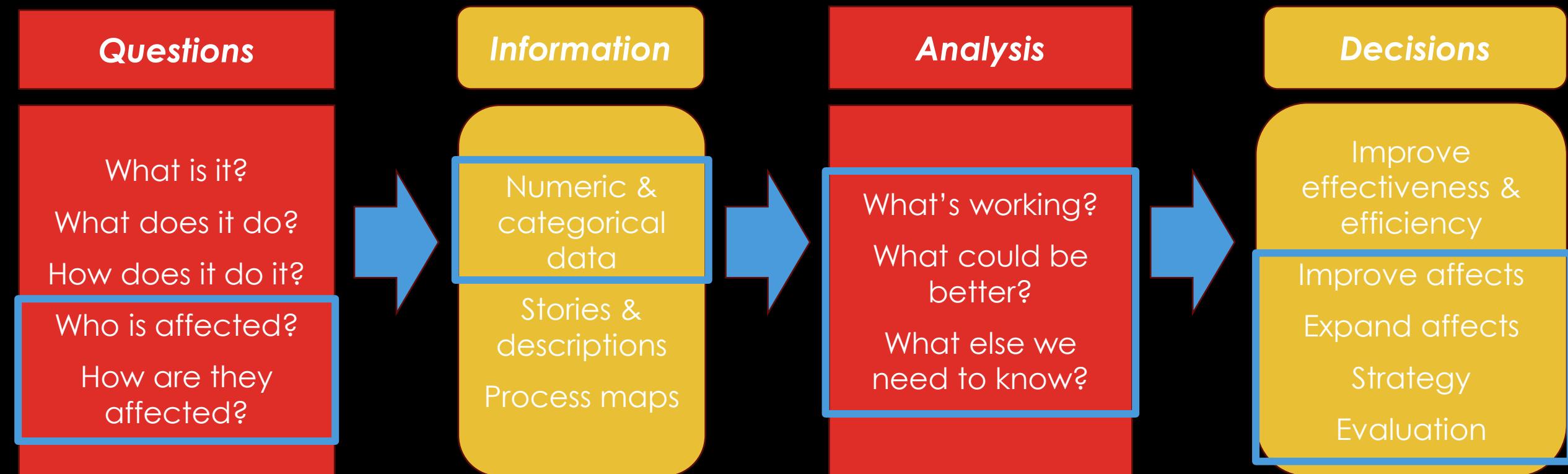


EVALUATION METHODS: QUALITATIVE



* Provides knowledge of crucial metrics, not generalization

EVALUATION METHODS: QUANTITATIVE



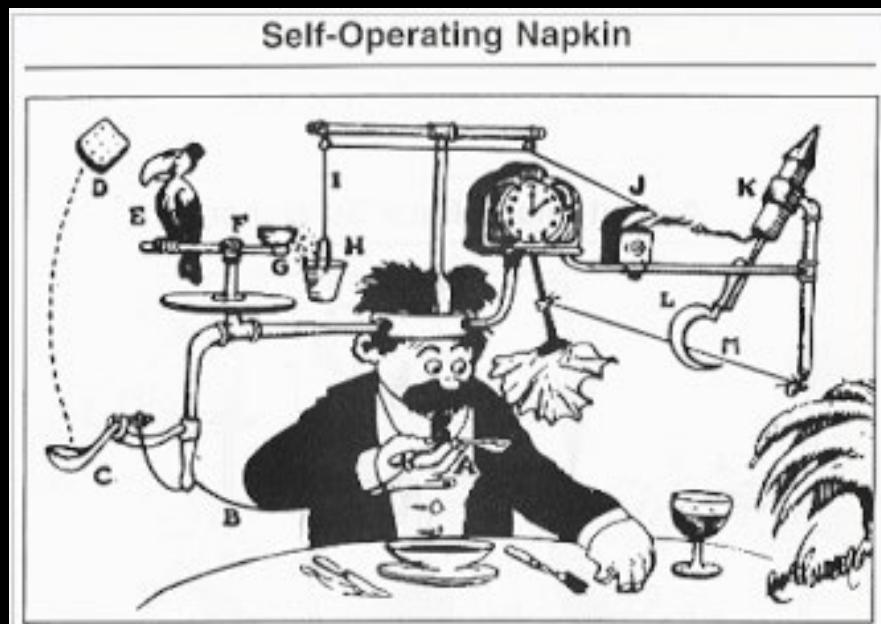
* Generalization of results, with limitations



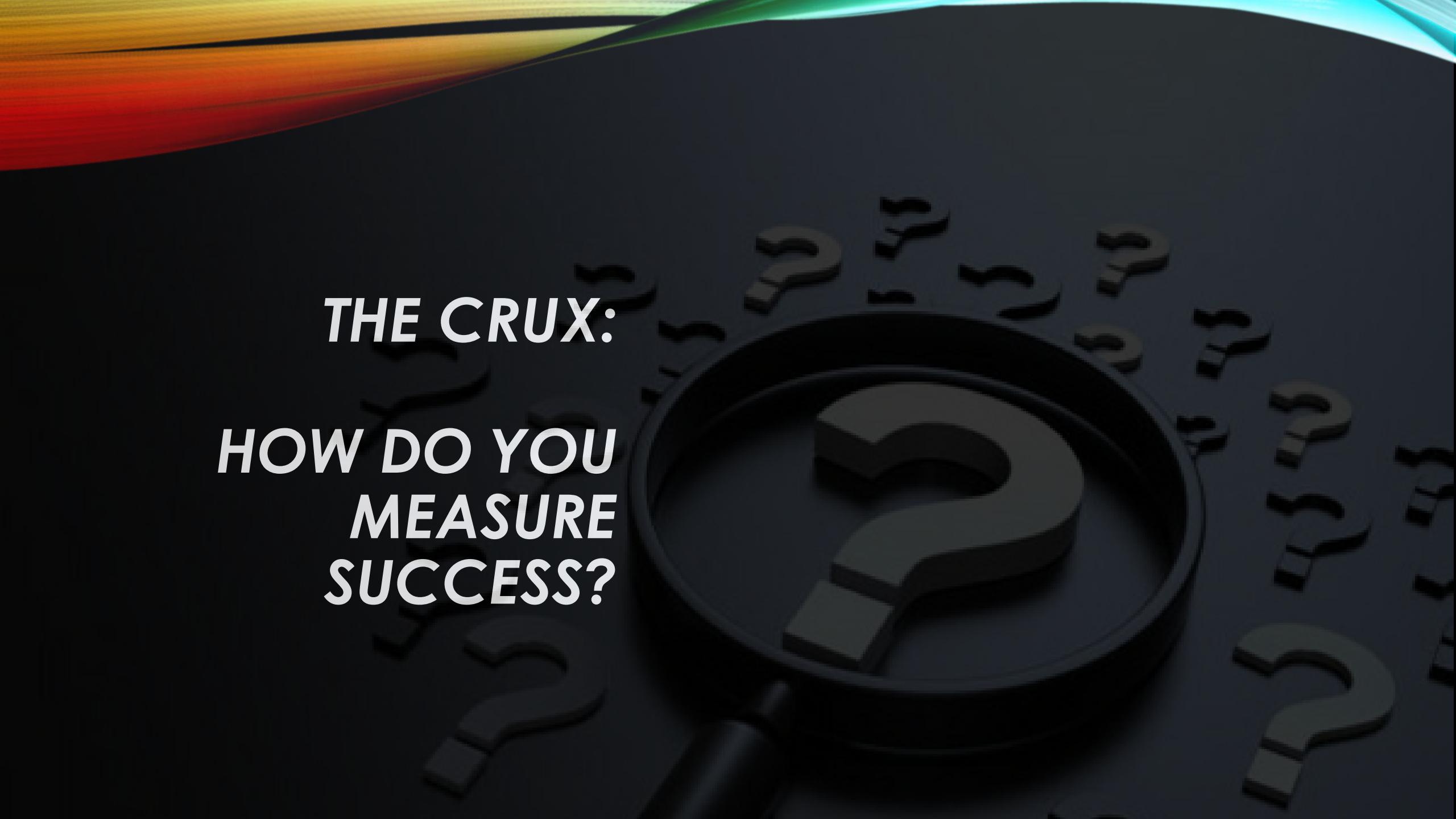
WHAT WE'VE LEARNED ABOUT MDTS

- Members report positive experiences and perceived efficacy
- “Best practices” include ongoing collaboration outside meetings, cross-disciplinary training, and team building
- Membership in an MDT is often initiated through obligation; members continue because the experience is rewarding
- When asked “What is success?” members often report learning from their fellow MDT members
- MDT case reviews were more likely to result in successful prosecution and guardianship

TRADITIONAL OUTCOME EVALUATION ASSUMPTIONS



- The program or intervention is relatively stable, predictable, and self-contained
- The problem it is solving is well-understood
- There is predictable cause and effect
- There are clear and measurable indicators of success



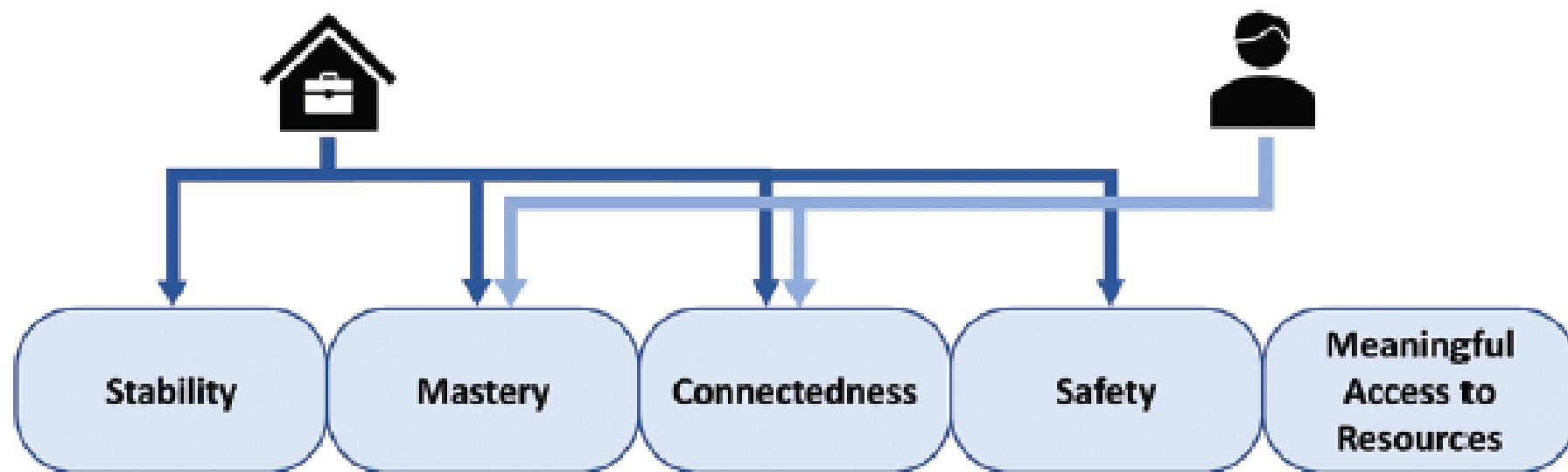
THE CRUX: HOW DO YOU MEASURE SUCCESS?



MS. M

WHAT IS SUCCESS?

Case Study: Ms. M



Home	"Tom" - Caregiver	Lacking Domain
Stability of circumstances; Mastery over home and lifestyle; Social connectedness with neighbors; Safety to live without harm	Mastery over life and home and personal care; Connectedness through reciprocity	Meaningful access to medical care. Tradeoff: Ms. M refused to see her doctor to avoid facility placement

TUNNEL VISION OF FOCUSING ON RISK AND SAFETY



What is most important to the older adult

What's working well

Impact of past trauma

How the older adult defines safety

Lifelong patterns

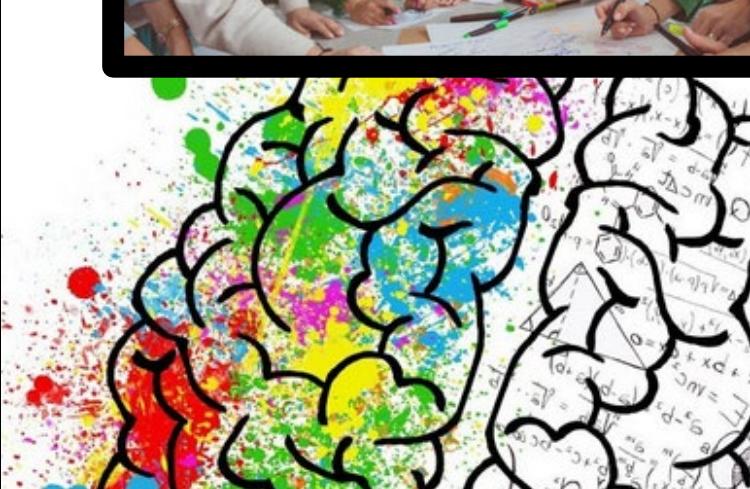
Perceptions of government services

How the older adult derives meaning and purpose

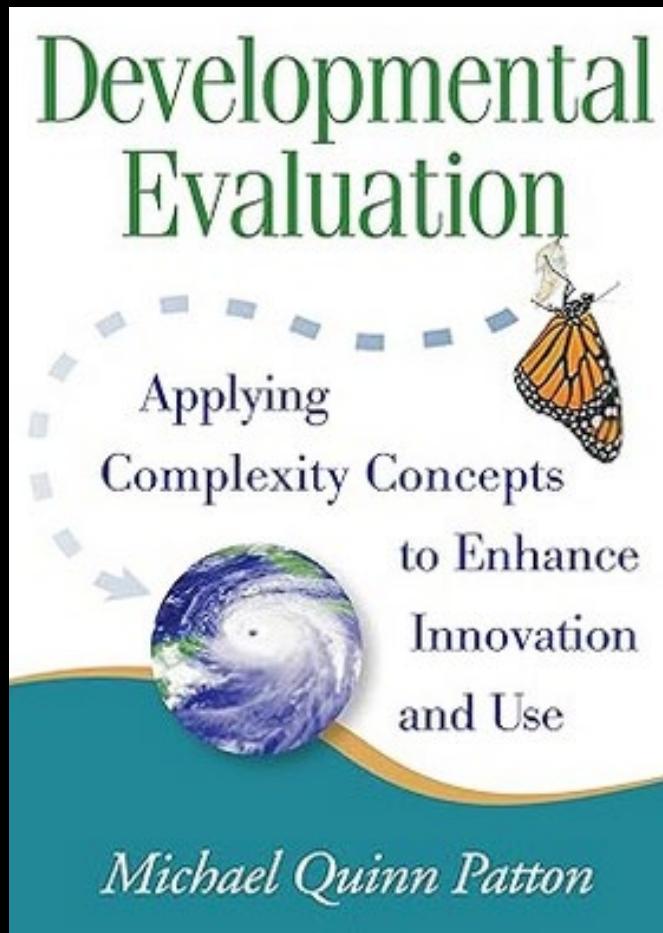
Personal Values

Elder abuse risk and severity

WHAT IS DEVELOPMENTAL PROGRAM EVALUATION?



