Ethical Issues in Elder Abuse: Clinical and Social Service Intervention

Bonnie Olsen, PhD
Professor of Clinical Family Medicine
Keck School of Medicine of USC
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Elder Abuse in the Clinical Setting
Screening for Elder Abuse in Clinical Settings

- Primary Care
- Emergency Departments
- Mental Health Services
Mandatory Reporting of Elder Abuse

• All but 1 state mandates reporting

• Every State reports to Adult Protective Services, some to Ombudsman if victim is in licensed facility
  • Some centralized, other organized by county/local service area
  • Usually confidential reporting, some times obvious who reported
  • Some agencies provide feedback to reporting party, others do not, often local determination
  • Many cross-report to police
Barriers to Reporting

Confidence of providers in their suspicion of EM:

- Difficulty distinguishing EM from accidental injury or trauma
- Knowledge of reporting laws
- Dependence on family/caregivers for information
- Trusting reports made by patients with cognitive impairment/sensory loss
- Patients that deny mistreatment in presence of red flags/evidence
- Lack of information re home environment to adequately assess
- Differences of opinion in health care team
Barriers to Reporting (cont.)

Impact on patient/provider
  • Anticipated negative impact on therapeutic relationship
  • Time demands for reporting & follow-up
  • Discomfort with possible engagement in legal system

Confidence in investigation
  • Quality of APS investigation/intervention
  • Fear report will result in more risk/harm to patient
Interventions in Elder Abuse
Elder Justice as the Overriding Goal

- All people are equal
- Older adults are full members of our society
- Older adults deserve to be treated with respect
- All people are valued throughout all the stages of life
Intervention often requires a balance between:

- Paternalism and Self-Determination
- Protection and Autonomy
- Safety and Risk
Abuse Intervention/Prevention Model (AIM)

Vulnerable Older Adult
- Physical function
- Cognition
- Mental health

Trusted Other
- Dependency on older adult
- Mental health
- Personality traits

Context
- Relationship
- Social integration
- Culture

Client-Centered Intervention

- Value clients preferences
- Culturally sensitive
- Personally meaningful
- Least restrictive
Solicit for client-identified goals

- Listen to what they want
- Pay attention to their historical preferences
- Look for change in preferences and find out why
- Align your goals with theirs where appropriate
- Goal Attainment Scaling: Structured approach to goal-setting with clients
Assess relative risk

- What could happen if....
- Avoid unintended negative consequences
- Where can we build in relatively safe choices
- Where does it matter **MOST** to this client
Identify retained capacities

- Manage small cash transactions
- Decide what/when to eat
- Who can visit
- Attend religious services
- Take medications
- Sleep schedule
Coordinated response

• MDT’s and Forensic Centers
• No one person can do this alone
• No one agency can address this alone
• Interventions require coordinated effort for them to be effective & meaningful
Building an infrastructure together

- Encourage agencies to remain engaged
- Inspire colleagues to think out of the box
- Look for possibilities, potentials.
- Little things can matter greatly
OUR SOCIETY

JUSTICE FOR ALL

AWARENESS
PROGRAMS
RESEARCH
POLICY
TRAINING
Build a world where...

- Right resource
- Right client
- Right time
- Right amount
WEAAD: June 15th
Are you ready?

Building Strong Support for Elders