



## Why Collaborate? PowerPoint Slide Set Overview

### Introduction

This document supports the NCEA slide deck *Why Collaborate?*

### Teaching Tips

- This module on collaboration is most effectively taught collaboratively by several trainers from different disciplines.
- The phrase elder abuse has been used throughout this module. If you are working with groups focusing on other issues that include elder abuse (e.g., vulnerable adult abuse), you can change the language throughout the presentation.
- Consider the purpose of the presentation when determining which slides to use. If you are presenting to a local group about efforts in your community, you may want to add slides about local teams. Consider sharing slides describing other collaborative efforts around the country.
- This presentation contains 2 short video clips. Before the presentation, test the videos to be sure they are working and that the sound can be heard throughout the room.
- You may also want to consider using case examples from your own work as you will have greater depth of knowledge about cases that you have personally worked.

### MDT Case Review Interactive Exercise

This interactive exercise may be used to start the slide set on collaboration to illustrate an example of an elder abuse team. The exercise could also be used during a discussion about the benefits and challenges of multidisciplinary case review teams.

This case example highlights the benefits of collaboration and gives those who have never seen or participated in a multidisciplinary case review meeting the experience of doing so. The role play portion of the exercise calls for six volunteers to read scripts describing their interactions with an older male victim of elder abuse named Frank.

The activity can be conducted in 15 minutes (5-7 minutes for instructions and role play and 8-10 minutes for the debrief discussion) or longer as time permits. Additional debrief questions can be added if time allows or if the community has additional issues to discuss.

### Note to Trainers

Feel free to edit this script so that it meets the needs of your audience. For example, if your community case review team uses initials rather than the actual name of the parties, you can edit the script accordingly. Or if you want to draft additional scripts for other professionals who participate on your MDT, feel free to expand this exercise.

### Prior to Activity

Make a copy of the script. Cut the script into segments so that each participant/role player can receive a copy of the key points to cover when reporting to the other members of the MDT.



### Directions to Facilitate Activity

Invite six volunteers to come to the front of the room. Assign each volunteer a role. Give each volunteer a segment of the script describing their interaction with Frank. Give the volunteers a few moments to review the key points they will cover.

If possible, use a microphone(s) to ensure that everyone can hear. Start with the facilitator opening the meeting. Pass the microphone to each volunteer in turn and ask the volunteer to read the scripted comments. Ask the volunteers to read the scripts in numerical order.

**Facilitator to audience:** “This is a regular meeting of the community case management MDT. Everyone has signed a confidentiality agreement making a commitment to the team to keep all information discussed during this meeting confidential. Today the team will consider the case of Frank. Frank has signed a release of information so that we can discuss his case today and use his name in our discussions. I will call case review to order and present an overview of the case. Then I will invite the team members to comment on their interactions with Frank.”

**Facilitator to MDT volunteers:** (Have volunteers stand in the front of the room.) “As you know we will be discussing Frank’s situation.

- Frank is 81, and was widowed 18 months ago after a long marriage.
- He met Sharon at a coffee shop located near his bank about a year ago.
- Sharon is 35, unemployed, and is now living with Frank.
- You have all spoken with Frank and we are here to discuss how to respond.

#### 1. **Bank Representative:**

- Frank is a long-time client who had significant funds in our bank a year ago.
- There have been substantial withdrawals made since he began coming in with Sharon.
- At the bank, we are concerned. Two weeks ago Sharon tried to cash a \$2,500 check on Frank’s account. We have seen Frank’s signature many times and this did not look like his signature. Frank was present but seemed very confused about the check.
- I called law enforcement.
- We want to be sure Frank is making his own decisions about his finances.

#### 2. **Law Enforcement:**

- I responded to the call from the bank.
- I spoke to Frank who said he had Sharon fill out the check because he did not feel well.
- He was uncertain how much the check was for, but thought it was around \$150 to be used for groceries. The check was actually for \$2,500 and was made payable to Sharon.
- Frank said it was ok because Sharon must have a good reason to need the money.

- I noted that Frank seemed frail and thin. He leaned on Sharon for support when he walked.
- I called APS and sent them a report.
- I wrote an incident report. The case is now being investigated by the Detective Bureau.

