

Person-Centered Approaches in Elder Abuse Interventions

Julia Martinez, PhD



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Overview

- What does person-centered mean, and why is it important?
- The Service Advocate model
- What is success?
- Skill sets in person-centered care delivery
- Multidisciplinary Teams
- Tips and tools



Importance of Person-Centered Care



The Effects of Choice and Enhanced Personal Responsibility for the Aged: A Field Experiment in an Institutional Setting

Ellen J. Langer
*Graduate Center, City University
of New York*

Judith Rodin
Yale University



Questionnaire ratings and behavioral measures showed a significant improvement for the experimental group over the comparison group on alertness, active participation, and a general sense of well-being.

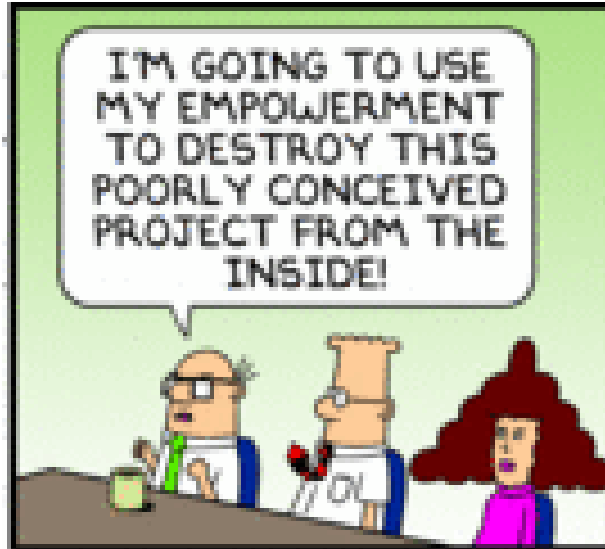
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Importance of Choice and Control

- Consequences of removing older person's control
 - Health
 - Emotional well-being
- Benefits of facilitating control
 - Engagement
 - Longevity
 - Reduced pain
 - Memory
- Older adults, even if cognitively impaired, can be given opportunities to make choices about their lives
- Perceived and assisted control



Self-Determination and Elder Abuse

- Impact of abuse victimization on choices and decision-making
 - Stress and trauma affect memory, ability to make complex decisions
 - Dependency on abuser, no appealing alternatives
 - Denial, a strategy to maintain independence
- Refusing services may not mean they desire risk
 - But knowing the person, their history, and the context are essential
 - What type of help would they accept?

What is person-centered care?