DEVELOPMENTAL EVALUATION



- A process for accompanying innovation and adaptation with evaluative thinking
- Applicable to addressing “wicked problems” where exact solution and outcomes are uncertain
- There is a vision for improvement
- Learning and clarity will emerge in the course of the work

COMPARISON

	Traditional Evaluation (TE)	Developmental Evaluation (DE)
Purpose	Accountability	Learning and adaptation
Evaluator role	External	Embedded within the team
Timeframe	Short period	Continuous
Flexibility	Less flexible, pre-determined structure and process	Highly flexible, adaptable as more information is gleaned
Data collection	Pre-defined measures	Rapid, real-time data collection, analysis, and reflection
Focus	Pre-defined outcomes, accountability	Learning, adaptation, improvement

DEVELOPMENTAL EVALUATION STRATEGIES



STRATEGY 1: *THINK EVALUATIVELY*

- Encourage a culture of learning and adaptation, rather than measuring performance
- Make time for evaluative questions:
 - What is success, for this person? How do we know? What is success from various professional standpoints?
 - What are our assumptions about this person and their situation? What are other possible assumptions?
 - What don't we know about this situation? How can we find out?
 - What are unintended consequences of our proposed action?
 - What patterns do we see in our casework? What can we learn about our community's strengths and needs?
- Assure psychological safety for presenting alternate views

STRATEGY 2: **APPLY EVALUATION LOGIC**

- **Logic Modeling.** Create a program logic model, to clarify how you think the MDT will work. Adjust the logic model as more information emerges.
- **Ripple Effect Mapping.** Create a map to retrospectively understand the causal linkages between unexpected impacts and program activities and elements.
- **Gather data.** If a question emerges, find answers. Data can come from interviews with older adults or other professionals, surveys, document reviews, or observations.
- **Use what is learned.** Use learning to inform ongoing decision-making. Make adjustments to the program as needed.



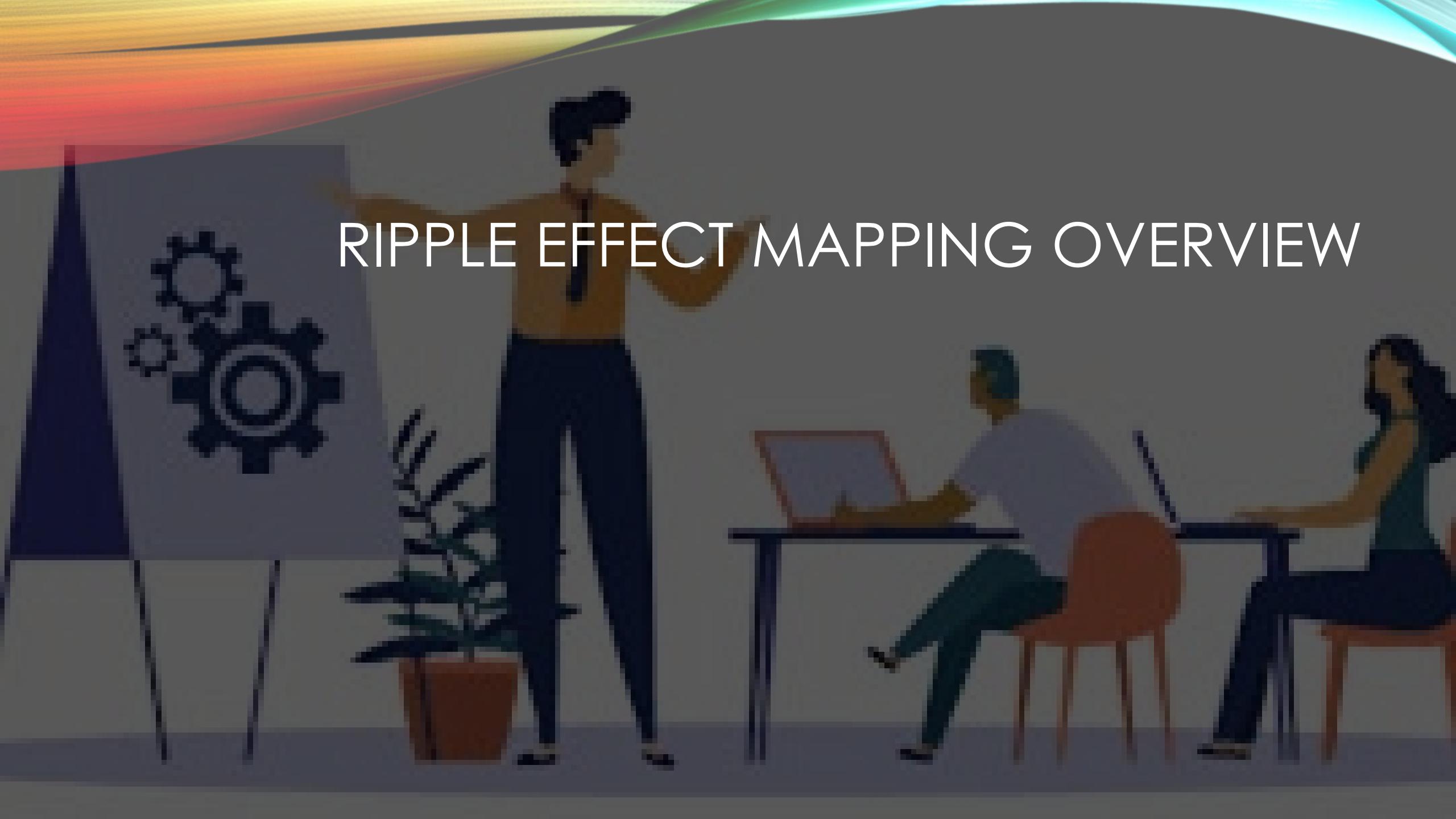
STRATEGY 3: **FOSTER STRONG RELATIONSHIPS**

- Assure relationships among team members are strong.
- Consider other groups your MDT could build relationships with, such as older adults in the community, family caregivers, and other stakeholders. Understand what information they would want to know about the MDT.
- Create lines of communication across different stakeholder groups for sharing findings, feedback, and collaboration.



STRATEGY 4: **DATA-BASED REFLECTION AND DECISION-MAKING**

- Include time for reflection on meeting agendas, or hold workshops specifically for this purpose.
- Review what you're learning from data or observations.
- Reflect on implications, and what you may need to adapt. For example, you may change or add MDT case review processes, goals, community outreach, or member skill development.



RIPPLE EFFECT MAPPING OVERVIEW

RIPPLE EFFECT MAPPING FOR PROGRAM EVALUATION

Questions

- What is it?
- What does it do?
- How does it do it?
- Who is affected?
- How are they affected?

Information

- Numeric & categorical data
- Stories & descriptions
- Process maps

Analysis

- What's working?
- What could be better?
- What else we need to know?

Decisions

- Improve effectiveness & efficiency
- Improve affects
- Expand affects
- Strategy
- Evaluation

What chain of events led to the effects?

What unplanned benefits were received? By whom?

How can findings be strategically utilized?

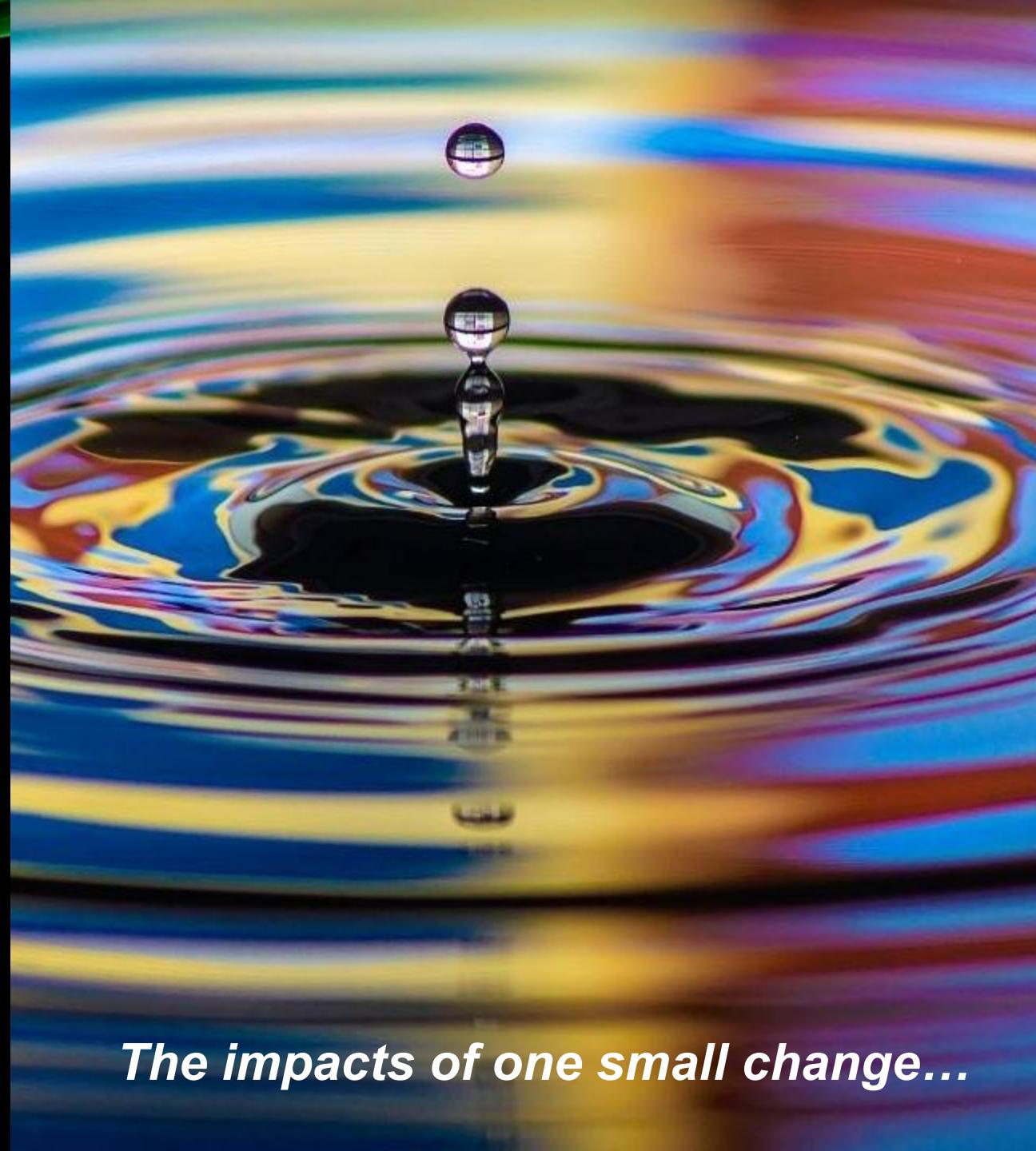
What is Ripple Effect Mapping?



The impacts of one small change...

What is Ripple Effect Mapping?

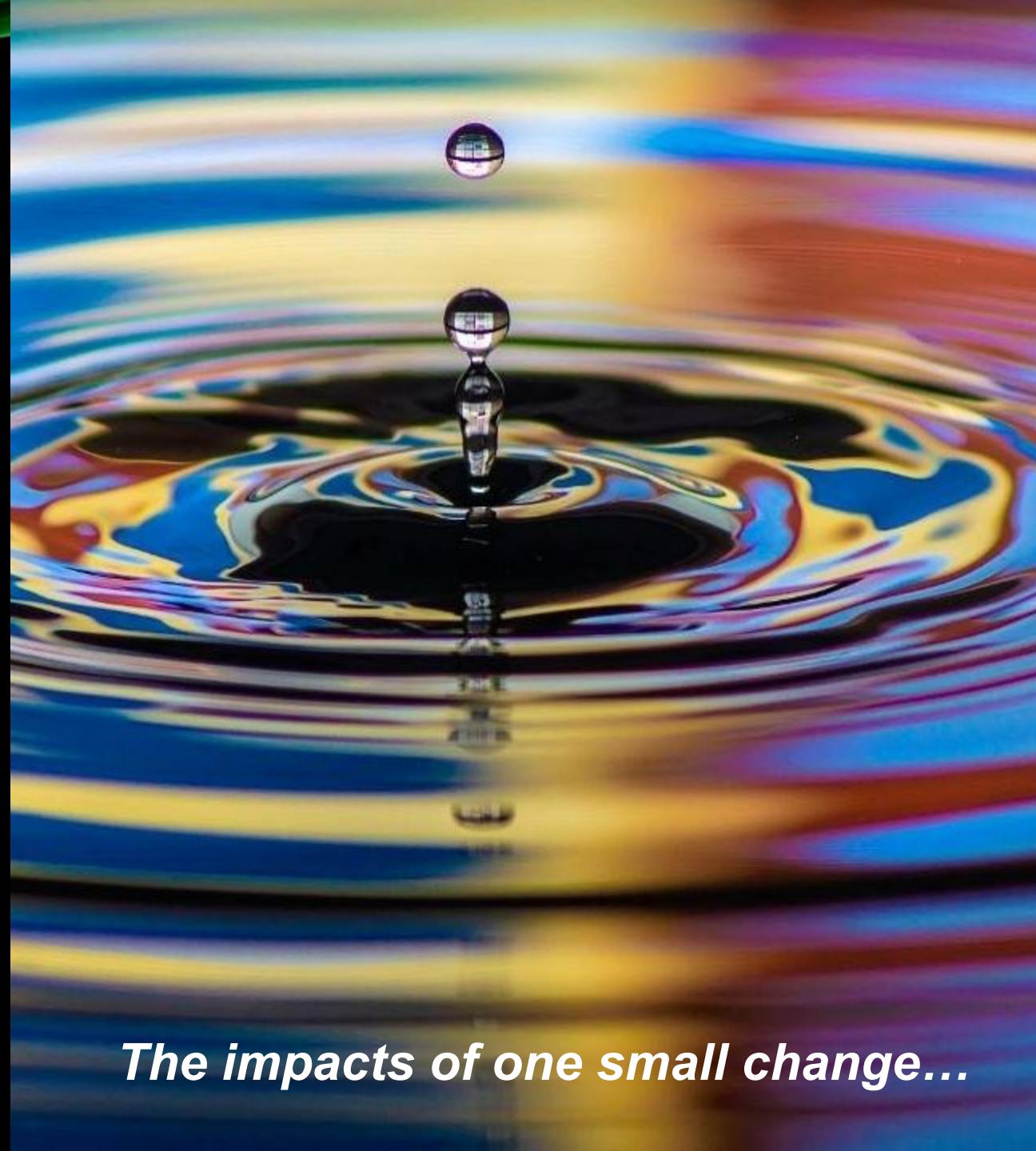
- New method for studying complex interventions
- Helps identify:
 - Causal chains of events (what initial action led to which impacts?)
 - Multiple impacts from a single action
 - Unintended results



The impacts of one small change...

