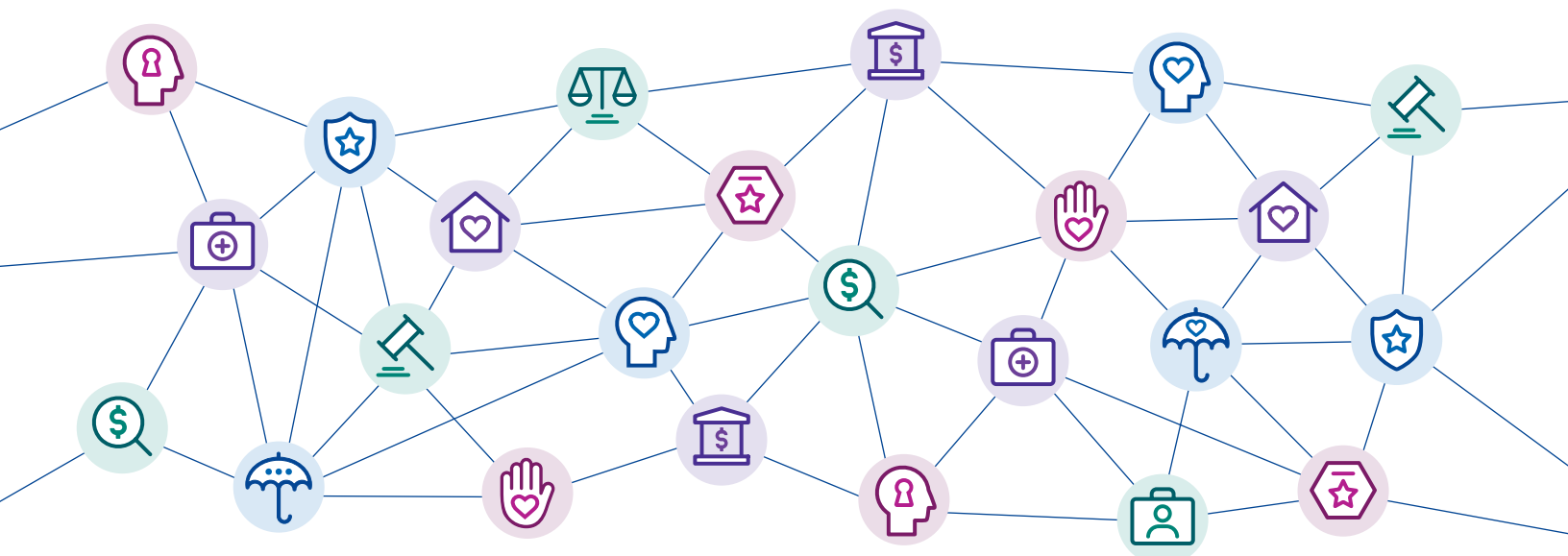


Reframing Elder Abuse and Multidisciplinary Teams

Elder Abuse Multidisciplinary Teams

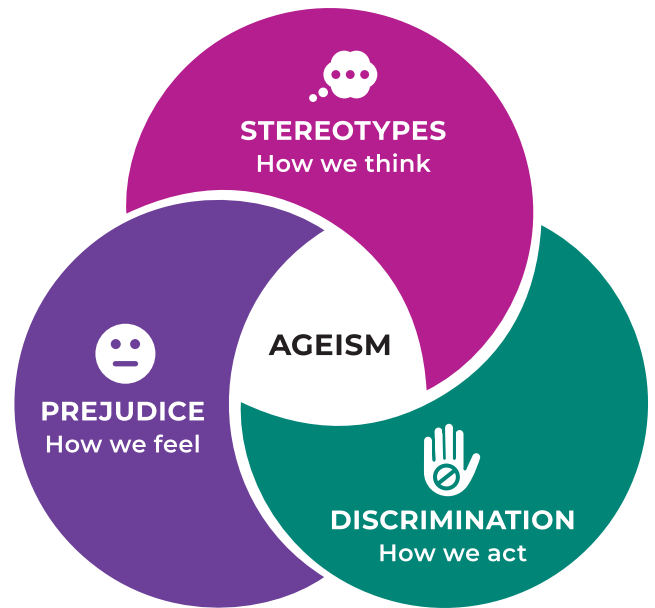
Elder mistreatment is a complex and nuanced phenomenon, crossing medical, legal, social, financial, and familial domains. Case response and redress often necessitate the guidance of inter-sectorial professionals. Elder abuse multidisciplinary teams (MDTs) draw upon the unique perspectives and collective expertise of participants who meet regularly to review cases and discuss options for intervention. Though team structure, function, size, constituents, and focus may differ, the common goal is to optimize outcomes for older adults who experience mistreatment. Team members may include Adult Protective Services, the Long-term Care Ombudsman, law enforcement, civil legal aid, prosecutors, medical and mental health professionals, social services, and forensic accountants.

