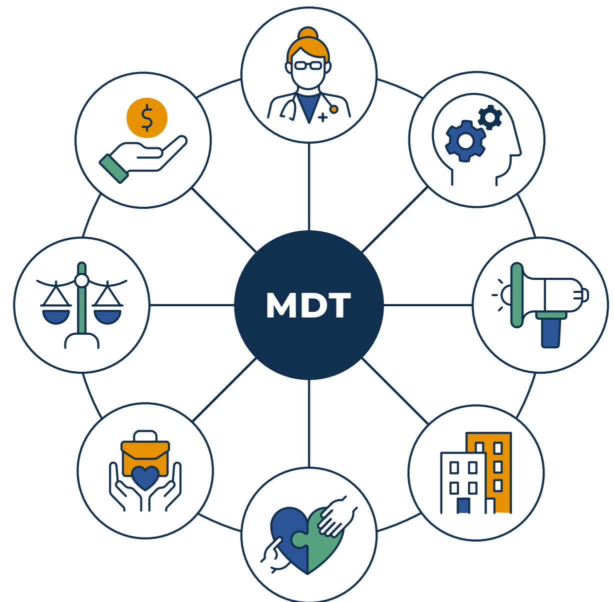
Integrating Person-Centered Approaches in Multidisciplinary Teams



Elder mistreatment is a complex and multifactorial phenomenon often accompanied by social, psychological, legal, medical, and financial impacts for older people. In a field with siloed interventions, adult maltreatment multidisciplinary teams (MDTs) are an evidence-based practice that draw upon the expertise of a cadre of interagency providers to facilitate comprehensive and coordinated case review, response, and resolution.[1] Proposed interventions from multi-sectorial providers are intended to create comprehensive plans that promote client safety, end abuse, reduce collateral harms, and prevent recurrence.

MDTs vary in scope, process, and composition but may include health care practitioners, mental health services, adult protective services (APS), long-term care ombudsmen, victim services, civil legal aid, prosecutors, and financial services providers. Clients typically do not attend meetings, their consent is most often not sought and, while their preferences are sometimes known, they are usually not central to MDT case review and recommendations. This is especially true when an older adult's preferred case resolution would expose them to continued harm, and for older adults with limited decisional abilities.

Though most agency participants endorse client-centered practices, concrete guidance on principles and protocols to integrate client preferences in case assessment and discussion is lacking. The potential disconnect between MDT recommendations and client-desired resolutions may result in ineffective interventions that lack client buy-in or participation, thereby inhibiting optimal client remedies and outcomes.

An informed and collective understanding of person-centeredness among MDT agencies, strategies for implementation, and guidelines for overriding client preferences can better support MDT efforts while promoting client recovery, goal attainment, and wellbeing.

1 MDTs typically review a range of cases, including self-neglect and maltreatment of adults with disabilities, that may require person-centered considerations. This brief addresses person-centeredness within the context of MDT review of elder abuse cases.

WHAT IS PERSON-CENTEREDNESS?

Person-centeredness is an approach that emphasizes individual autonomy, self-determination, and choice in decision-making. A person's preferences and values are elicited, prioritized, and integrated into practice.

Why is person-centeredness an important value in MDT case review, management, and resolution?

In a just society, all people have the right to freedom of choice and expression. Older people who experience maltreatment do not cede these liberties because of advanced age or lived abuse. MDT case recommendations that impact an elder's rights, relationships, and ultimate outcomes should be informed by their preferences and goals, when possible and practicable.

Do all MDTs operationalize person-centeredness in the same way?

Every MDT is uniquely constituted with members whose institutional missions, cultures, and perspectives may differ. These differences may impact the agencies' collective understanding of, value ascribed to, and application of person-centeredness. Each team can define person-centeredness and develop a framework for case review and client inclusivity that best supports their objectives and the interests of the clients they serve.

How can MDTs integrate person-centeredness in practice?