Ripple Effect Mapping Procedure

- One-on-one stakeholder interviews
- Mapping
- Group meeting with stakeholders to verify and clarify causal strings
- Telling the story



The impacts of one small change...



WHY USE REM IN YOUR MDT?

- Deepen relationships and mutual understanding among stakeholders
- Visually showing your benefits strengthens motivation and commitment among members
- Understanding how impacts are achieved can uncover untapped processes and resources within your community



WHY USE REM IN YOUR MDT?

- Demonstrating community impacts, especially those that are unexpected and far-reaching, can position you to access creative avenues for funding
- Discover compelling stories to share as rationales for institutionalizing your MDT

BREAKOUT WORKSHOP 3

- Examining MDT impacts: Step-by-Step guide on Ripple Effect Mapping
- Exploring Outcomes: Using the Five Domains of Wellbeing to frame case discussions and outcome measurement
- Open discussion

Julia Martinez, Ph. D.

julia@regenaging.org

Putting These Principles into Practice

David Burnes, PhD

Professor

Factor-Inwentash Faculty of Social Work
University of Toronto

Patricia Kimball, MS, MS

Executive Director

Elder Abuse Institute of Maine

SESSION 8

LESSONS FROM THE RISE MODEL

PUTTING MDT PRINCIPLES INTO PRACTICE



Introductions

DAVID BURNES, PH.D.
UNIVERSITY OF TORONTO

PATRICIA KIMBALL, MS, MS
ELDER ABUSE INSTITUTE OF
MAINE

MDT SUMMIT, MAY 30, 2025



Framing Today's Session

Goal: Understand how the RISE model applies trauma-informed, person-centered, and collaborative principles.

- Objectives:
 - Research origins
 - Share lessons learned from implementing RISE
 - Discuss benefits observed and challenges encountered
 - Explore how these principles can be applied in real-world scenarios



Funding – Thank you!

- U.S. Health and Human Services, Administration for Community Living (Grant #: 90EJSG0031-01-00)
- U.S. Health and Human Services, Administration for Community Living (Grant #: 90EJIG0033-01-00)
- Public Health Agency of Canada, Preventing and Addressing Family Violence: The Health Perspective (Grant #: 2223-HQ-000382)



RISE Collaborative Team



David Burnes, PhD
Canada Research Chair
University of Toronto



MT Connolly, JD
University of
Southern California



Patricia F. Kimball, MS,
MS
Elder Abuse Institute of
Maine



Stuart Lewis, MD FACP
Geisel School of
Medicine
at Dartmouth



Geoff Rogers, BA
Silberman School of
Social Work, Hunter
College

Taking a Step Back...

293

What Can We Learn from EA Victims Themselves to Help Inform Interventions?

Original Article

Varying Appraisals of Elder Mistreatment Among Victims: Findings from a Population-Based Study

David Burnes,¹ Mark S. Lachs,² Denise Burnette,³ and Karl Pillemer⁴

¹Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada, ²Weill Cornell Medical College, Cornell University, New York City, ³School of Social Work, Virginia Commonwealth University, Richmond, ⁴Department of Human Development, Cornell University, Ithaca, New York.

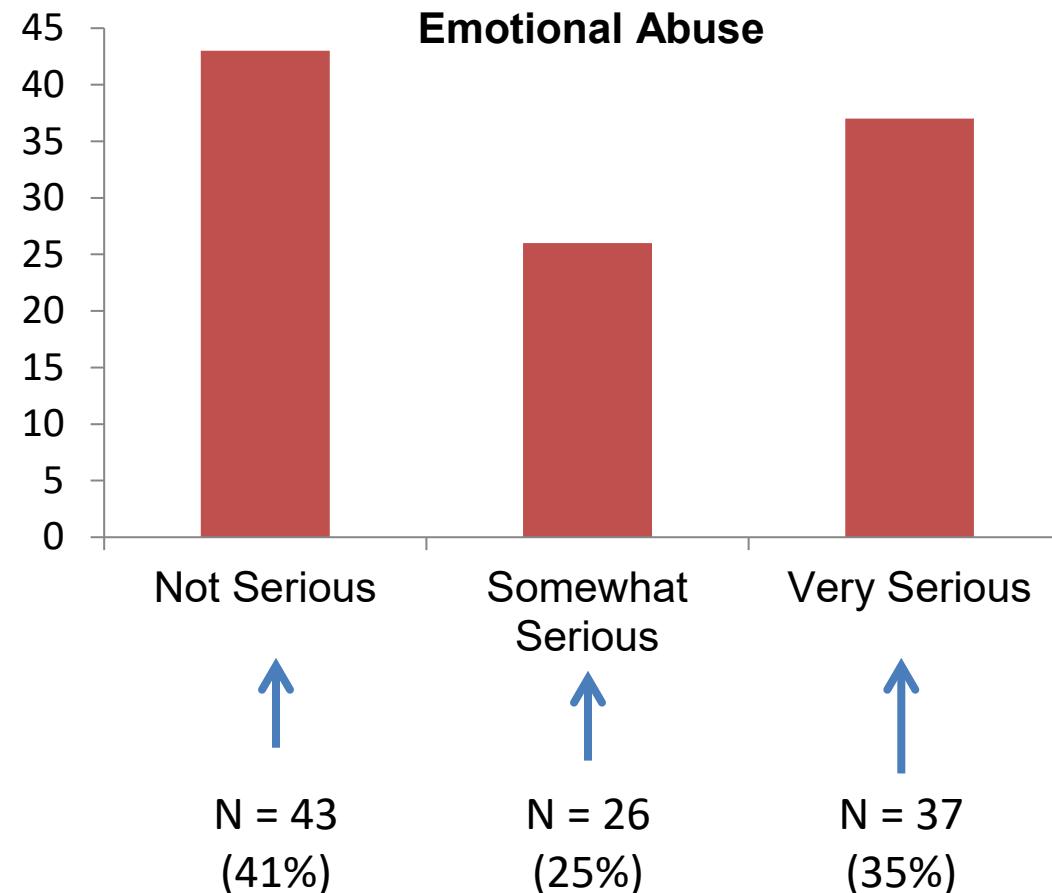
Correspondence should be addressed to David Burnes, PhD, Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Room 338, Toronto, ON M5S1V4, Canada. E-mail: david.burnes@utoronto.ca

**Data from large-scale,
population-based
New York State Elder
Mistreatment Prevalence
Study – a random sample of
EA victims**

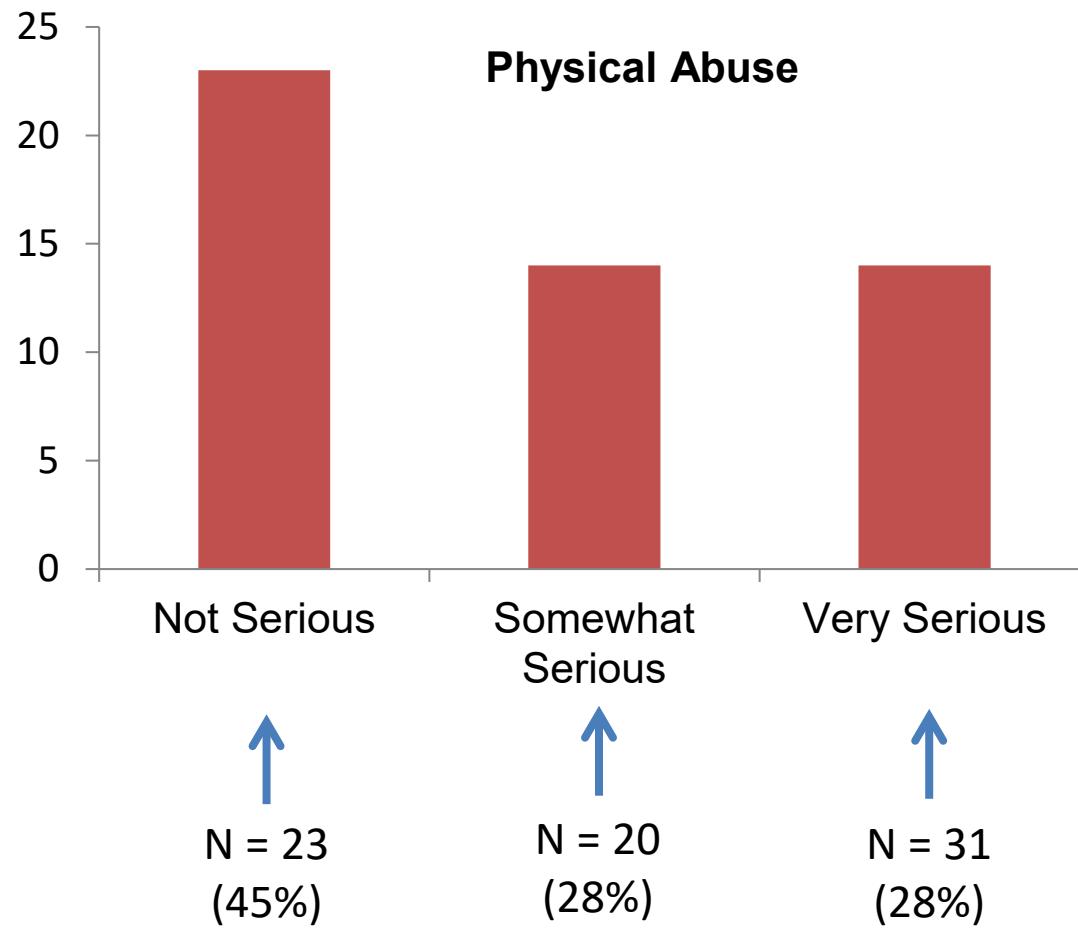
**How serious a problem is it for you that
[perpetrator] did this?**

- Not Serious
- Somewhat Serious
- Very Serious

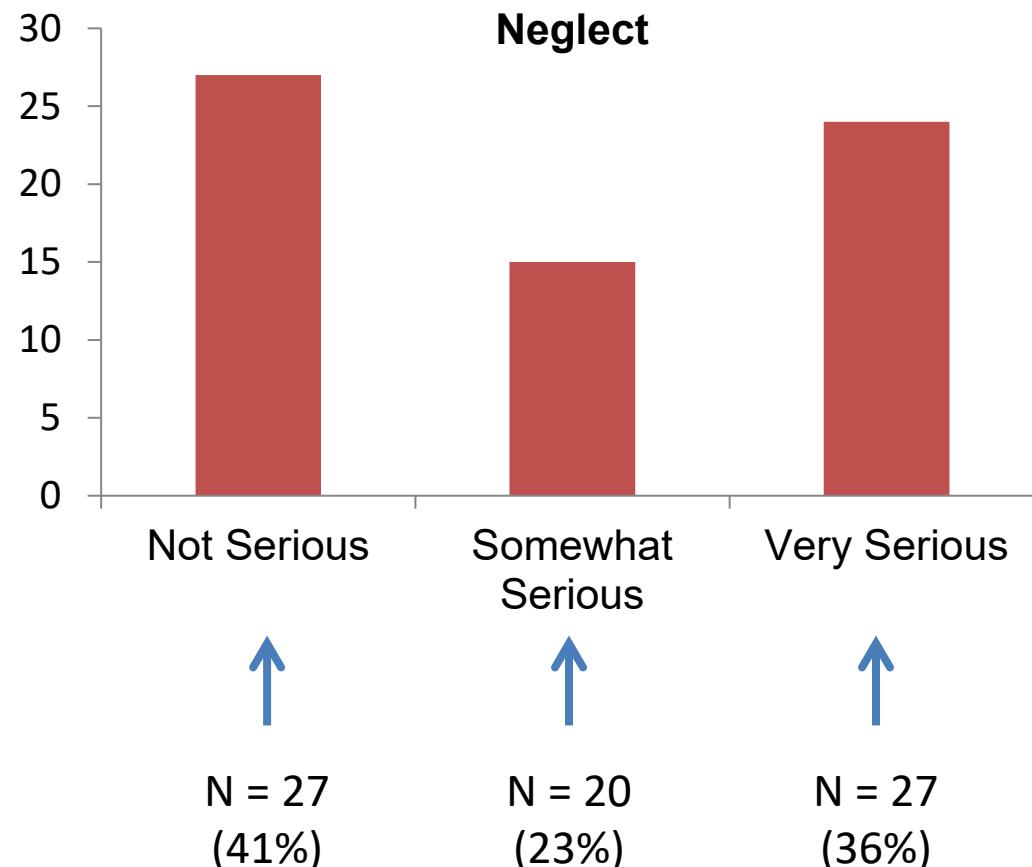
Emotional: N = 106 older adults who reported 10 or more emotional abuse events in past year (CTS items)



Physical: N = 51 older adults who reported at least one physical abuse event in past year based on CTS items



Neglect: N = 66 older adults who reported at least 2 to 10 neglectful events in past year



What Predicts Subjective Appraisals?

Emotional	Physical	Neglect
Frequency of mistreatment behavior(s) (+)	Frequency of mistreatment behavior(s) (+)	Frequency of mistreatment behavior(s) (+)
Distal victim-perpetrator relationship type (+)		Distal victim-perpetrator relationship type (+)
Victim-perpetrator living together (-)		
Functional limitations x dependence (-)		
Victim age (-)		Victim gender

Interviews with EM Survivors

Barriers to Engagement

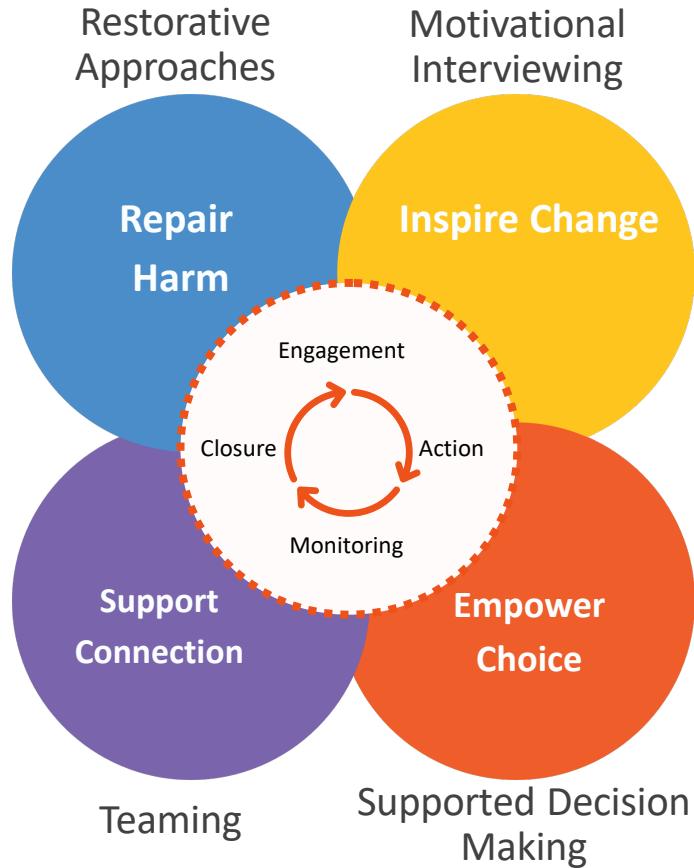
- Embarrassment or shame
- Self-blame or guilt
- Fear of perpetrator retaliation
- Stigma
- Problem acknowledgement
- Fear of what could happen to perpetrator
- Family preservation and reputation

Distressing Aspects of Victimization

- Disbelief
- Disrespect
- Concern for perpetrator and other family members
- Fear
- Feelings of loss
- Incongruity between survivor wishes and systemic responses

EM intervention needs to go beyond arms-length case management – requires capacity to address difficult psycho-emotional-social challenges, work with others in case, have a restorative stance, develop rapport and trust

What is RISE?