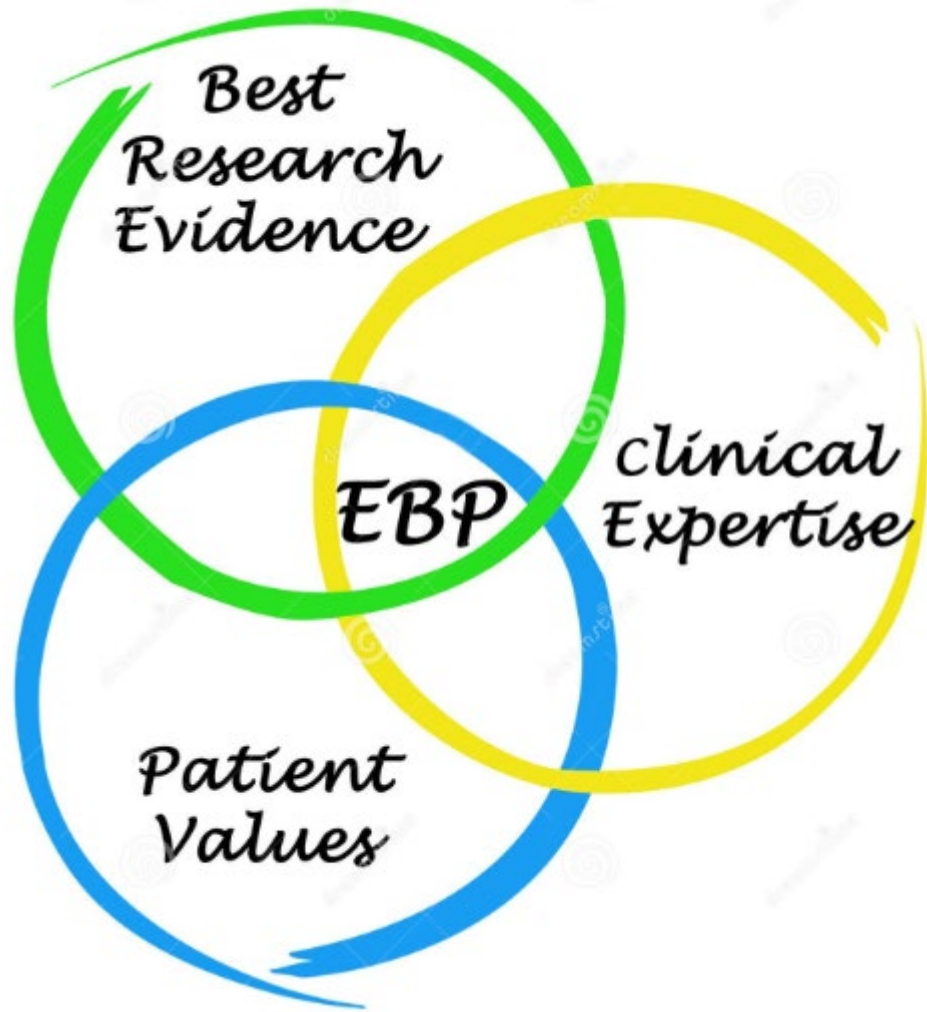
Person-Centered Care, Defined

- The American Geriatrics Society¹
 - Care where “individuals’ values and preferences are elicited and once expressed, guide all aspects of their health care, supporting their realistic health and life goals.”
 - Includes elements supportive to this approach and challenges within the predominant service paradigm
- The Adult Protective Services Ethical Guidelines²
 - “services that considers an adult’s needs, goals, preferences, cultural traditions, family situation, and values. Services and supports are delivered from the perspective of the individual receiving care, and, when appropriate, his or her family.”

¹ Brummel-Smith, K., Butler, D., Frieder, M., ... & Vladeck, B. C. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15–18.

² Administration for Community Living. (2020, March). APS voluntary consensus guidelines for state adult protective service systems. U.S. Department of Health and Human Services.

Importance of Specificity



- Guidance for practice
- Identifies necessary competencies
- Program design and service processes
- Program evaluation (fidelity markers, appropriate outcomes)



*The Service Advocate
Model*

The Forensic Center Service Advocate

- The model: field-based, long-term case management, through a Forensic Center multidisciplinary team
- Criteria for services: need for assistance, determined by team
- Client characteristics
 - 77% female
 - Financial exploitation and self-neglect most common forms, 46% multiple abuse, 59% recurrent in APS
 - Abuser was well-known in 46%
 - Physical limitations: 46% mild, 23% severe
 - Cognitive impairment: 23% severe, 46% mild

Formative Evaluation

- Aim: understand what the program IS before asking if it is effective
- Data: Qualitative case study and content analysis of narrative service documentation
- Findings: What did clients want?
 - Most agreed to continued contact from the Advocate
 - Assistance requested:
 - Desire for choice, freedom, social connectivity, and to appear capable
 - Transportation, financial assistance, restitution, help for the abuser
 - Many were protective of their homes and their privacy, and were suspicious of service providers

Formative Evaluation

- What were the mechanisms of the service approach?





Ms. M

*How do you
measure success?*



What is success?

- Risk-reduction, including client's perception of safety
- Empowerment/control
- Maintenance of the relationship
- Cost-savings, APS
 - Closed time-consuming cases sooner (recurrent APS clients, multiple needs, safety concerns, monitoring)
 - Improved social support and safety
 - Tailored response to mandated reports

The New York Times

When Social Services Undermine Well-being

The intertwined challenges that many people face might be addressed more effectively together than separately.