During MDT case review, professionals often balance considerations of elder autonomy and protection. Each discipline brings its own lens and language to the meetings. The goal is to reach compromise that addresses both safety and fosters the highest level of elder autonomy possible. At times, agency safety concerns and proposed interventions may conflict with an older adult’s objectives and preferred outcomes. As interests misalign, implicit age biases about older adults, aging, and ability, may arise impacting MDT recommendations.



Ageism and Elder Abuse

Ageism refers to the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) against people based on their age. It is one of the least recognized, yet most common and accepted forms of prejudice. Age prejudice stigmatizes people of the same age group as sharing the same, often unpleasant characteristics. At the societal, relational, and interpersonal levels, age bias diminishes the aptitudes and individuality of older people. Adverse outcomes are perceived across employment, social, medical, mental health, and financial sectors. Like other systemic biases, ageism contributes to intolerance and discrimination. It can also foster an environment in which elder mistreatment is more likely to occur. In practice, ageism may impact how abuse is recognized, perceived, and treated.



Ageism in Multidisciplinary Team Practice

Within MDTs, ageist misperceptions can impede person-centered case review and recommendations. Among member organizations, even unconscious age bias may lead to dismissive attitudes or misassumptions about older adults' abilities and wishes, potentially limiting service and treatment options. Notably, as older victims are not present at MDT meetings, their voices may not be integrated into case evaluation and intervention. In their absence, an agency's paternalistic presumptions of an older person's best interests may override that individual's preferred resolution. Ageism may unfold in additional MDT contexts, including the following:

- Speaking to or about older adults as if they had no preferences, goals, or rights
- Focusing on an individual's medical or mental health diagnosis, rather than their functional status and retained abilities when discussing remedies
- Recommending guardianship or conservatorship when less restrictive alternatives may be available to both safeguard the older person and preserve their right to self-determination
- Assuming that a restraining order is the appropriate remedy to prevent mistreatment by a family/chosen family member, when the older adult would prefer an apology and respect
- Failing to recognize and consider cultural understandings of abuse and help seeking behaviors
- Misdiagnosing or disregarding an older person's complaints or physical injuries; for instance, presuming bruising is related to older age, medication, or a medical condition rather than physical abuse

Reframing Multidisciplinary Team Case Review

Our language and actions convey our closely held attitudes and beliefs. MDT participants can affirm accurate perceptions of older people and aging, recognize elder agency and rights, and integrate individual preferences and goals in team case review and recommendations. The [Reframing Elder Abuse](#) initiative highlights the core values of elder justice and empowerment in our respective and collective dialogue. In MDT discussions and interactions with older people, member agencies can actively dispel ageist misperceptions, while embracing the safety and dignity of those who have experienced abuse.

Reframing Strategies for Multidisciplinary Teams



Language

When speaking to or about older people, use language that highlights their fundamental rights and agency



Person-Centeredness

Integrate the person-centered, culturally-specific preferences and objectives of the older adult into MDT case review and proposed interventions



Check Our Own Biases

We all have unconscious attitudes, beliefs, and biases rooted in our unique experiences, exposures, and influences that influence our perceptions and judgments. Be mindful to dispel harmful misconceptions of older people that may adversely affect case review and judgment



Collaborate with Others

Work with MDT colleagues to empower older people and seek solutions that promote their safety, dignity, and values

Tips to Incorporate Reframing into Multidisciplinary Teams

- Acknowledge the intersectional identities, cultural values, experiences, and goals of all older people, even if they differ from your own
- Identify and facilitate older adult preferences
- Refrain from paternalistic biases or directive approaches
- Encourage practices that recognize the agency, autonomy, and dignity of older adults, regardless of age or diagnosis
- Validate and empower older adults by facilitating referrals to supportive resources that align with their wishes



By actively addressing ageism within multidisciplinary teams, professionals can better support older adults experiencing abuse and work towards more equitable, effective, and durable interventions.

NCEA
National Center on Elder Abuse

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