- Developed in Maine, now expanding nationally.
- Serves older adults facing abuse, neglect, self-neglect, and exploitation.
- Sustained, flexible, person-led engagement.
- Partners: APS, prosecution, healthcare, housing, others.
- Theory translated to practice.
- Functions on individual, relational, community and systems levels.
- Grounded in four cornerstones/stages of case.

RISE Cornerstones

Restorative
Approaches

Motivational
Interviewing

Repair
Harm

Inspire Change

Support
Connection

Empower
Choice

Teaming

Supported Decision
Making

Engagement

Closure

Action

Monitoring



Conference Principles & RISE Cornerstones

CONFERENCE PRINCIPLES	→	RISE CORNERSTONES
Trauma-Informed	→	Repair Harm
Person-Centered & Autonomy	→	Empower Choice / Support Connection
Holistic Response	→	Support Connection
Interdisciplinary Collaboration	→	Inspire Change / Support Connection

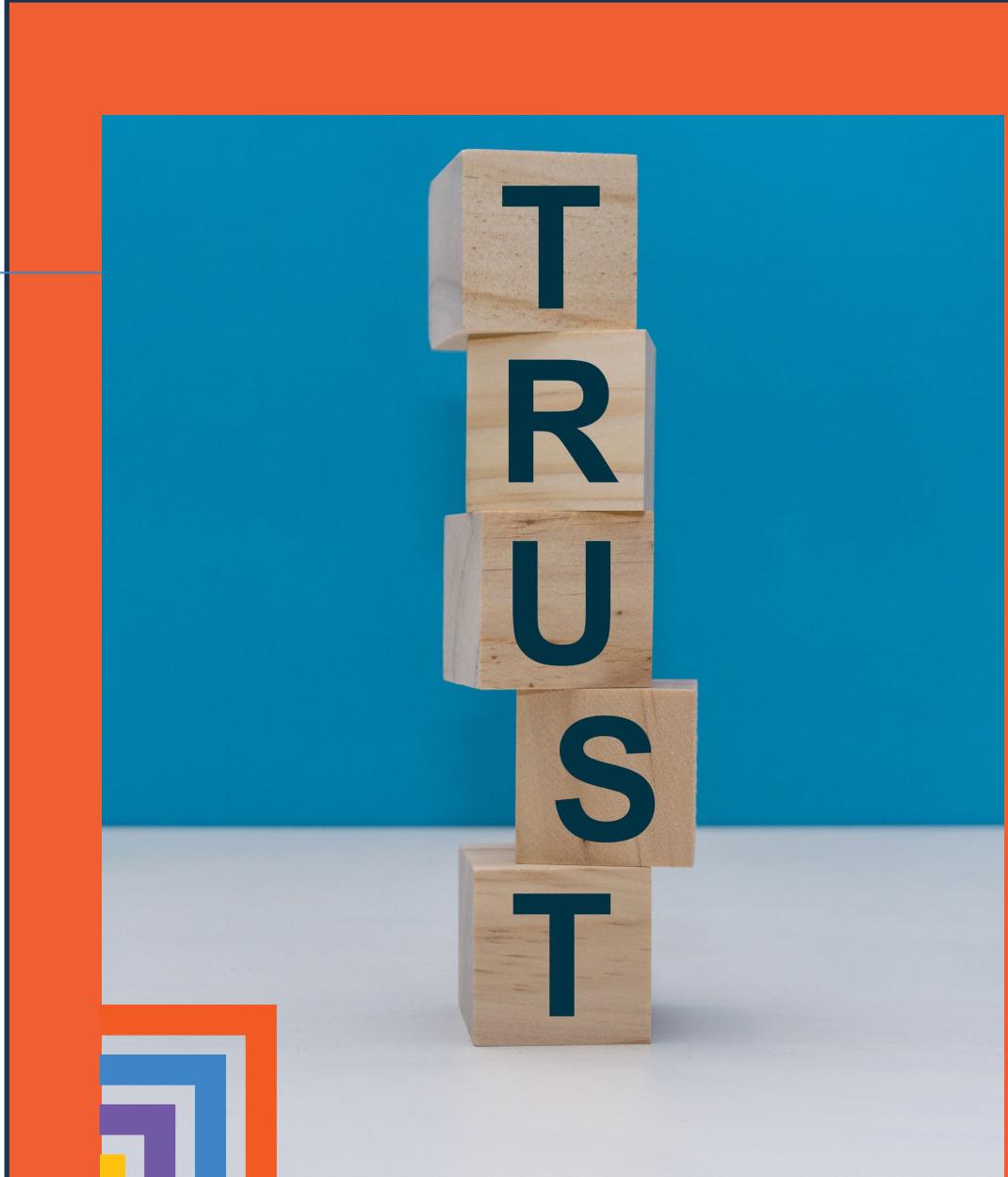
Core Principle

Trauma-Informed Care = Repair Harm

Case: A client hesitant due to past service experiences.

Tension: Systems wanted quick safety actions.

RISE Response: Slowed engagement, prioritized trust, and focused on harm reduction.



Core Principle

Person-Centered & Autonomy = Empower Choice

Case: Client chose limited contact with a family member.

Tension: Partners wanted full separation.

RISE Response: Supported client's decision and developed a safety plan within their choices.



Core Principle

Holistic Response = Support Connection

Case: Client facing eviction, cognitive decline, and estrangement.

Tension: Siloed services.

RISE Response: Interdisciplinary team aligned with client's goals.



Core Principle

Collaboration = Inspire Change

Case: Other agencies skeptical of non-traditional outcomes.

Tension: Differing success definitions.

RISE Response: Motivational interviewing, adaptive teaming, and expanded understanding of success.



Benefits

- Higher client satisfaction
- Lower APS recurrence
- Cross-system trust
- Clients achieving self-defined goals

Challenges

- System resistance to flexibility
- Balancing autonomy vs. safety
- Staff complexity and moral distress
- Metrics challenges

Organizational Shifts for Success



Hiring for values alignment



Reflective supervision



Shared accountability in partnerships



Flexibility in policy and practice



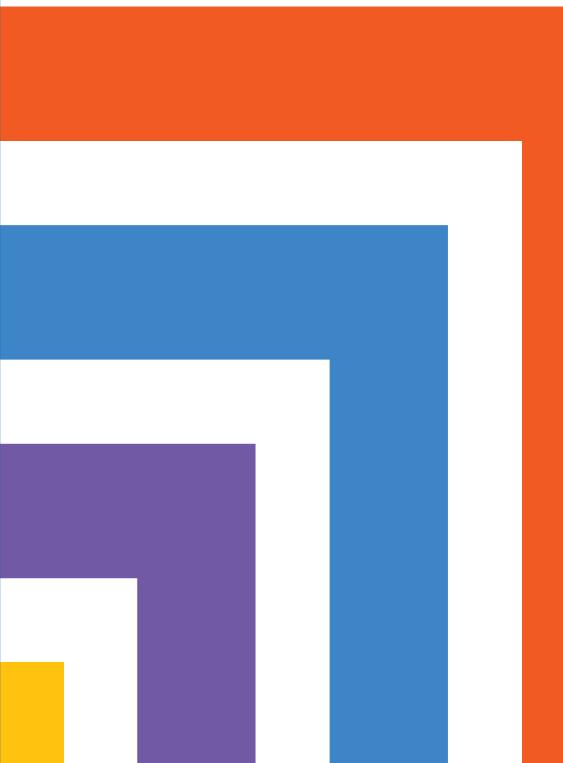
LESSONS LEARNED

Fidelity to people equals fidelity to models.

Progress is not perfection.

Small wins create long-term change.

System change requires patience.



Website and Social Media

risecollab.org



Our Team The Need The Model ▾ Research Contact Us

[Get in Touch](#)

RISE: An Integrated and Restorative Elder Abuse and Self Neglect Intervention



Repair Harm



Inspire Change



Support Connection



Empower Choice

[Learn More About the Model](#)

Follow Us



@risecollab



RiseCollaborative

RISE Research and Evaluation Articles

- Burnes, D., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022a). RISE: An integrated model of elder abuse intervention. *The Gerontologist*, 63, 966-973. <https://doi.org/10.1093/geront/gnac083>
- Burnes, D., Connolly, MT., Hamilton, R., & Lachs, M.S. (2018). The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention. *Journal of Elder Abuse & Neglect*, 30, 209-222. <https://doi.org/10.1080/08946566.2018.1454864>
- Burnes, D., MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022b). Qualitative evaluation of the “RISE” elder abuse intervention model in partnership with Adult Protective Services: Addressing a service system gap. *Journal of Elder Abuse & Neglect*, 34, 329-348. <https://doi.org/10.1080/08946566.2022.2140321>
- MacNeil, A., Connolly, M.T., Salvo, E., Kimball, P.F., Rogers, G., Lewis, S., & Burnes, D. (2023). Use of motivational interviewing by advocates in the context of an elder abuse response intervention: The RISE project. *Journal of Family Violence*. Advance online publication. <https://doi.org/10.1007/s10896-023-00563-1>
- MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S., & Burnes, D. (2022). Preliminary findings on the use of “teaming” in elder abuse intervention: The RISE project. *The Journal of Adult Protection*, 25, 339-350. <https://doi.org/10.1108/JAP-07-2023-0019>
- Lewis, S. Connolly, MT., Salvo, E. Kimball, P., Rogers, G., MacNeil, A., &, & Burnes, D. (2023). Effect of an Elder Abuse and Self-Neglect Intervention on Repeat Investigations by Adult Protective Services: RISE Project. *Journal of American Geriatrics Society*, 71, 3403-3412. <https://doi.org/10.1111/jgs.18506>
- Lewis, S. Connolly, MT., Kimball, P., Salvo, E., Rogers, G., & Burnes, D. (2024). Self-neglect co-occurs with and is a risk factor for elder mistreatment: An analysis of Maine Adult Protective Services Administrative Data. *Journal of American Geriatrics Society*. Advance online publication. <https://doi.org/10.1111/jgs.18818>



THANK YOU

DAVID BURNES, PH.D.
UNIVERSITY OF TORONTO
DAVID.BURNES@UTORONTO.CA

PATRICIA KIMBALL, MS, MS
ELDER ABUSE INSTITUTE OF MAINE
PATRICIA@EAIME.ORG



NATIONAL ELDER ABUSE
MULTIDISCIPLINARY TEAM SUMMIT

Advancing Dignity
and Well-Being



Practical Application Workshops CONCURRENT



DEPARTMENT OF JUSTICE
ElderJustice
INITIATIVE



Friday 5.30.25

3:30 PM Est.

Implementing Trauma-Informed and Person-Centered Practices

Joy Ernst, PhD, LLMSW

Associate Professor Emeritus
School of Social Work
Wayne State University

Laura Mosqueda, MD, FAAFP, AGSF

Professor of Family Medicine and
Geriatrics
Keck School of Medicine of
the University of Southern California

Friday 5.30.25

3:30 PM Est.

**BREAKOUT
SESSION 1**



REVIEW OF PRACTICES FROM DAY 1 + DISCUSSION

Implementing Confidentiality Protocols

Alicia Aiken, JD
Director
Confidentiality Institute
Danu Center for Strategic Advocacy

**BREAKOUT
SESSION 2**

Friday 5.30.25

3:30 PM Est.



CONFIDENTIALITY & MDT WORKSHOP

Alicia L. Aiken, JD
Director, Confidentiality Institute

Alicia Aiken

- Attorney with 15+ years representing survivors of violence & people in poverty
- National expert on privacy for violence survivors
- Experienced consultant on strategic issues for mission-based groups



Goals

- Discuss a sample scenario about MDT information sharing
- Answer your questions about confidentiality, info sharing & MDTs



Scenario

- Federally funded elder abuse investigator & MDT coordinator at prosecutor's office.
- Prosecutor decides that the MDT should focus on ensuring every elder victim with a pending investigation gets service from all service providers on the team.



Thoughts?
Potential
Confidentiality or
Sharing Issues?

Scenario Continued

- At the first MDT meeting, everyone signs an agreement that says information shared at the meeting will not be shared outside of the meeting.
- Investigator shares a list of active investigations with names of the victims.
- Coordinator asks for everyone at the meeting to confirm whether they are in contact with the victim.



Thoughts?
Potential
Confidentiality or
Sharing Issues?

Scenario Continued

- Community advocate for elder abuse survivors recognizes some of the names and does not recognize others.
- The advocate is also working with several people not on the list who very much want a criminal investigation to move forward.





Thoughts?
Potential
Confidentiality or
Sharing Issues?

Scenario Continued

- The healthcare provider on the team is working with several people on the list.
- One of the victims on the list is exhibiting signs of confusion and delusions related to their advanced Parkinson's disease.
- During the last medical visit, this victim expressed intense fear of the criminal investigator.



Thoughts?
Potential
Confidentiality or
Sharing Issues?

Scenario Continued

- A year later, the MDT Coordinator will need to report outcomes in the grant report.
- MDT Coordinator sends a spreadsheet to everyone on the MDT asking them to track and input details about their engagement (date started, date ended, services provided, outcomes) with each victim on the prosecutor's master list.



Thoughts?
Potential
Confidentiality or
Sharing Issues?

A black and white photograph of a woman with voluminous, curly hair. She is wearing a simple, light-colored crew-neck sweatshirt and large, circular hoop earrings. Her right hand is resting against her chin, with her index finger pointing upwards, suggesting a thoughtful or questioning pose. She is looking directly at the camera with a neutral to slightly inquisitive expression. The background is a soft, out-of-focus blue.

What are your questions?