### **3. APS:**

- I received the report made by law enforcement.
- I made a home visit. Sharon greeted me at the door. She appeared to be attentive and caring when Frank was in the room with us.
- The house was clean and neat.
- I spoke with Frank who appeared somewhat confused. He could not recall my role even after I explained the reason for my visit to him twice. He was mixed up about whether he had eaten. (Sharon reported he had eaten breakfast and lunch).
- He also referred to Sharon at different times as his daughter and then later as his girlfriend.
- Frank told me he has diabetes. The kitchen and refrigerator did not have food that would be appropriate to help Frank control his diabetes. Frank also told me that he had been out of insulin for three days. I arranged for a medical evaluation.
- I received permission to review his bank statements. The bank statements show that Frank has spent over \$50,000 in the last 6 months, far more than he has spent in the last two years.

### **4. Health Care:**

- I examined Frank I am concerned about possible delirium and dehydration.
- Frank had not taken his diabetes and blood pressure medication and had not eaten properly for several days. I believe the delirium could be caused by the disruption in his eating and medication schedule.
- Frank is back on his medications, rehydrated, and is eating properly. He is being monitored and is scheduled for a return visit and assessment in a few days.

### **5. Domestic Violence Advocate:**

- I accompanied law enforcement on their follow-up visit with Frank.
- I spoke privately with Frank who told me again and again how much he loved Sharon. He is grateful that she cares about him. He has felt sad and lonely after his wife's death.

- He also described being isolated from his friends and family. He said that Sharon does not like driving him to the senior center.
- Frank also said that Sharon had threatened to leave him and put him in a nursing home. My impression is that he is a little afraid of her but also cares about her.
- I told him about shelters and other options he might want to consider. He thanked me but said he did not need these services.

#### **6. Senior Center Staff:**

- Frank and his wife were regulars at the Center for several years. They came to the Center several times a week and especially enjoyed the outings and bridge. His wife died 18 months ago and he had continued to attend regularly.
- He is well liked, has lots of friends, and is a “social guy.” He always helps organize the holiday party.
- In the last several months, he has come in much less often and has looked thin and disheveled. This is very different from the dapper dresser we have always known. When he attends, he seems withdrawn and mostly sits by himself.

Thank the volunteers for participating in the role play activity. Invite them to return to their tables.

Begin a large group discussion asking the following questions:

#### **1. What information did one system have that other professionals may not have known?**

Sample answers may include:

- Assets: Law enforcement and the bank know about potential financial exploitation.
- Health needs/home environment: APS and medical staff had information about Frank’s physical and mental health and the assistance Sharon has been providing.
- Social history and interactions: The senior center director knew Frank’s social history and the advocate learned about his relationships, fears and possible domestic violence.

#### **2. What accounts for the different information each had?**

Sample answers may include:

- Health care professionals focused on Frank’s medical issues.
- The bank focused on protecting the client’s assets.
- Law enforcement focused on whether a crime had occurred, the identity of the perpetrator and whether an arrest could be made.
- Adult Protective Services focused on risk, capacity and client needs.

- Aging Services focused on providing activities and social enrichment to Frank.
- Domestic violence advocates focused on power and control dynamics, client empowerment, and safety.
- Each discipline asked about information relevant to its professional role and principles. None had all the relevant information.

### **3. What are the benefits of a multidisciplinary team focused on case review?**

Sample answers may include:

- More complete information leads to better client profiles.
- More expertise focused on a problem.
- Enhanced resources from various systems may be available.
- Improved likelihood of identifying responses that the client will accept.
- It is more likely that the client will identify a trusted professional with whom to work to improve his life.
- Improved response through multiple systems each with its own remedies to employ and sharing of expertise so best and least restrictive interventions can be offered.
- Fewer clients and cases “falling through the cracks”.
- Reduced finger pointing by and at professionals and systems.
- Inter-agency relationship building.

#### **Optional Discussion Question**

Can an MDT case review team discuss a situation if the victim does not have the capacity to sign a release of information form?

