



greenlee global

Practical Ethics in Elder Maltreatment

My outrage

- Judge Richard Rogers' aunt
- Domestic violence
- Insurance fraud, suitability issues
- Long-term care ombudsman
- Kansas Secretary of Aging
 - But not Adult Protective Services
- U.S. Assistant Secretary for Aging

Overall Definition

- Physical, sexual or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting, either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.

Kansas' Definition

- Abuse – Physical or mental injury, sexual act without consent, unreasonable use of physical or chemical restraint, unreasonable use of isolation as punishment, threat or menacing conduct, fiduciary abuse, omission or deprivation by caretaker or another person.
- Neglect – Failure to provide care when person has a duty
- Exploitation – Misappropriation of an adult's property

K.S.A. 39-1430

Why It Matters

- 1 out of every 10 people 60+ who live at home suffers abuse, neglect, or exploitation.
- In several small studies, about half of people with dementia suffered from abuse or neglect by their caregivers.
- Cognitive impairment increases risk of abuse.
- 2/3 of elder abuse victims are women.
- African American, Latino, poor and isolated older adults are disproportionately abused.
- For every 1 case that comes to light, 23 remain hidden.

Have you seen it?

- a. No
- b. Yes
- c. Um. Maybe.



Human & Economic Toll

- Elder abuse **triples** the risk of premature death and causes unnecessary illness, injury, and suffering.
- Victims are 4 x more likely to be admitted to a nursing home and 3 x more likely to be hospitalized.
- Financial exploitation causes large economic losses for elders, businesses, families and government programs, and increases reliance on programs such as Medicaid.

The Human Toll

The Consequences of Elder Abuse

Elizabeth Podnieks and Cynthia Thomas

Published in *Elder Abuse: Research, Practice and Policy*

Springer publication, Spring 2017, Literature review of 20 Studies

- Outcomes include actual loss of life, extreme physical deterioration, injury or long-term emotional illness.
- Increased mortality and morbidity.
- Poor physical health, becoming more disabled, anxious and depressed.
- More bone or joint problems, digestive problems, chronic pain, high blood pressure, heart problems.
- Increase in hospitalization and ER, increase in hospice care.

The Lived Experience

Consequences of Elder Abuse, cited earlier

“A startling gap in literature is the absence of voices of older individuals telling their experiences of elder mistreatment.”

“It is important to consider the knowledge and perspectives of professionals when developing policy and practice for elder abuse but it is even more critical to ask older survivors of abuse what they believe would help them and others in similar situations.”

The Lived Experience - continued

Consequences of Elder Abuse, cited earlier

“Abuse flourishes when respect is missing. For older people, ageism is experienced in many forms, elder abuse is arguably the most visible. It has a devastating impact on the physical, mental, emotional, and financial health of the older person.”

Impact

- Older people are reluctant to admit it
- Shame
- Fear of losing independence
- Guilt
- Older people withdraw – we lose them



What year did a medical journal first publish a ground-breaking report on elder abuse?

- a. 1959
- b. 1967
- c. 1975
- d. 1987

Elder Abuse Risk Factors

- Cognitive impairment
 - Both as a result of dementia
 - And an aging brain
 - Executive function is the first skill impaired
- Social isolation
 - Not the same as living alone
 - Loss of community contacts
 - *Health and access to transportation are key

AARP Foundation Focus

- “Framework for Isolation in Adults Over 50”
- Most common interventions have aimed to:
 - Reduce loneliness and/or depression
 - Increase social network size
 - Improve quality of supports
 - Increase frequency of social contacts
- How can we address social isolation?

Dependency

- Runs both ways
- Need for long term care complicates the solution
- Elder shelter options needed

Why does it happen?

- Mental illness?
- Violent Society?
- Entitlement?
- Power & Control?
- Substance abuse?
- Criminal pathology?
- Stress?
- Ageism?

What is the most common type of abuse Reported?