APS & MDT Statutes

- Some state statutes for MDTs:
 - Allow sharing confidential info with team
 - Make team communications confidential
 - Set rules for information related to APS investigations
- Helpful 2025 statute compilation at:
<https://www.justice.gov/elderjustice/file/960791/download>



www.techsafety.org

Tech (Use, Misuse, Evidence) & VAWA/VOCA Confidentiality Toolkits

HOME TECHNOLOGY SUMMIT SAFETY NET APPS RESOURCES NNEDV.ORG COVID-19 QUICK EXIT

Technology Safety

exploring technology in the context of intimate partner violence, sexual assault, and violence against women



NATIONAL NETWORK
TO END DOMESTIC
VIOLENCE



Looking for COVID-19 related information? Check out our [COVID-19 Resources](#).

Are you a survivor looking for information on technology safety? Check out our [Survivor Toolkit](#).

Search

[SAFETY CHECK!](#)

If you think someone's monitoring your devices, visit this website from [Privacy International](#)

Your Questions? Your Challenges?

- Alicia Aiken, alicia@confidentialityinstitute.org



Planning Program Evaluation

Julia Martinez, PhD

Director of Research and Evaluation
ReGenerations Aging Services

**BREAKOUT
SESSION 3**

Friday 5.30.25

3:30 PM Est.

PLANNING PROGRAM EVALUATION

Julia Martinez, Ph.D.

A photograph of a person standing in a field of tall, golden-brown grass. The person is seen from the side, with their arms raised high in the air. They are looking upwards towards a flock of birds flying in a clear, light blue sky. The sun is setting in the background, casting a warm glow over the scene. The overall atmosphere is one of freedom, peace, and connection with nature.

FIVE DOMAINS OF WELL-BEING: A FRAMEWORK FOR MDTS

THE FIVE DOMAINS OF WELL-BEING

Social Connectedness

The number and diversity of relationships that allow us to give and receive information, support, and belonging.

Meaningful Access to Relevant Resources

The ability to meet our perceived important needs with safety and respect.

Mastery

The degree of control we have over our fate and decisions. Correlations between effort and outcomes.



Stability

The degree that we expect our situation and status to be the same from one day to the next, relatively obstacle-free.

Safety

Our ability to be our authentic selves and not be at heightened risk of physical or emotional harm.

FIVE DOMAINS OF WELL-BEING RESOURCES

- Well-Being Planning
- Well-Being Adult Guidebook
- For discussion: How could the Five Domains of Wellbeing be used in your MDT
 - Case intake
 - Case discussions
 - Outcome measurement
 - MDT member team building



RIPPLE EFFECT MAPPING: NUTS AND BOLTS

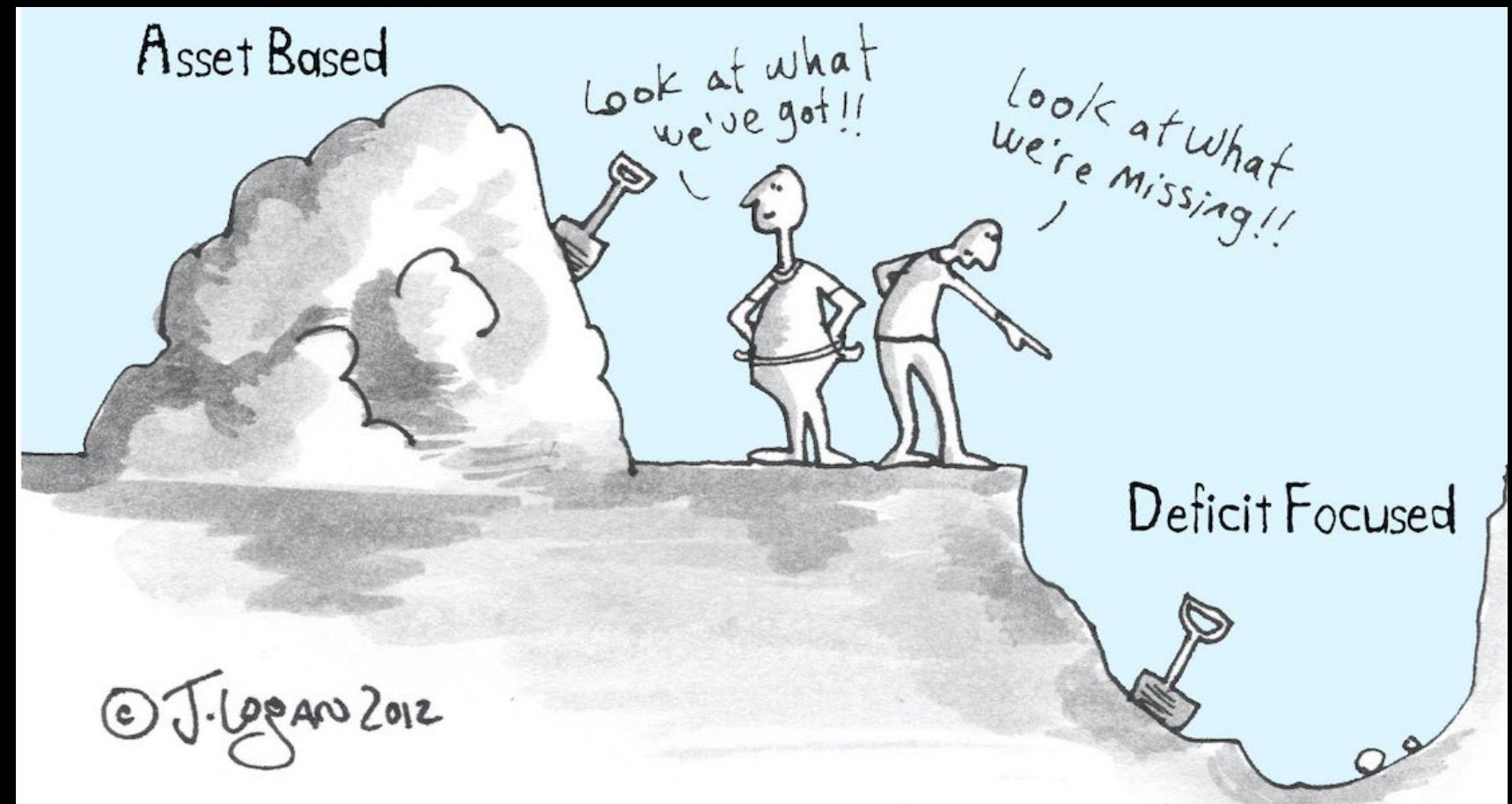




CORE INGREDIENTS

CORE INGREDIENT: APPRECIATIVE INQUIRY

A **strengths-based** approach that identifies and showcases the **positive outcomes and achievements** of an MDT to **inspire and guide** future action



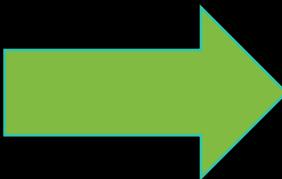
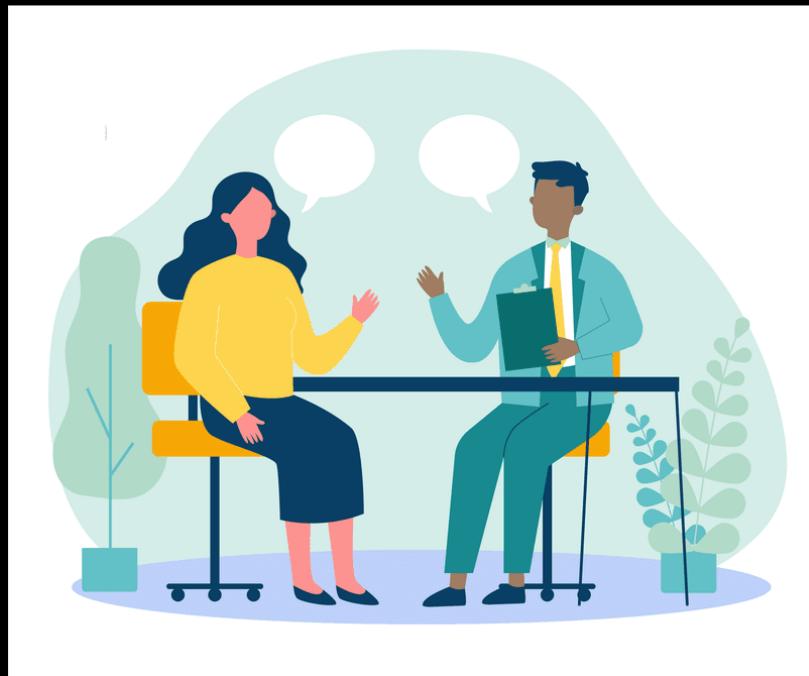
CORE INGREDIENT: PARTICIPATORY APPROACHES



Engagement with MDT members and other stakeholders to **ensure essential perspectives are included**

CORE INGREDIENT: INTERVIEWING AND REFLECTION

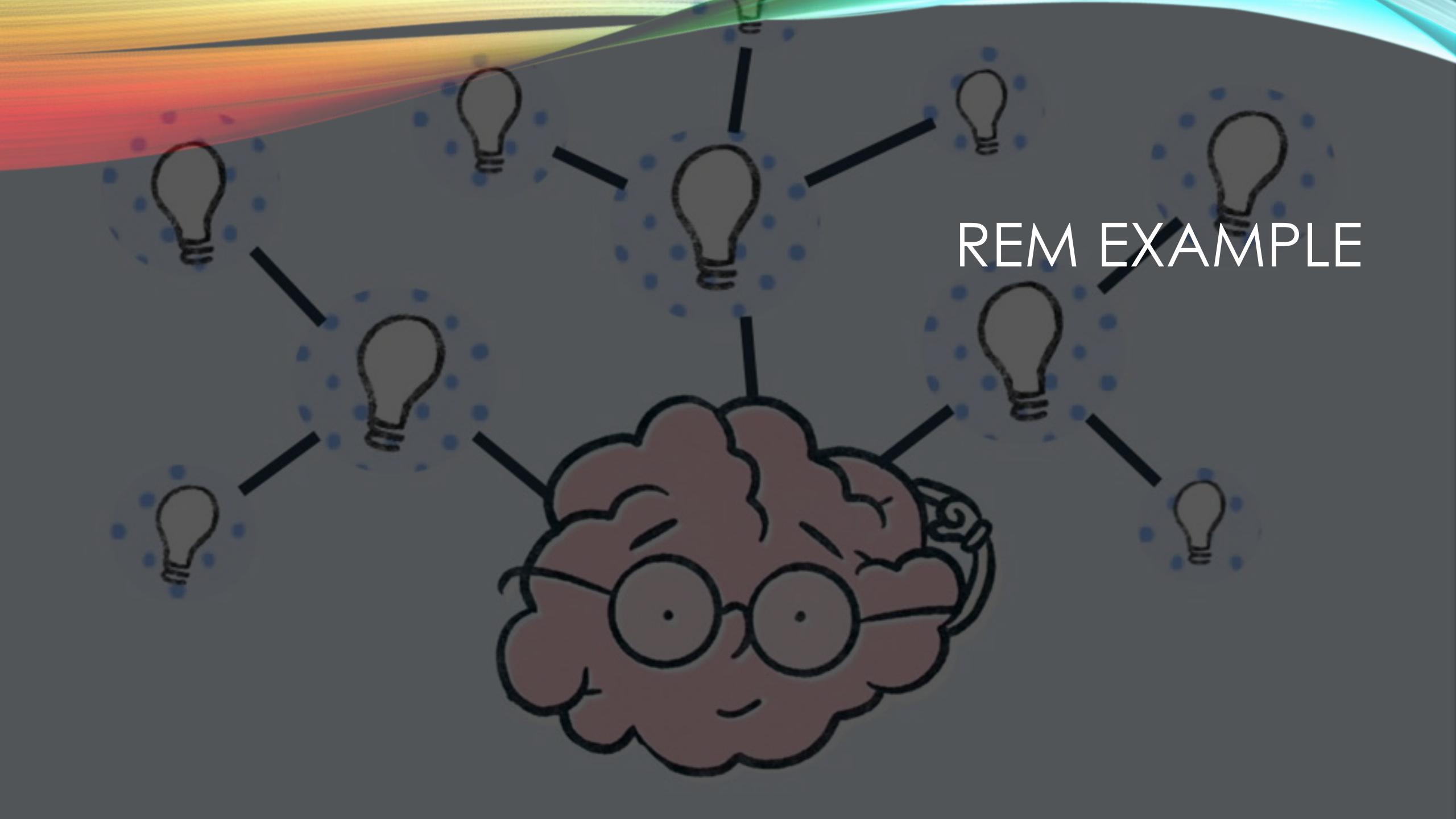
A process where team members **collectively share stories, insights, and reflections** about their work to **uncover connections, impacts**



CORE INGREDIENT: RADIANT THINKING (MIND MAPPING)

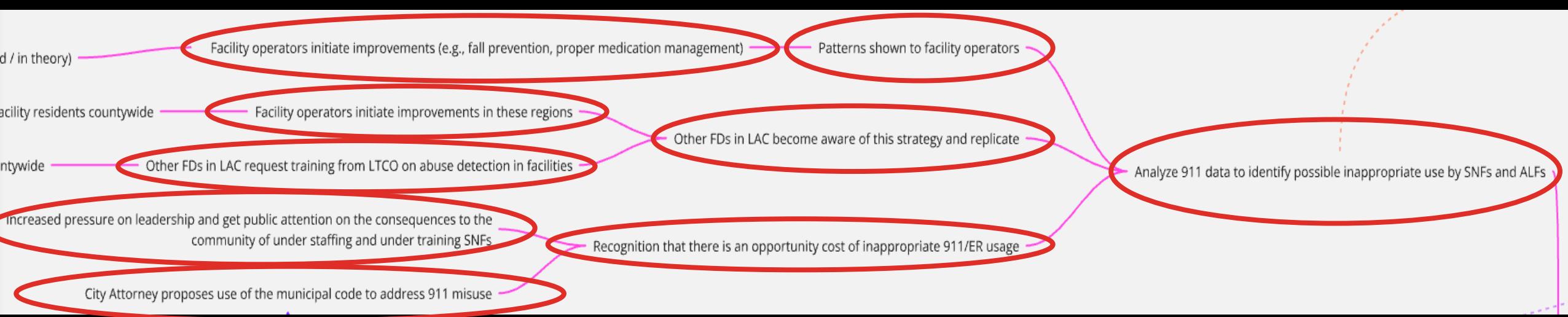
A **visual representation** method used to document the MDT's **achievements and activities**



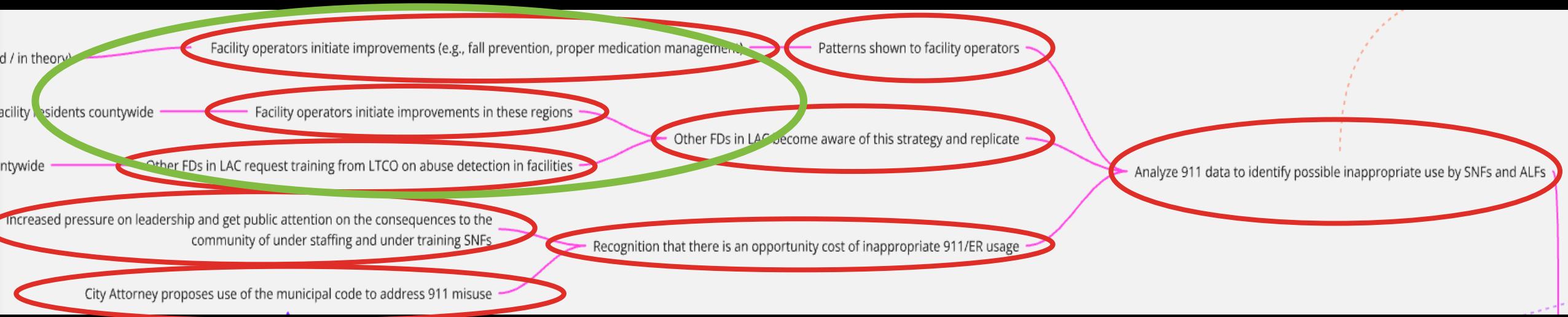


REM EXAMPLE

PASADENA ELDER & DEPENDENT ADULT LIAISONS (PEDAL)

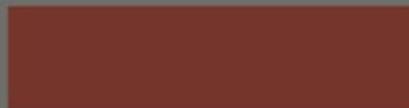
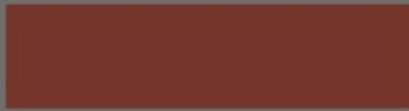
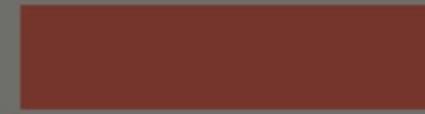


PASADENA ELDER & DEPENDENT ADULT LIAISONS (PEDAL)





STEP-BY-STEP GUIDE



1. PREPARATION

- **Define the focus:** Identify the program, project, or initiative to evaluate.
- **Assemble the team:** Gather coalition members, stakeholders, and participants with knowledge of the coalition's work.
- **Prepare materials:** Have tools ready, such as large paper, markers, or digital mapping software.



