

Ethical Issues in Elder Abuse: Clinical and Social Service Intervention

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Elder Abuse in the Clinical Setting

Screening for Elder Abuse in Clinical Settings

- Primary Care
- Emergency Departments
- Mental/Behavioral 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 patient reports in presence of cognitive impairment/sensory loss
- Patient denies mistreatment in presence of red flags/evidence
- Lack of information re home environment
- 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 with legal system

Confidence in investigation

- Quality of APS investigation/intervention
- Fear report will result in more risk/harm to patient

Interventions in Elder Abuse

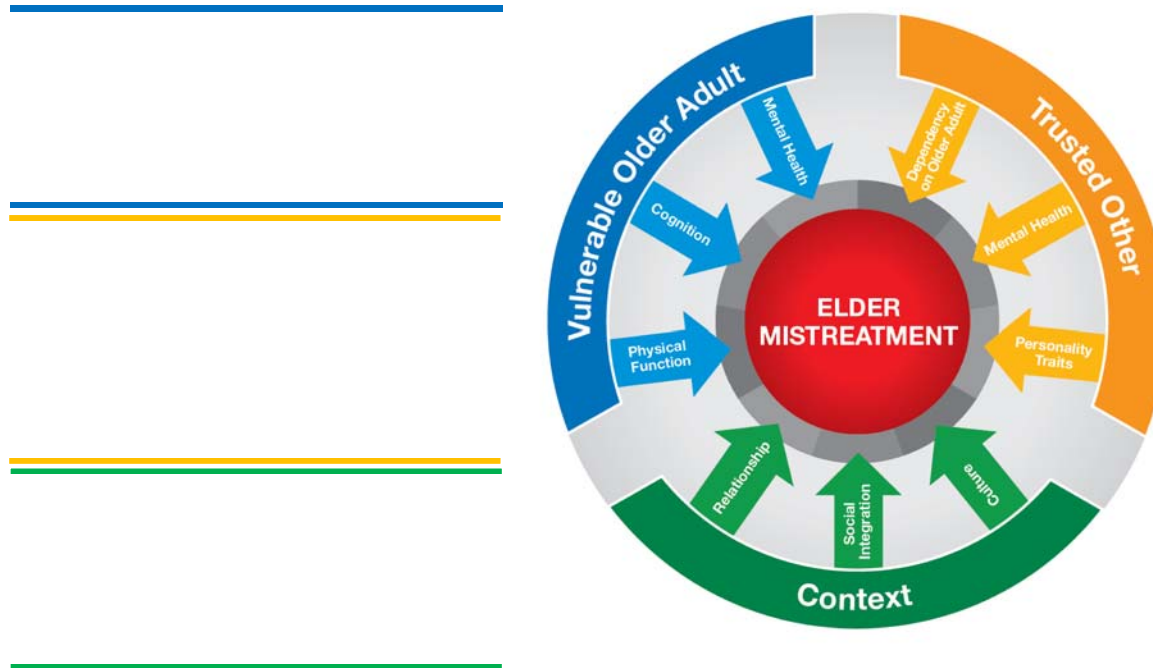
Elder Justice as the Overriding Goal

- 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)



Mosqueda, L., Burnight, K., Girona, M.W., Moore A.A., Robinson, J., & Olsen, B. (in press). The Abuse Intervention Model: A Pragmatic Approach to Intervention for Elder Mistreatment. *Journal of the American Geriatrics Society*.

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

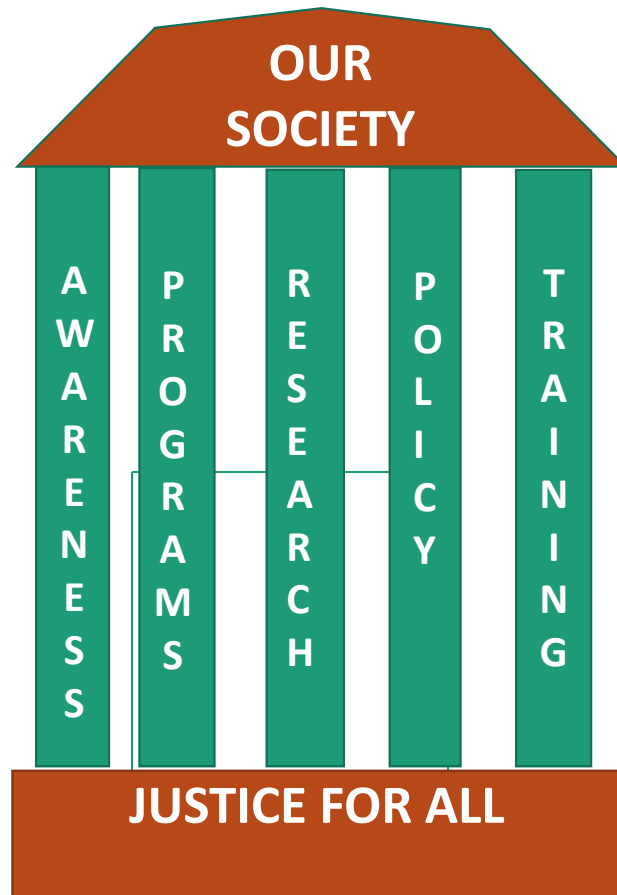
- MDT's and Forensic Centers
- No one person can do this alone
- No one agency can address this alone
- Interventions require coordinated effort for them to be effective & meaningful

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

Build a world where...

- Right resource
- Right client
- Right time
- Right amount



Questions?

Comments?