- a. Physical abuse
- b. Financial abuse
- c. Self-neglect
- d. Emotional abuse

What is the fastest growing type of elder abuse?

- a. Physical abuse
- b. Financial abuse
- c. Self-neglect
- d. Emotional abuse

Screening: Variety of approaches

Screening for Elder Abuse: Tools and Effectiveness

Margot J. Schofield, Springer publication.

The U.S. Preventative Services Task Force. The 6-item Elder Abuse Suspicion Index (EASI) measure was rated of fair quality and identified as the best validated measure in a healthcare setting.

Need further development and evaluation of brief reliable and valid screening instruments that can be widely used to screen for abuse in different settings.

ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Questions

Q.1-Q.5 asked of patient; Q.6 answered by doctor

Within the last 12 months:

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

Have you been looking for elder abuse or neglect?

- a. No
- b. Yes
- c. Maybe vaguely

Okay, then what?

- Abuse Intervention/Prevention Model (AIM)
 - P.I.Dr. Laura Mosqueda, USC Keck School of Medicine
- Practical framework.
- Includes 3 broad domains.
 - Vulnerable older adult
 - Trusted Other
 - Context
- Factors known or thought to be related to risk of abuse.
Goal: Improve the situation, reduce risk.

Abuse Intervention/Prev x


eldermistreatment.usc.edu/current-projects/abuse-interventionprevention-model-aim/

USC Center on Elder Mistreatment

USC University of Southern California



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SEARCH



Abuse Intervention/Prevention Model (AIM)

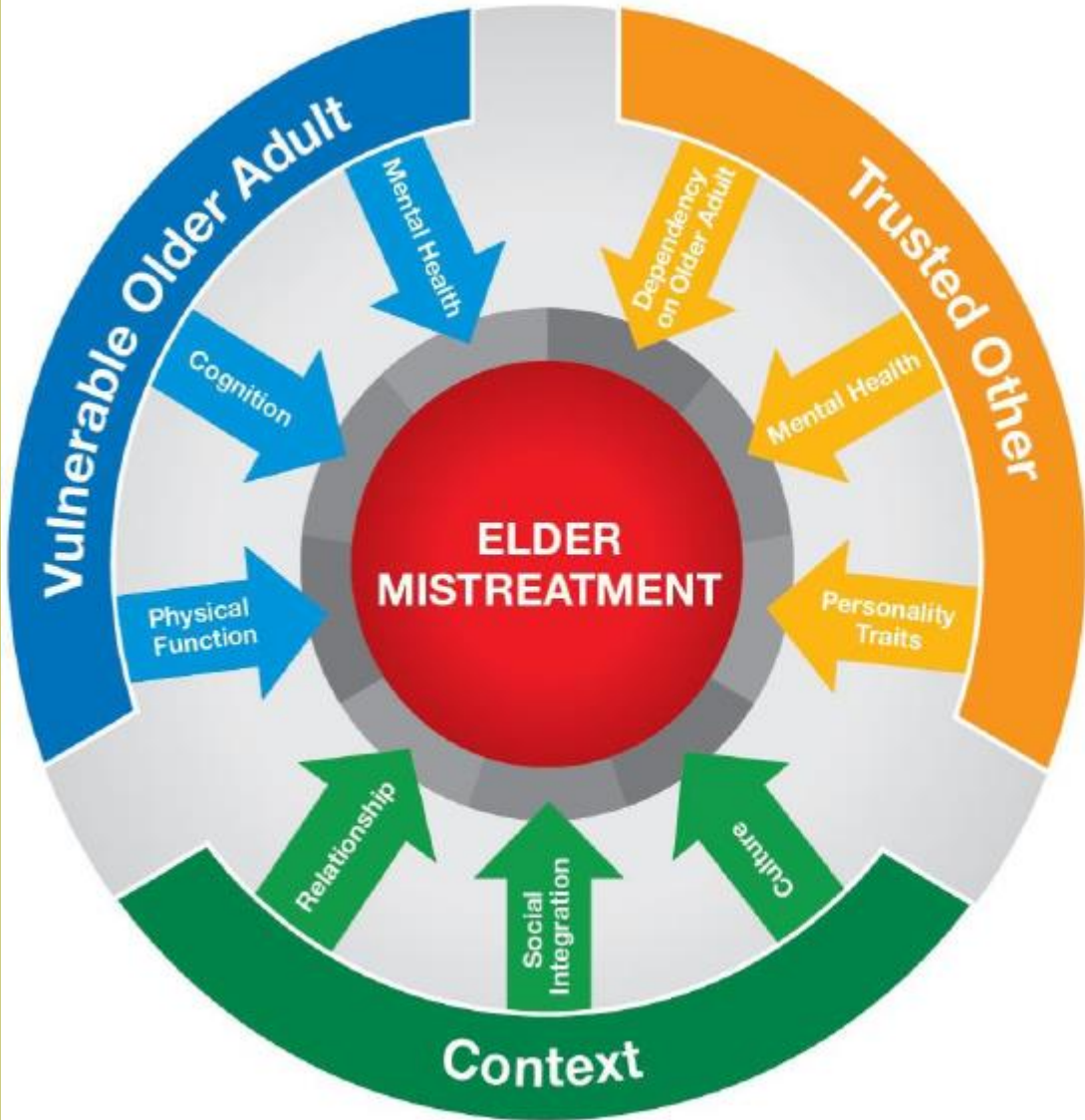
The Abuse Intervention/ Prevention Model (AIM) Project introduces and tests a model that integrates the multiple factors associated with risk for elder abuse and neglect in adults with dementia and their caregivers. The objectives are to (1) develop and