MDT members who engage in client-facing casework, such as APS, ombudsmen, law enforcement, and victim services, can foster relationships with clients prior to the MDT meeting to solicit their preferences and goals to inform case review and recommendations. By gaining an understanding of clients' wishes – within the context of their lives, experiences, cultures, identities, and values – agency professionals can distill foundational information about what is important ***to*** them, rather than what is important ***for*** them. This begins with respect and includes:

Exercising patience and empathy with clients who have experienced harm and trauma

Identifying the client-preferred day, time, and adaptive technologies, to communicate with persons with cognitive or sensory impairment

Listening to clients' concerns about the maltreatment experienced and their perspectives about accessing formal supports and services.

What factors might inhibit integration of person-centeredness in MDTs?

SAFETY

Safety of the older client is a primary concern of MDTs. This objective often overshadows a client's self-determination and autonomy, especially when their preferred resolution places them in actual or potential danger. Though agency professionals may endorse person-centered principles, their commitment to these principles may be challenged when their perceived best course of action does not align with the older person's views or wishes. Sometimes, providers harbor paternalistic values, ageist biases, or presumptions regarding remedies that eclipse client preferences during case review. More traditional conceptualizations of beneficial outcomes, such as prosecution and guardianship, may outweigh desires to pursue restorative remedies or less restrictive options.

DISTRUST

Other challenges for MDTs include overcoming distrust of investigative agencies among clients who have experienced or are aware of historical discrimination and ongoing oppressions. This can hinder provider-client communications and opportunities to incorporate the client's voice in case outcomes, especially for a reluctant client who is conflicted about their options. The unavailability or inaccessibility of services, particularly culturally responsive services, in underserved communities is similarly problematic. Insufficient agency time and human resources may also impede person-centered resolutions. Collecting information from elders with limited decisional abilities may require additional time, skill, and expertise that some professionals may lack, particularly when the currently expressed preferences differ from documented or reported long-term preferences that they held prior to their cognitive decline.

How can challenges to person-centeredness in MDTs be addressed?

Most agencies endorse elder autonomy and advance person-centered protocols. APS, ombudsman, and victim/elder advocates are well-positioned to elicit and integrate client preferences in MDT practice. To enhance opportunities to include client perspectives and values, MDTs can develop structures to accommodate information gathering of client-identified goals. This may include building trust through rapport building, listening, and learning; offering members training on challenging assumptions and bias; providing education on strategies to integrate culturally responsive, client-inclusive, and trauma-informed care; assigning case workers from the same or similar cultural backgrounds to work with clients; and enlisting the assistance of advocates, aging services, community liaisons, and faith-based resources to build networks of client support.

If unable to discern an older person's wishes directly from them because of advanced cognitive decline, providers may learn their preferences from previously executed legal documents, agents, and/or family.

Tips to integrate person-centered practices in MDTs

- ☐ Educate MDT members on redefining successful outcomes through a person-centered, client-driven lens
- ☐ Enlist APS, ombudsmen, and victim/elder advocates to elicit and integrate client preferences in MDT case review
- ☐ Adopt strategies to integrate cultural responsiveness, client inclusivity, and trauma-informed care
- ☐ Consider restorative, holistic, and non-traditional approaches to case resolution
- ☐ Leverage local community, faith, familial, and friend networks to support clients' goals and safety plans
- ☐ Develop guidelines that assist providers balance a client's desired case resolution with the circumstantial risk factors, the severity of harm to which they or others may be exposed, the client's decisional ability, and the extent to which their current wishes align with their long-held, expressed preferences
- ☐ Manage provider risk tolerance when accommodating client choices that may potentially expose them to harm

RESOURCES

Multidisciplinary Team Technical Assistance Center (MDT TAC)

National Center on Advancing Person-Centered Practices and Systems (NCAPPS)

National Center on Elder Abuse (NCEA)

- **Tips and Tools for Person-Centered, Trauma-Informed Care of Older People at the Intersection of Trauma, Aging, and Abuse**
- **Tips and Tools for Person-Centered Care in Elder Abuse**
- **Multidisciplinary Teams**
- **Adult Protective Services and Multidisciplinary Partnerships**
- **Reframing Elder Abuse and Multidisciplinary Teams**
- **Faith Communities and Multidisciplinary Teams**

Article: **Conceptualizing person-centered care in elder mistreatment intervention: Use of a well-being framework**

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