By David Bornstein

Mr. Bornstein is a co-founder of the [Solutions Journalism Network](#), which supports rigorous reporting about responses to social problems.



Katya Fels Smyth, founder of the Full Frame Initiative, which uses a holistic approach to solving problems like homelessness and domestic violence. Matthew Cavanaugh for The New York Times

The Art of Humanizing Social Systems



By David Bornstein

Mr. Bornstein is a co-founder of the [Solutions Journalism Network](#), which supports rigorous reporting about responses to social problems.



Family Court Administrator Ben Burkemper stands for a portrait in his office last week at the St. Louis County Circuit Court building. Nick Schnelle for The New York Times

THE FIVE DOMAINS OF WELLBEING



Social Connectedness

The degree to which we have and perceive a sufficient number and diversity of relationships that allow us to give and receive information, emotional support and material aid; create a sense of belonging and value; and foster growth.

Related concepts: belonging, social capital, social networks, social support, reduced social isolation and exclusion

Stability

The degree to which we can expect our situation and status to be fundamentally the same from one day to the next, where there is adequate predictability for us to concentrate on the here-and-now and on the future, growth and change; and where small obstacles don't set off big cascades.

Related concepts: resiliency, permanency, certainty

Safety

The degree to which we can be our authentic selves and not be at heightened risk of physical or emotional harm.

Related concepts: security; absence of harm, risk or danger

Mastery

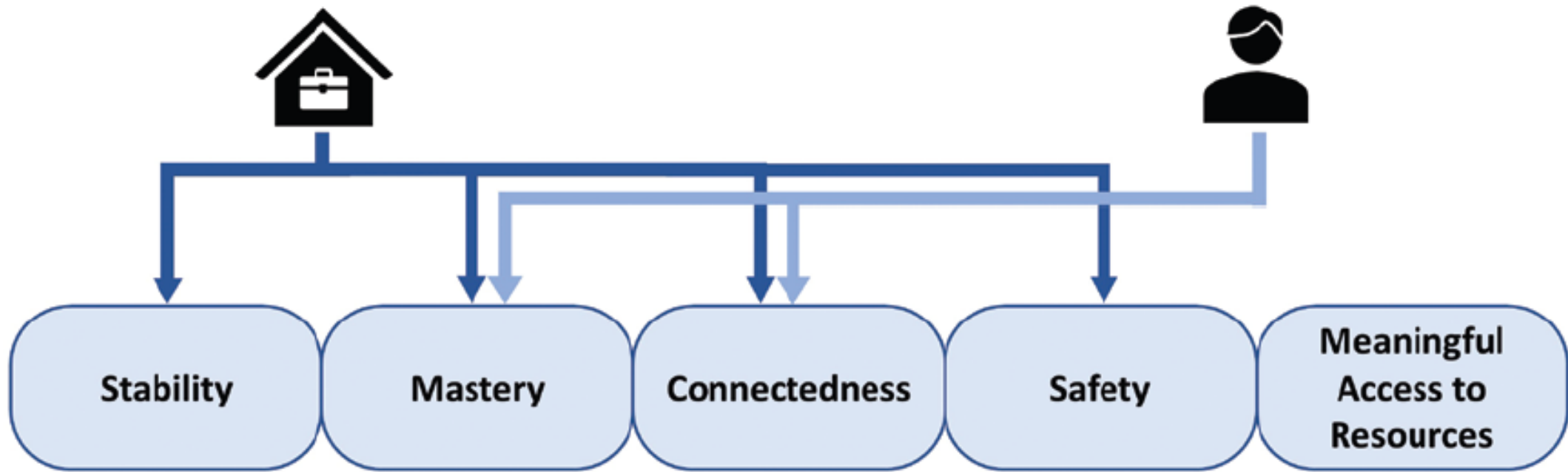
The degree to which we feel in control of our fate and the decisions we make, and where we experience some correlation between efforts and outcomes.