Potential answers include:

- A guardian or power of attorney may be able to sign the release for the victim.
- In some states, statutes allow for MDT case review teams to discuss cases when the victim does not have the capacity to consent to the review or services and/or if the information being shared is being used for the purpose of investigating elder abuse by a multi-disciplinary team (as in California).

Prior to the training, research your local laws to know what is permitted. Even if you do not ask this question, a participant may raise the issue.



## Videos Clips and Resources

Videos: [www.ncea.aoa.gov/Training/Tools/Video/index.aspx](http://www.ncea.aoa.gov/Training/Tools/Video/index.aspx)

Other videos: [www.youtube.com/user/nceaatuci](http://www.youtube.com/user/nceaatuci)

How to start a Forensic Center: [www.centeronelderabuse.org/E AFC\\_manual.asp](http://www.centeronelderabuse.org/E AFC_manual.asp)

## References

- Anetzberger, G.J. 2011. "The Evolution of a Multidisciplinary Response to Elder Abuse," *Marquette Elder's Advisor*, 13(1), available at: <http://scholarship.law.marquette.edu/elders/vol13/iss1/1/>
- Brandl, B., Dyer, C. B., Heisler, C. J., Otto, J. M., Stiegel, L. A., & Thomas, R. W. (Eds.). 2007. *Elder Abuse Detection and Intervention: A Collaborative Approach*. New York, NY: Springer Publishing Co., LLC.
- Family Justice Center Alliance: [www.familyjusticecenter.org/index.php/home.html](http://www.familyjusticecenter.org/index.php/home.html)
- Marlatt Otto, J. and Quinn, K. 2007. *Barriers to and Promising Practices for Collaboration Between Adult Protective Services And Domestic Violence Programs: A Report for the National Center on Elder Abuse*, available at: [www.ncea.aoa.gov/Resources/Publication/docs/BarrierstoPromisingPractices.pdf](http://www.ncea.aoa.gov/Resources/Publication/docs/BarrierstoPromisingPractices.pdf)
- National Committee for the Prevention of Elder Abuse (ND) Guidelines for Establishing and Coordinating a Fiduciary Abuse Specialist Team, available at: [www.preventelderabuse.org/communities/fast.html](http://www.preventelderabuse.org/communities/fast.html)
- Prevention, Intervention, and Coordination Sub-Committee of the Elder Abuse Committee 2002. *Model Protocol for Local Coordinating Councils on Elder Maltreatment*, available at: [http://chfs.ky.gov/NR/rdonlyres/19ED4C8F-AFDA-4FD0-A71B-4106A1D9F74F/0/model\\_protocol.pdf](http://chfs.ky.gov/NR/rdonlyres/19ED4C8F-AFDA-4FD0-A71B-4106A1D9F74F/0/model_protocol.pdf)
- Stiegel, L.A. 2005. Elder Abuse Fatality Review Teams: A Replication Guide, American Bar Association, Commission on Law and Aging, available at: <http://apps.americanbar.org/aging/publications/docs/fatalitymanual.pdf>
- Twomey, M.S., Jackson, G., Li, H., Marino, T., Melchior, L.A., Randolph, J.F., Retselli-Deits, T., and Wysong, J. 2010. "The Successes and Challenges of Seven Multidisciplinary Teams," *Journal of Elder Abuse and Neglect*, 22(3/4): 291-305.
- Wise and Healthy Aging, Los Angeles County Area Agency on Aging, Financial Abuse Specialist Team (FAST), available at: [www.wiseandhealthyaging.org/fast-financial-abuse-specialist-team](http://www.wiseandhealthyaging.org/fast-financial-abuse-specialist-team)



## Websites

- National Center on Elder Abuse: [www.ncea.aoa.gov/Stop\\_Abuse/Teams](http://www.ncea.aoa.gov/Stop_Abuse/Teams)
- National Clearinghouse on Abuse in Later Life (NCALL):  
[www.ncall.us/community/collaboration](http://www.ncall.us/community/collaboration)
- National Committee for the Prevention of Elder Abuse:  
[www.preventelderabuse.org/coalitions](http://www.preventelderabuse.org/coalitions)