2. INTERVIEW GUIDANCE

- Potential formats
 - 1:1 interviews
 - Peer interviews
 - Group reflection
- Communication techniques
 - Active listening
 - Take notes or record the session
 - Follow up questions for clarification/more information

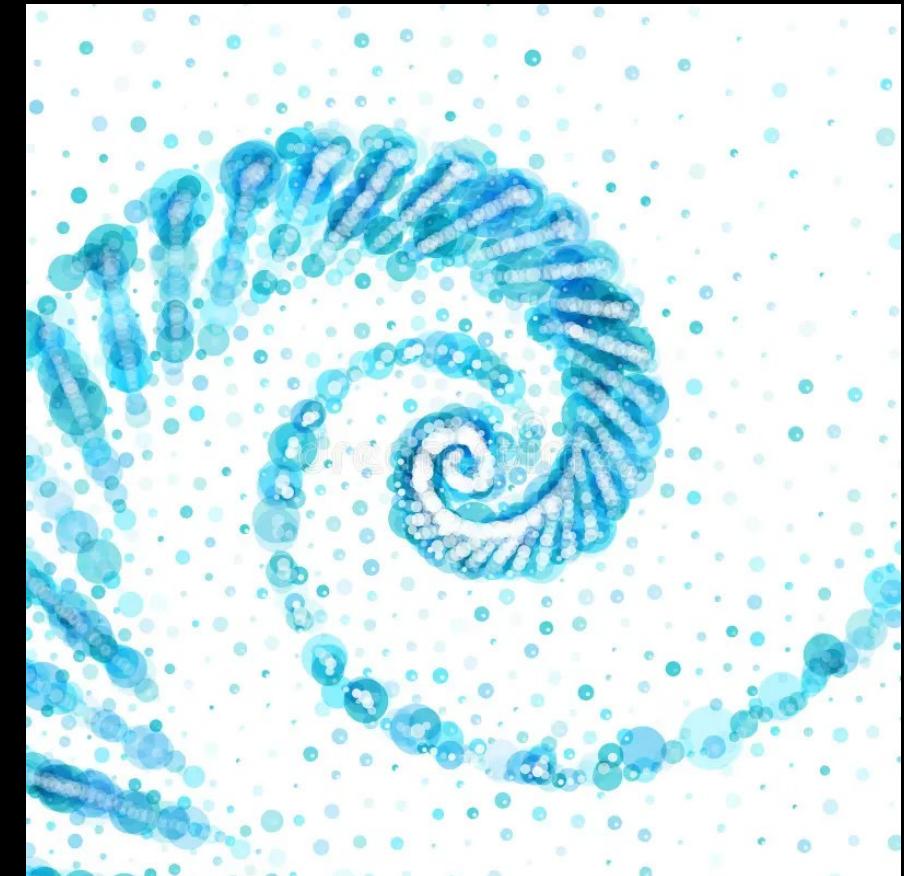


2. INTERVIEW QUESTIONS

1. *What is a **highlight, achievement, or success** you had from your involvement with the coalition? What did this achievement lead to?*
2. *What **new or deepened connections** with others (individuals, community organizations, government, philanthropic) have you made as a result of your involvement with the coalition? What did these connections lead to?*
3. *What **unexpected things** have happened as a result of your involvement in the coalition?*

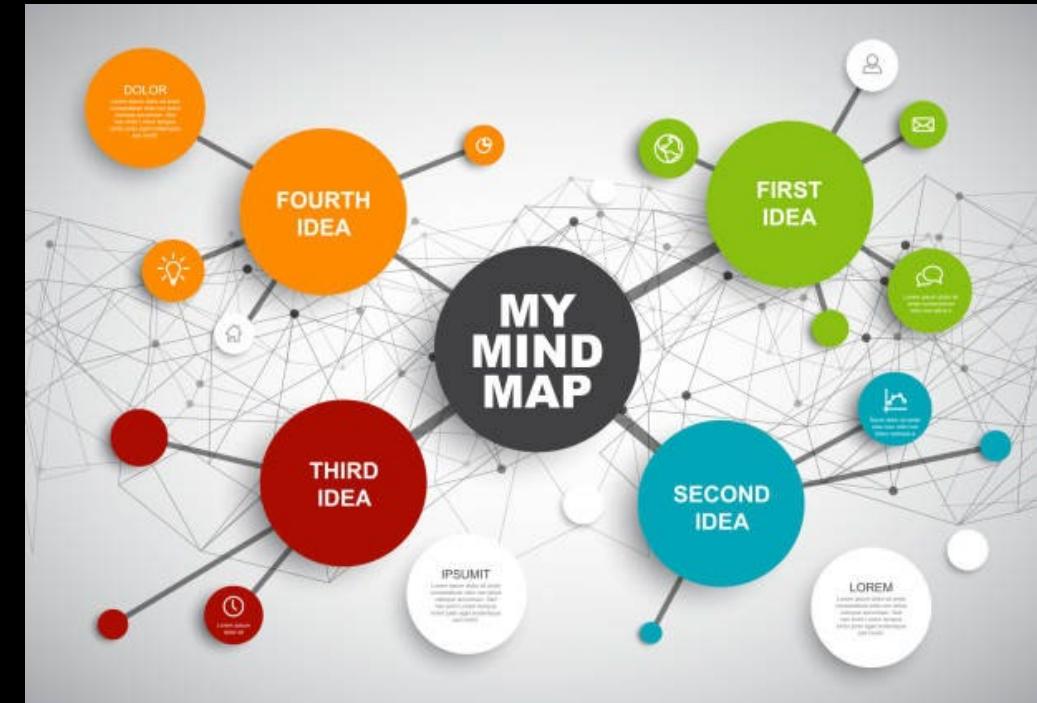
3. GROUP REFLECTION

- **Explore connections:** Encourage reflection on how specific actions or projects led to direct and indirect outcomes.
 - Pick one impact at a time
 - Ask questions to understand the chain of events
- **Identify ripple effects:** Document both intended and unintended impacts.
 - Visualize for the group with post-its or mapping software
 - Consider how each effect relates to the coalition's goals



4. RADIANT THINKING (MAPPING) PROCEDURE

- **Begin with the central theme:** Write the coalition or program name in the center of the map
- **Map branches:** Add first-level outcomes directly linked to coalition efforts, then expand outward to show secondary and tertiary effects.
- **Use categories:** Group similar outcomes or impacts to make the map clearer (e.g., community engagement, policy changes, individual behavior changes).



4. RADIANT THINKING (MAPPING) TECHNIQUES

- **Guide the process:** Ensure all voices are heard, and the map reflects perspectives from a wide range of stakeholders.
- **Validate outcomes:** Confirm with participants that the mapped impacts accurately represent their contributions and observations.
- **Consider unintended or negative effects:** Once participants have built confidence and excitement around the coalition, consider effects that could be improved on, or eliminated.

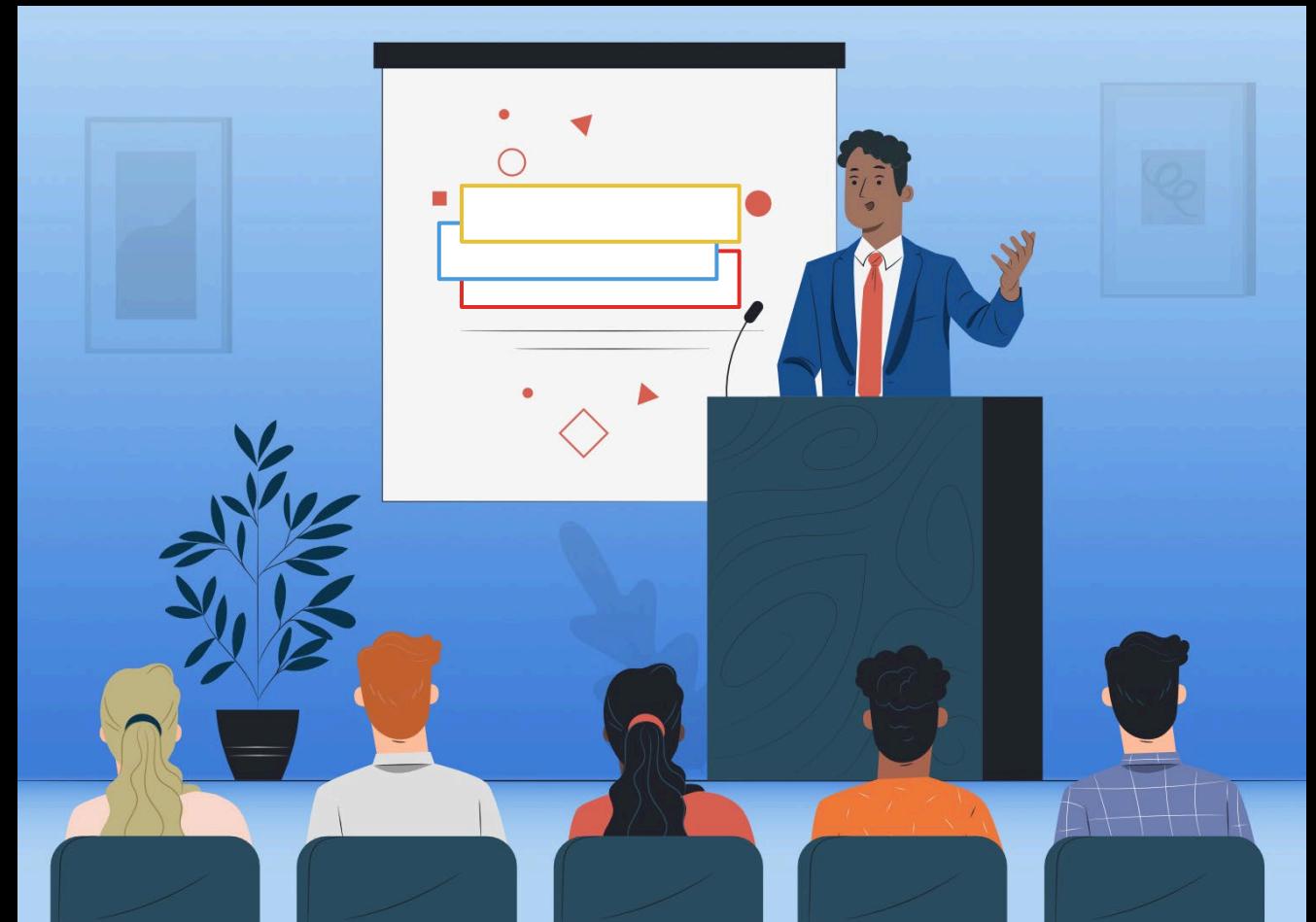
5. ANALYSIS AND REFLECTION

- **Review the map:** Examine the connections and patterns to identify key themes, strengths, and areas for improvement.
- **Discuss lessons learned:** Use the map to facilitate dialogue about what worked well (and what could be improved).



6. SHARING RESULTS

- **Create a final version:** Clean up and digitize the map for easy sharing.
- **Present to stakeholders:** Use the map as a visual storytelling tool to showcase the coalition's achievements and impacts to create understanding and generate buy-in for your coalition's efforts.



7. INTEGRATION INTO PLANNING

- **Use findings:** Apply insights from the map to inform strategic planning, resource allocation, and decision-making for the coalition's future efforts.





SCALING REM TO YOUR MULTIDISCIPLINARY TEAM



REM SCALING

- Interviewing 2 – 3 stakeholders
- Create an agenda item in one MDT meeting to discuss impacts
- Select a subset of members for a separate meeting for peer interviewing
- Email the questions as a survey or form

OPEN DISCUSSION

- What are you doing to evaluate your MDT? What's worked well?
- Questions?

Implementing Interview Protocols

Chris Dubble, MSW

CEO

Pursuit of Discovery Training and Consultation

**BREAKOUT
SESSION 4**

Friday 5.30.25

3:30 PM Est.