Tuesday, April 17, 2018

4:11 PM
4/17/2018

AIM



Mosqueda L, Burnight K, Gironda MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc*, Aug 2016

Context Matters

- Does the history fit the physical findings?
- Pressure ulcers can occur despite good care.
- People with dementia are discounted and not believed.
 - May or may not know they are being abused
 - Unable to report or contact someone
 - Especially vulnerable
- Why did these things occur?
- Appropriate to also be cautious. Don't want to accuse unfairly, don't want to miss it either.

Caregivers

- Caregiving is seriously difficult. It causes stress, impacts caregiver health and finances, can last for many years. It's just hard. Caregivers need support.
- An older adult is most likely to be abused by a known caregiver – paid or unpaid.
- If your clients are being cared for by someone else, open your eyes very wide.
- Find resources for caregivers that explain their fiduciary duty. CFPB has a number of resources. AARP and other do too.
- Provide caregiver information routinely, before you have any reason for suspicion.

Can We Help Caregivers?

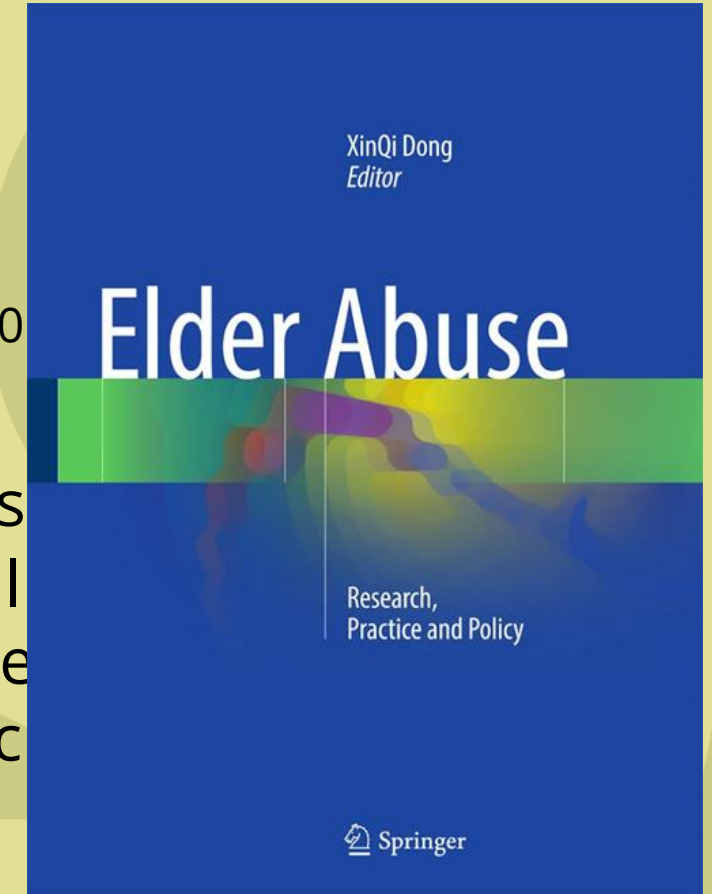
- Caregivers' burdens are associated with elder abuse
- Length of years of caregiving
- Higher level of recipient impairment
- Hours of care per day
- Recipient with dementia
- Dependency (both ways)
- Uncooperative recipient
- Caregiver depression
- Caregiver substance abuse
- Caregiver cognitive function
- Social supports
- Quality of prior relationship