Related concepts: control, choice, self-efficacy, self-esteem, self-confidence, empowerment, applying knowledge

Meaningful Access to Relevant Resources

The degree to which we can meet needs particularly important for our situation in ways that are not extremely difficult, and are not degrading or dangerous.

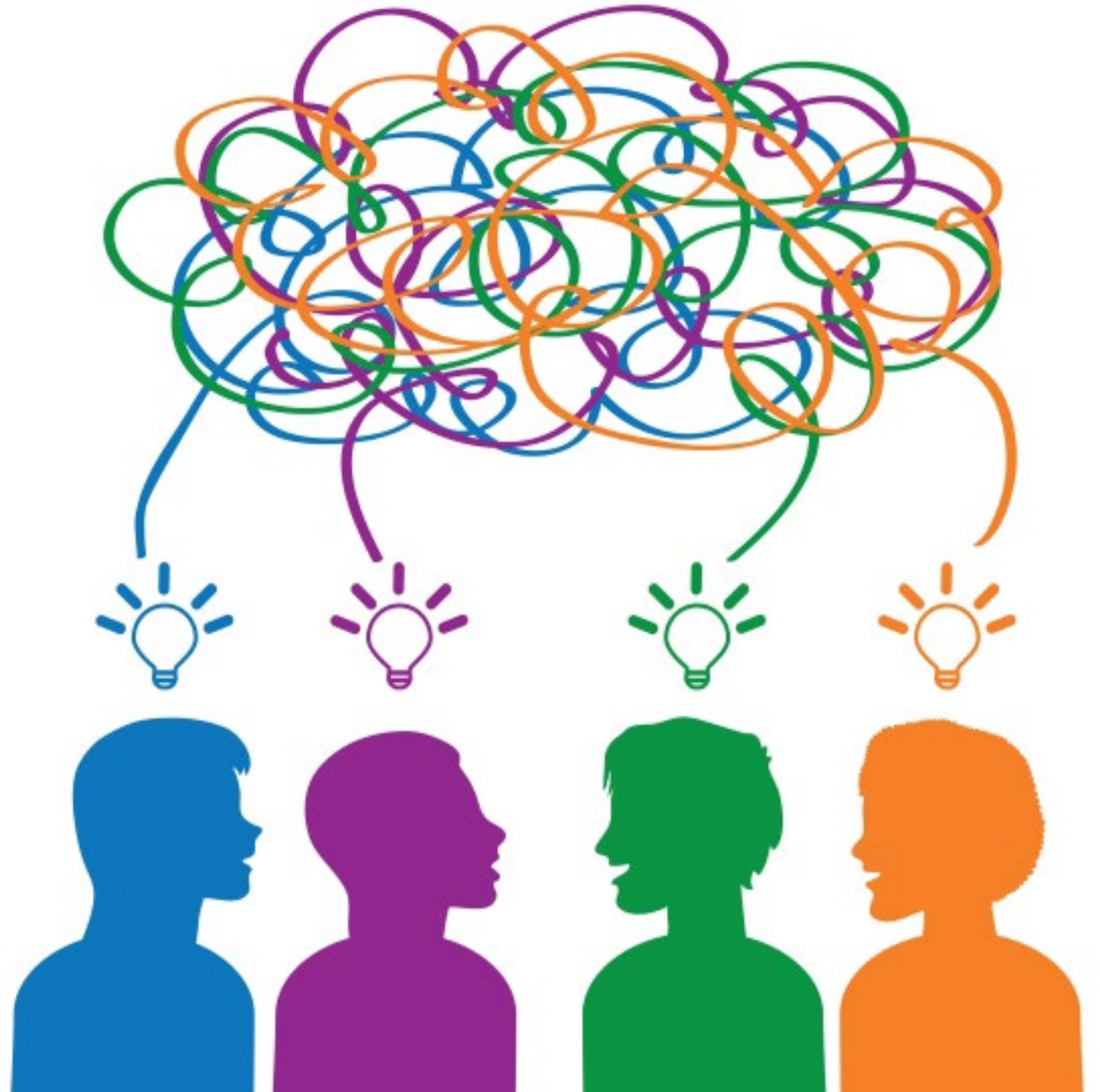
Related concepts: having knowledge, meeting "basic" needs, cultural competence (of resources), utilization rates, service integration/defragmentation, reduced barriers, information and referral, navigation