REVIEW OF CONCEPTS AND DISCUSSION

CHRIS DUBBLE, MSW

pursuit of discovery

TRAINING AND CONSULTATION

Utilizing MDTs to Protect Older Victims

Page Ulrey

Senior Deputy Prosecuting Attorney
King County Prosecutor's Office

**BREAKOUT
SESSION 5**

UTILIZING MDTs TO PROTECT OLDER VICTIMS

Page Ulrey

RL – Case Study

- 84 years old
- Education:
 - Undergraduate degree from Berkeley in electrical engineering
 - Master's degree in engineering and economics from Stanford
- Occupation:
 - Engineer
 - Successful real estate developer
- Widowed 8 years ago, lives alone
- No children, sister out of state and not interested in getting involved
- Millions in assets
- Bright and articulate

RL

- Spring of 2024, RL's bank called 911 to report concerns that RL was being financially exploited
- Seattle Police Detective investigated, determined:
 - RL had given away approximately \$2M to multiple scammers, mostly international, over past several years
 - Was also being exploited by contractors who were supposed to renovate his home
 - Besieged by scammers; received approximately 50 calls per day at all hours
 - Scammers were controlling his cell phone
 - Instructed him not to answer phone, door

RL

- Consumed by anticipation of winning money and terrified of angering scammers
- Appeared to trust no one but the scammers
- Despite detective's efforts, refused to believe he was being scammed
- Detective reached out to FBI, US Attorney's Office, Prosecutor's Office
- We referred the case to the MDT

Efforts of MDT

- **MDT has met regularly to discuss case over next year**
 - APS investigator, APS supervisor, Seattle Police Detective, Area Agency on Aging (AAA), Prosecutors, Swedish Hospital geriatricians
 - Grave concern about case, particularly given our awareness of similar cases in which victims have been killed
- **Arranged for AAA Case Manager to begin working with RL**
- **Arranged for a capacity evaluation by MSW with expertise in dementia**
 - Found mild cognitive impairment
 - Recommended further testing by neuropsychologist
- **Arranged for geriatricians to see RL in his home**
 - Conducted physical exam
 - Coordinated with PCP on medications, follow-up care

CVA right hemispheric, 2008

CAD , CABG 2014

HTN

Warfarin-induced coagulopathy

OSA on CPAP

Hyperlipidemia

Carotid artery disease- Left carotid endarterectomy 3/2021

Valvular heart disease

Pulmonary HTN

Atrial fibrillation on coumadin : from Xarelto to Warfarin due to cost

Warfarin-induced coagulopathy

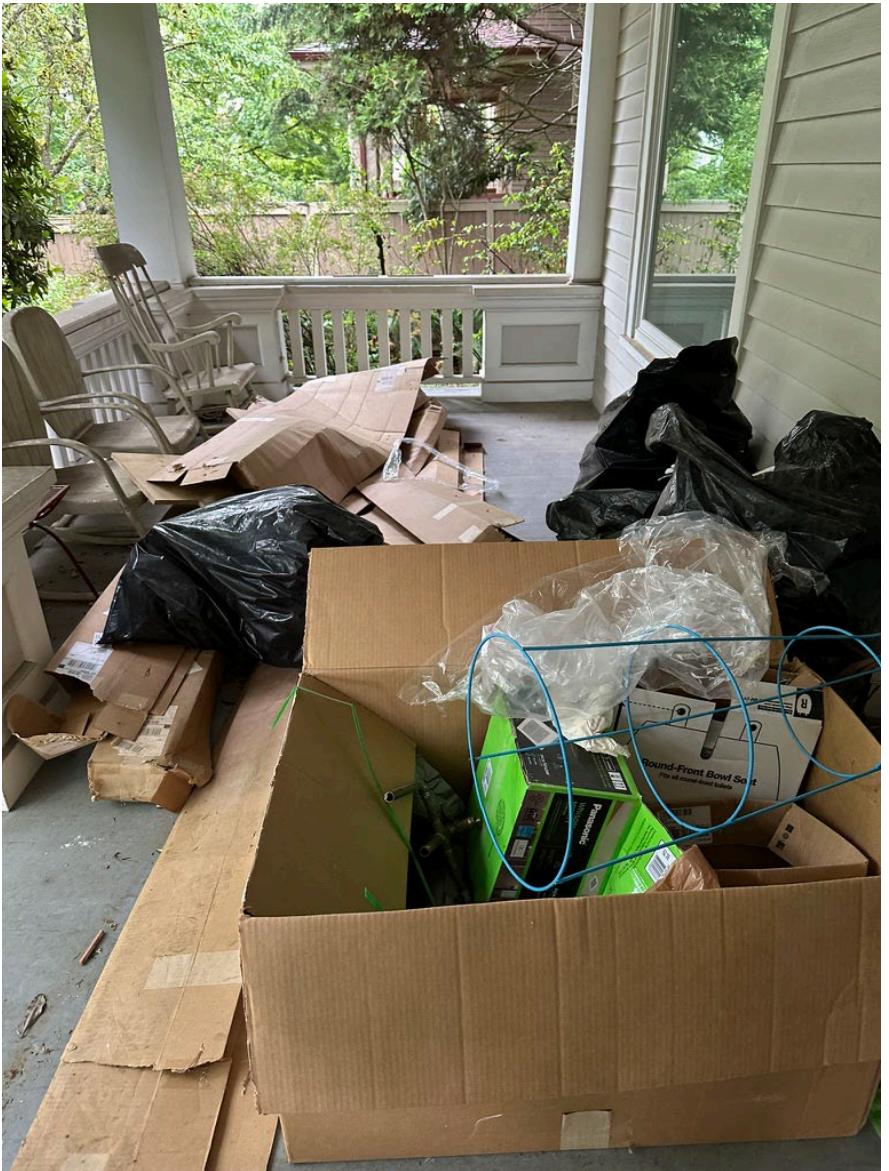
Bilateral direct inguinal hernia

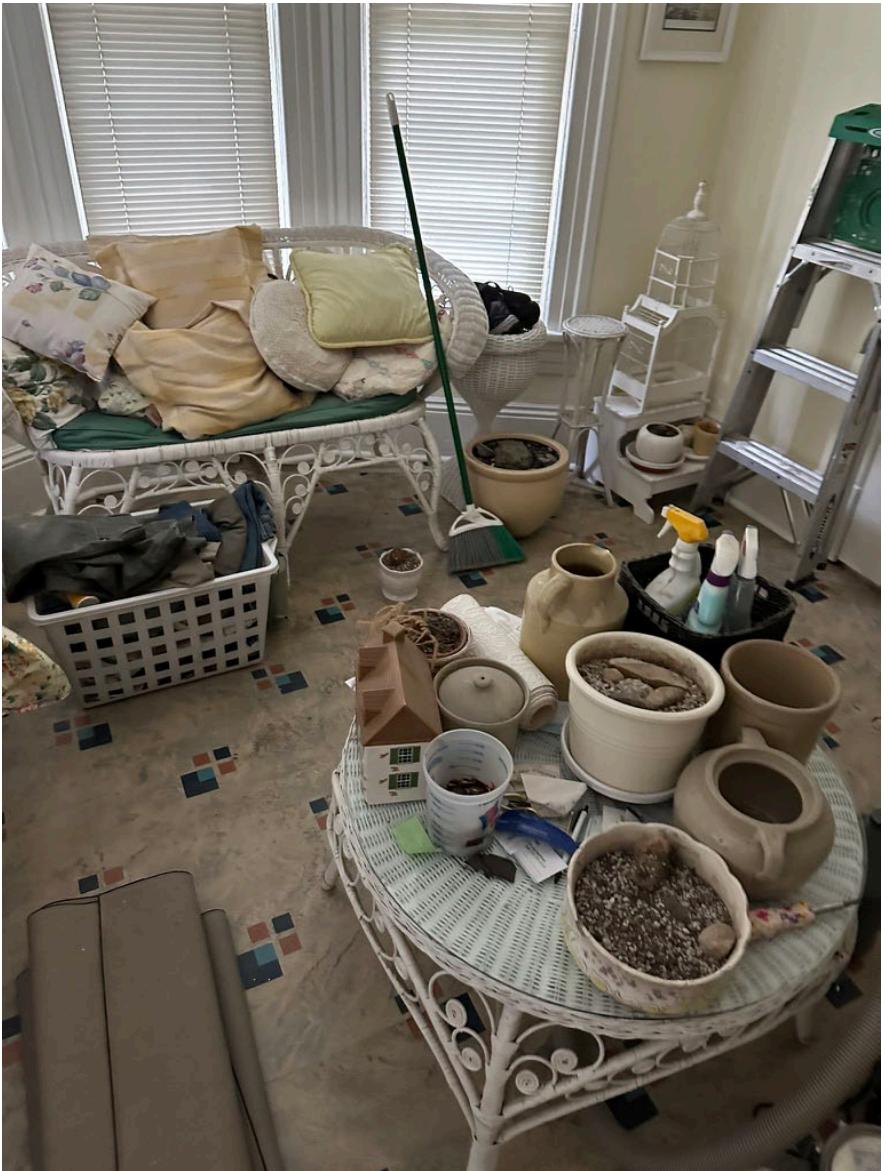
BPH

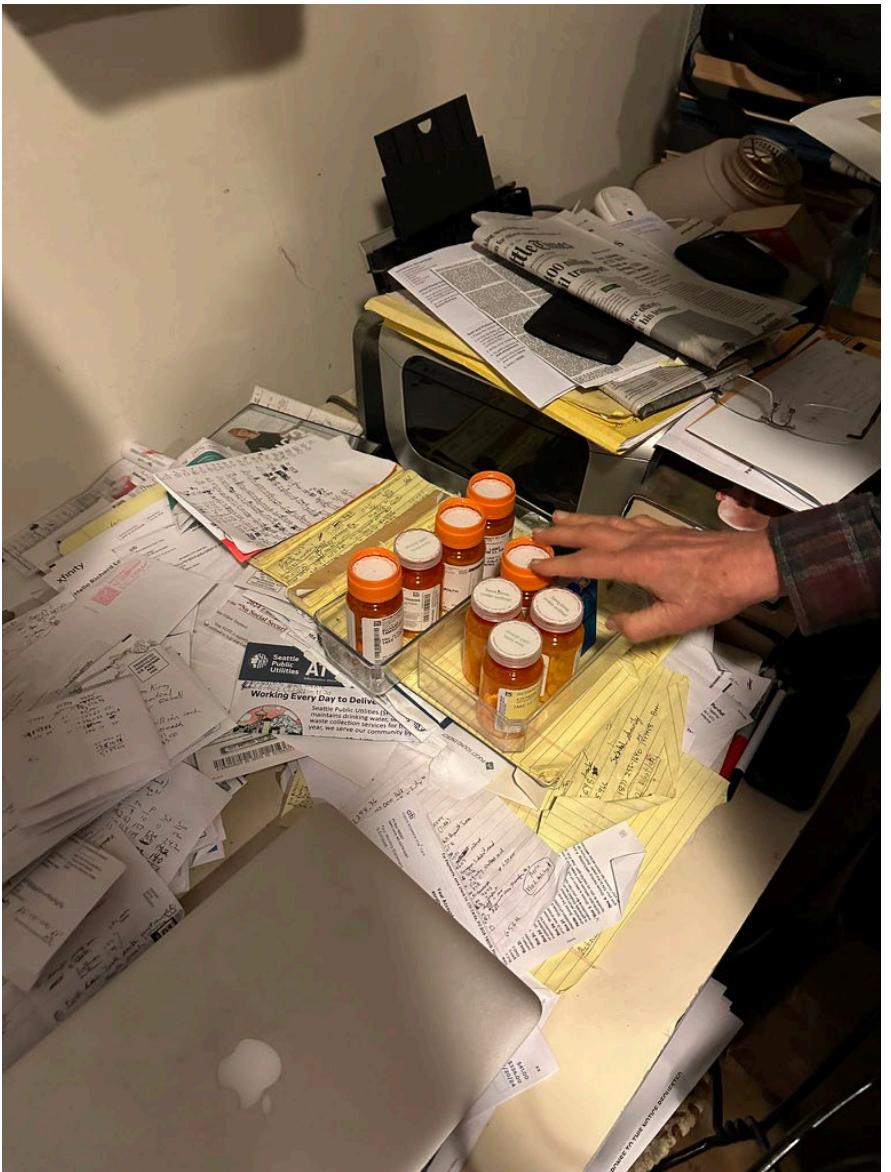
Neurogenic bladder

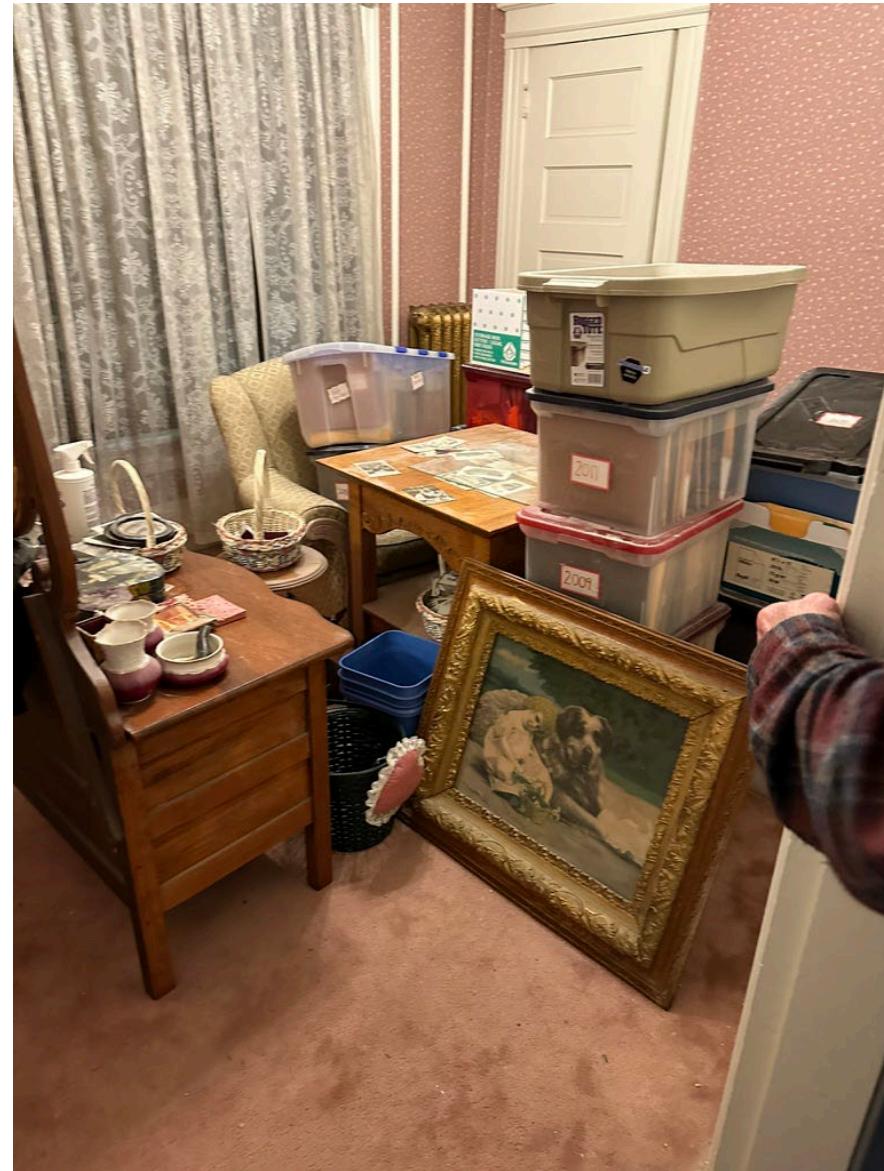
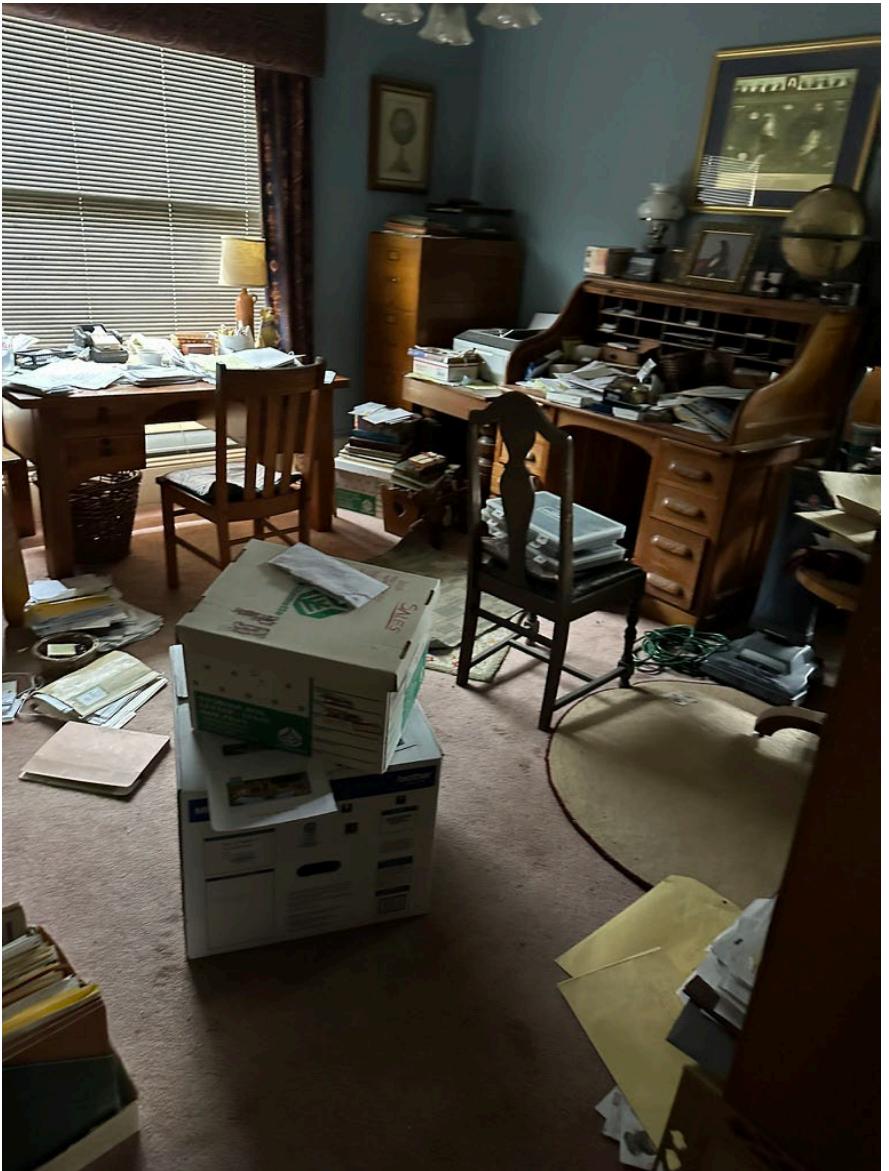
Efforts of MDT