Comprehensive Health Care Protocol

A Multidisciplinary Approach to the Clinical Management of Elder Mistreatment

Nora O'Brien Suric, Avital Benson, XinQiDong, and Terry Fulmer
Elder Abuse Research, Practice and Policy, Springer Publication, Spring 20

“Every clinical setting that provides care for older adults needs to have a protocol for elder mistreatment clinical management and ensure it is being effectively monitored. This includes a screening mechanism, a clinical approach to care planning and appropriate referrals to adult protective services and legal entities as needed.”



Mandatory Reporters

- Healthcare providers are mandatory reporters
- Calling the hotline is NOT the only action
- Case management, care management, assessment, and monitoring
- Referral to social services
- Adult protective services is not an adequate health care support

Mandated Reporters - Kansas

Persons who have reasonable cause to believe that an adult is being or has been abused, neglected, or exploited and is in need of protective services': person's licensed to practice any branch of the healing arts, licensed clinical psychotherapists, chief administrative offices of medical care facilities, teachers, social workers, nurses, dentists, marriage and family therapists, professional counselors, law enforcement offices, case managers and others.

K.S.A. 39-1431

Adult Protective Services

Nothing like Child Protective Services

History of the state-by-state approach

- Social Services Block Grant funding

No dedicated federal funding, national support, regulations or training

- As a result, no national data

Underfunded programs with dedicated but overworked staff

Purpose often misunderstood

Cannot be the only community response

The Justice System

- Training law enforcement officers
- Training prosecutors
 - It is a myth the cases can't be prosecuted
- Judges and the state courts
 - National Center for State Courts
 - Elder Court: Contra County, California
- US Department of Justice resources

Have you ever reported elder abuse to law enforcement or adult protective services?

- a. No
- b. Yes

Kansas APS Reports – SFYY 2017

4554 Cases

- Self-neglect 39.9%
- Abuse 19.6%
- Neglect 18.8%
- Exploitation 15.6%
- Fiduciary Abuse 6.0%

- Unsubstantiated 94.8% - What does this mean?
- Substantiated 5.2% - Clear and Convincing evidence

National Adult Protective Services Assn. Code of Ethics

- Adults have the right to be safe
- Adults have the right to make decisions that do not conform to societal norms so long as no harm to others
- Adults retain civil and constitutional rights unless restricted by a court
- Adults have the right to accept or refuse services
- Adults are presumed to have decision-making capacity

Capacity vs Competency

- Who determines and how?
- Why does it matter?
- If capable then what?
- Right to refuse. When is it real or a function of incapacity?
- Do we offer better options?
- Supported decision-making concept.

Guardianship

Older people fear being placed in a nursing home or being placed under guardianship.

“Vulnerable adults” are highly suspicious of APS, often because guardianship is seen as a way to “keep people safe”.

American Bar Association very active in guardianship reform and alternatives

Abuse in the guardianship program

SSA and VA representative payee programs

Community Context

- We are capable of providing support to very frail and cognitively impaired people in their homes until they die.
- Someone with impaired executive function may otherwise appear unimpaired.
- This evolution in providing care at home will continue. It's what people want and it is less expensive.
- It often takes a community to care for a frail or impaired older adult at home.

Community Context (cont.)

- It will also take a community to respond to abuse and exploitation.
- The most comprehensive approach is to convene a community-based multi-disciplinary team (MDT).
- Any MDT would appreciate your involvement.
- Area Agencies on Aging are the key community resource for older adults and caregivers.

Promising Practices

- Financial Abuse Specialist (FAST) teams
- Multi-Disciplinary teams (MDTs)
- TRIADS
- Age-friendly healthcare systems and geriatric emergency rooms

World Elder Abuse Awareness Day

- Elizabeth Podnieks, Professor Emerita, Ryerson University created the day in 2006
- International Network for the Prevention of Elder Abuse, a United Nations international non-governmental organization, helped secure official U.N. recognition in 2011.
- In 2012, the White House held first-ever event focusing on elder justice on June 14th, in recognition of World Elder Abuse Awareness Day.
- This day, which should really be a week or month, is an opportune time for public education, strategic planning and recommitment to the work.

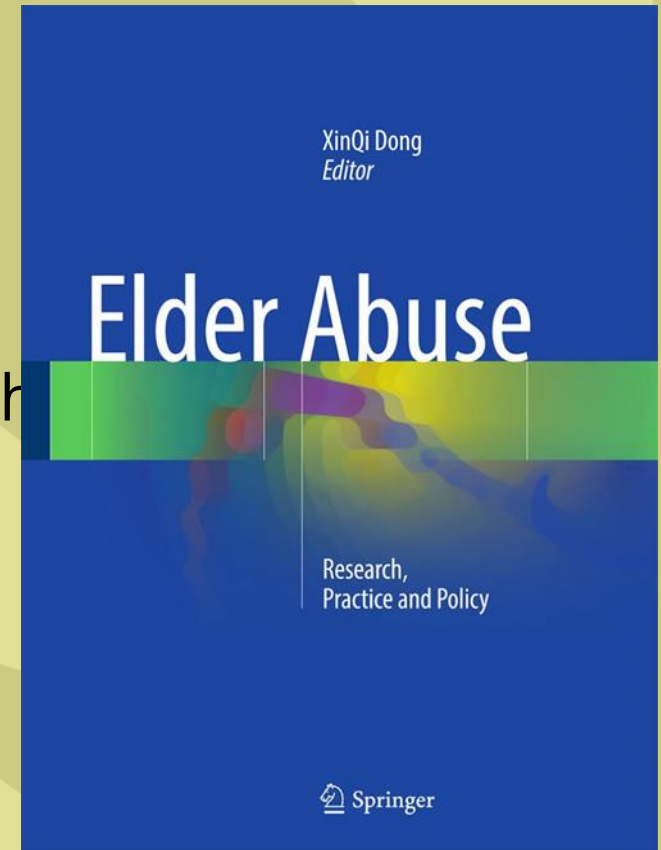
Kathy's Three Questions

1. Are any of the older people you know abused?
2. Do you know who they are?
3. Do you know what they need from YOU?



Elder Abuse: Research, Practice, and Policy

- Epidemiology of this Issue
- Clinical Assessments and Management of Elder Abuse
- Practices and Services
- Elder Abuse and Culture: Anthropological and Ethnographic Experiences
- Policy Issues Surrounding Elder Abuse
- Future Directions



Contact Information:

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- Resources: National Center on Elder Abuse,
<https://ncea.acl.gov/>
- USC Center on Elder Mistreatment,
<http://eldermistreatment.usc.edu/>