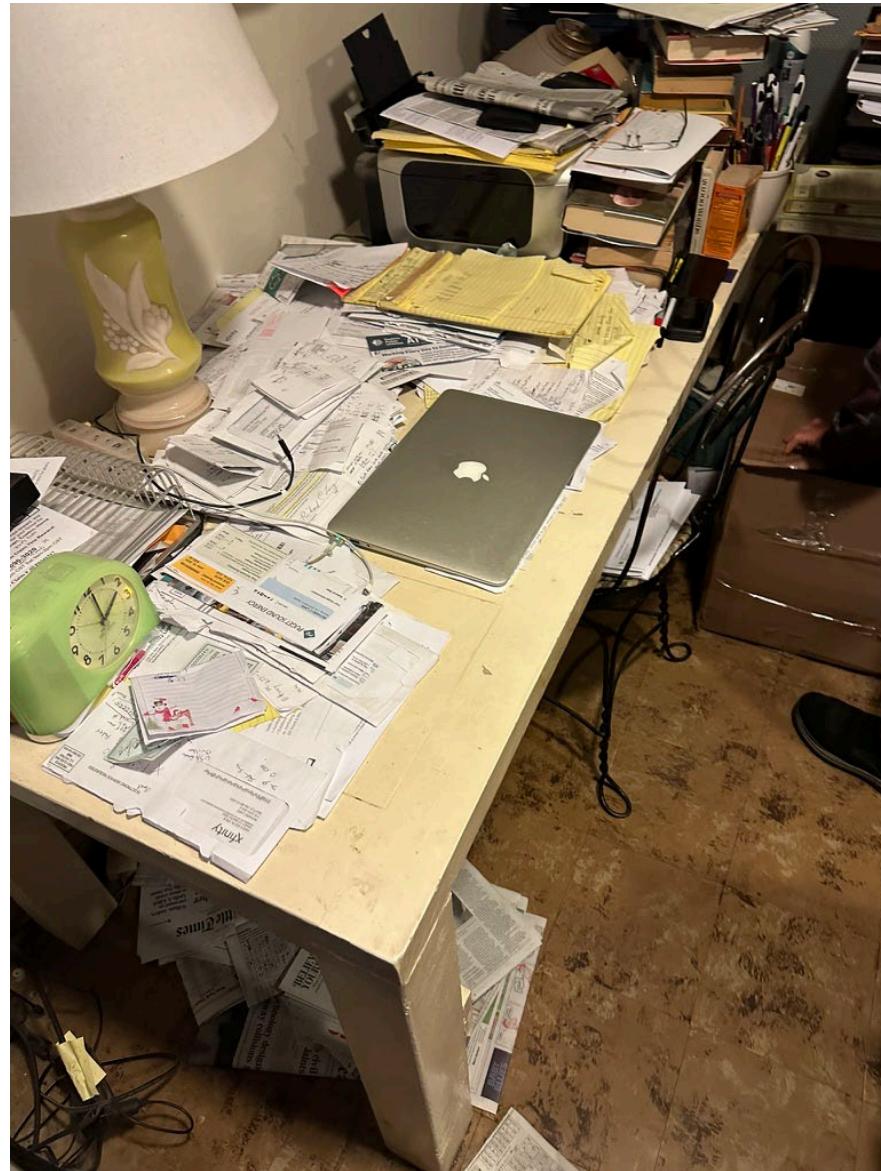
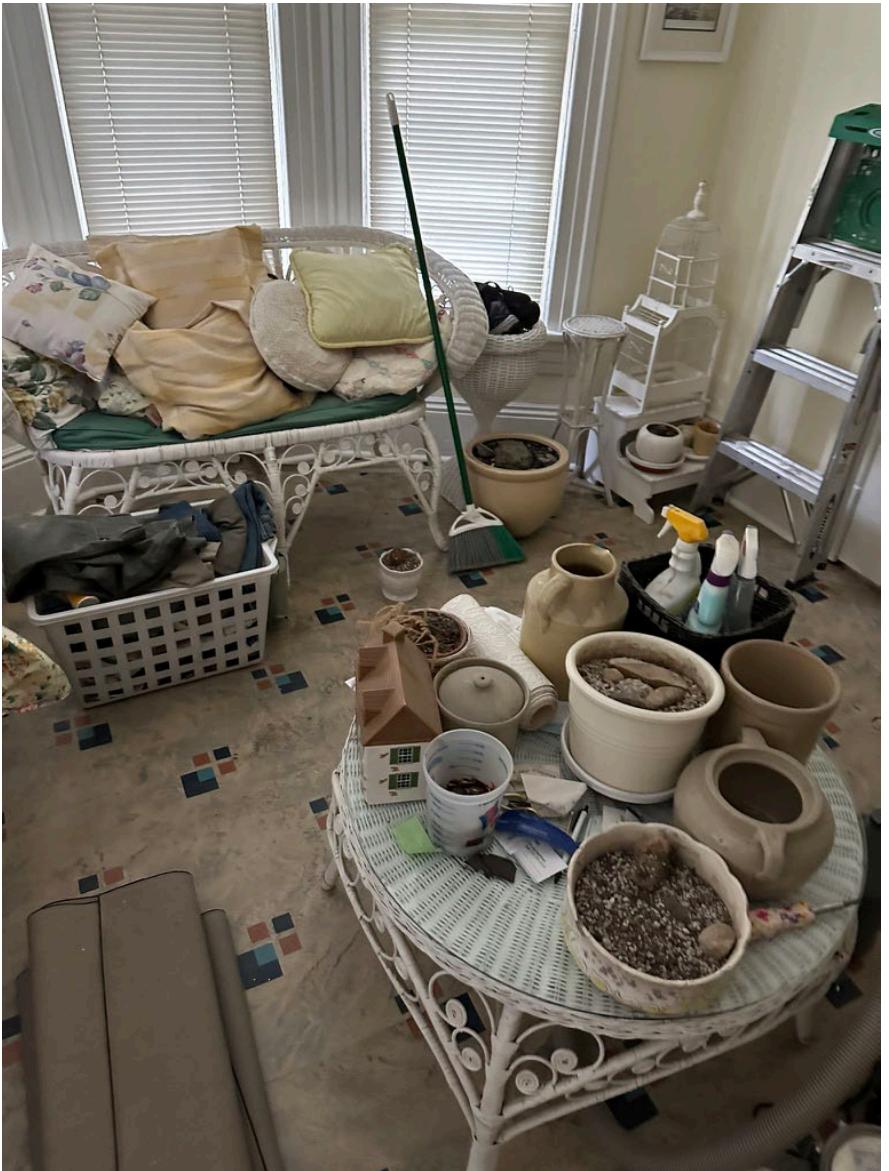
RL allowed geriatricians to photograph conditions of home.













	S	D	P	S	D	P
9/23	134	79	53	X	10/17	
9/24	133	83	56	10/9	123	66
9/25	124	81	61	10/8	122	63
9/26	131	70	41	10/9	127	81
9/27	131	74	52	10/10	124	71
9/28	128	76	71	10/11	124	71
9/29	122	73	51	10/12	128	72
9/30	138	77	69	10/13	131	72
10/1	144	84	74	10/14		
10/2	138	78	73			
10/3	138	74	54			
10/4	126	68	68			
10/5	130	68	71			
10/6	118	65	70			

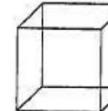
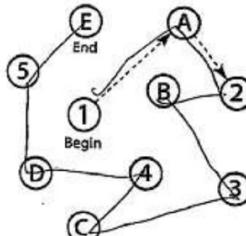
Efforts of MDT

- Geriatricians administered MoCA
 - RL scored 25/30
 - Recommended testing by neuropsychologist

MONTREAL COGNITIVE ASSESSMENT (MOCA®)
Version 8.1 English

Sex: M DATE: 6/14/2024

VISUOSPATIAL/EXECUTIVE



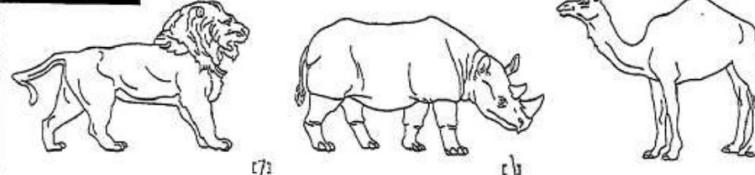
Draw CLOCK (Ten past eleven) (3 points)



POINTS

3/5

NAMING



3/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED	POINTS
1 ST TRIAL	✓	✓		✓	✓	
2 ND TRIAL	✓	✓	✓	✓	✓	

ATTENTION

Read list of digits (1 digit/sec.). Subject has to repeat them in the forward order. [✓] 2 1 8 5 4
Subject has to repeat them in the backward order. [✓] 4 5 8 1 2

2/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[✓] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

1/1

Serial 7 subtraction starting at 100.

[✓] 93 [✓] 86 [✓] 79 [✓] 72 [✓] 65
4 or 5 correct subtractions: 1 pts.
2 or 3 correct: 2 pts.
1 correct: 1 pt.
0 correct: 0

3/3

LANGUAGE

Repeat: I only know that John is the one to help today. [✓]

The cat always hid under the couch when dogs were in the room. [✓]

2/2

Fluency: Name maximum number of words in one minute that begin with the letter F.

[✓] 5 (N=11 words)

0/1

ABSTRACTION

Similarity between e.g. orange - banana = fruit [✓] train - bicycle [✓] watch - ruler

2/2

DELAYED RECALL

(MIS)	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
Memory	X3	✓					
Index Score (MIS)	X2	Category cue	✓				
	X1	Multiple choice cue					MIS = 3/15

ORIENTATION

[✓] Date [✓] Month [✓] Year [✓] Day [✓] Place [✓] City

6/6

© Z. Nasreddine MD

www.mocatest.org

MIS: /15

(Normal = 26/30)

TOTAL

25/30

Administered by: FMESSIEY MD

Training and Certification are required to ensure accuracy

Fuzzy Fun Frozen Fossile Fig
FURT

Meanwhile...



RL's communications with the scammers continued

Continued to give them money



RL's investment firm called prosecutors due to concerns about RL being scammed, fear that if they refused to distribute funds, he would move money elsewhere

Efforts of MDT

- APS hesitant to file for conservatorship due to ambiguity of test results
- MDT arranged for testing by neuropsychologist
- Neuropsychologist concluded RL suffers from Major Neurocognitive Disorder, recommended conservatorship
- MDT contacted a private fiduciary, which agreed to serve as RL's conservator
- APS agreed to file petition for conservatorship

Efforts of MDT

- RL promptly hired an attorney
- Aware legal process would be lengthy, MDT retained money manager, who began to work with RL
 - Over time, RL began to trust him, allowed him to assist with bill-paying
- RL continued to work with geriatricians, case manager
- Faced with prospect of conservatorship, RL's attorney agreed RL would sign power of attorney, appointing money manager as his agent, in return for dismissal of petition

Current Situation

MDT continues to meet

Questions whether RL had capacity to sign POA

RL is resisting allowing money manager full access to finances

Money manager believes RL continues to give money to scammers, though less than before



If these less restrictive alternatives fail, APS will again petition for conservatorship

Conclusion

- International and local scammers have not been identified—no prosecutions
- Over time, MDT has mitigated, but not stopped, exploitation
- Still, but for involvement of MDT, RL would almost certainly have lost his life savings, and health would have suffered
 - RL has begun to trust doctors, case manager, money manager
- Though no case could not be prosecuted, the connections built, and knowledge gained by MDT make future prosecutions more possible

Discussion

Questions, thoughts
about this case?

Questions, thoughts
about your MDT, cases
handled?

Contact Me

Page Ulrey
pulrey@kingcounty.gov
206-263-8813