Home	"Tom" - Caregiver	Lacking Domain
<i>Stability</i> of circumstances; <i>Mastery</i> over home and lifestyle; Social <i>connectedness</i> with neighbors; <i>Safety</i> to live without harm	<i>Mastery</i> over life and home and personal care; <i>Connectedness</i> through reciprocity	<i>Meaningful access</i> to medical care. Tradeoff: Ms. M refused to see her doctor to avoid facility placement

The Advocate Peer Community


- Share ideas and successes
- Troubleshoot difficulties
- Inform program structure, process, and evaluation
- Advocacy



Skillsets and Supports in Person-Centered Care Delivery



- Motivational Interviewing – learning the person’s WHY and using that to lead a plan for change
- Emotional intelligence – recognizing when your professional or personal opinion is getting in the way of hearing the client’s WHY
- Peer support
- Managerial support
- Debriefing on difficult cases
- Self care

A group of wooden figures, with one red figure standing taller than the others, symbolizing person-centered care. The figures are arranged in a cluster, with the red figure in the center, slightly behind the others. The background is a solid blue color.

Person-Centered MDTs: Barriers and Opportunities

Defining person-centered practices in MDTs

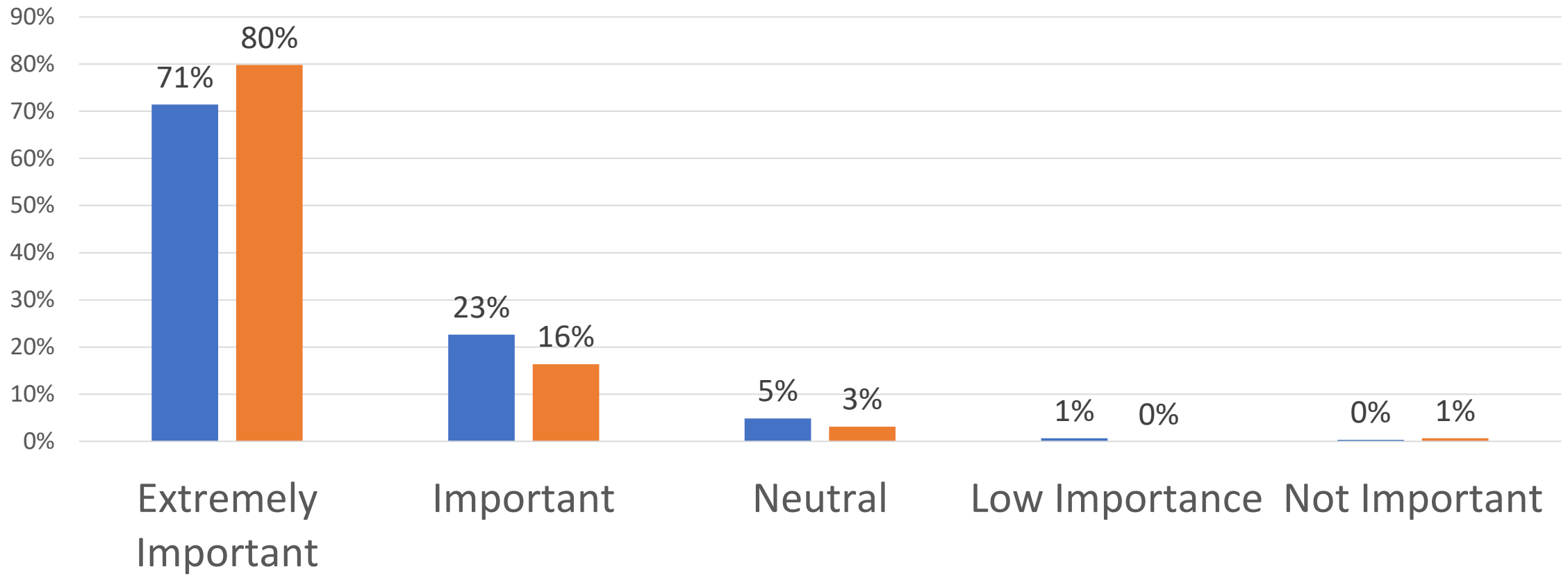




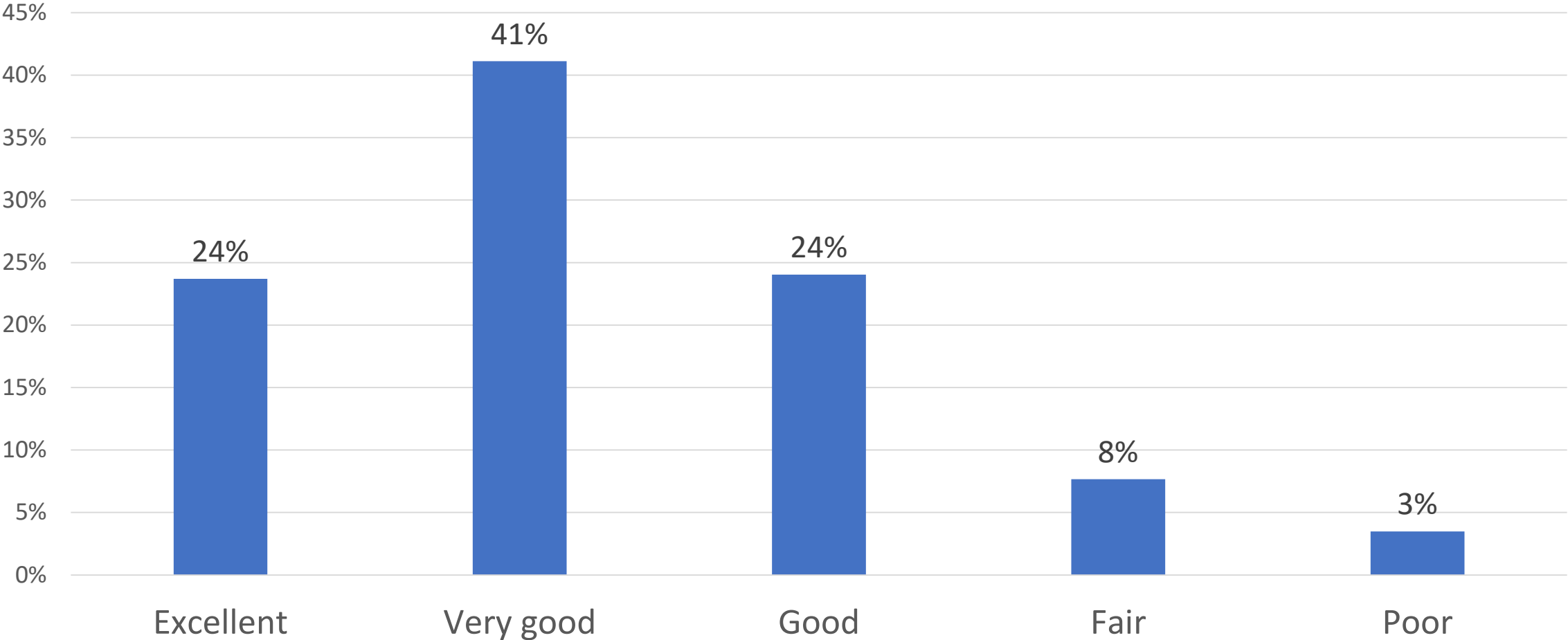
National Questionnaire

In your opinion, how important is it to know what the client/victim wants? (n=287)

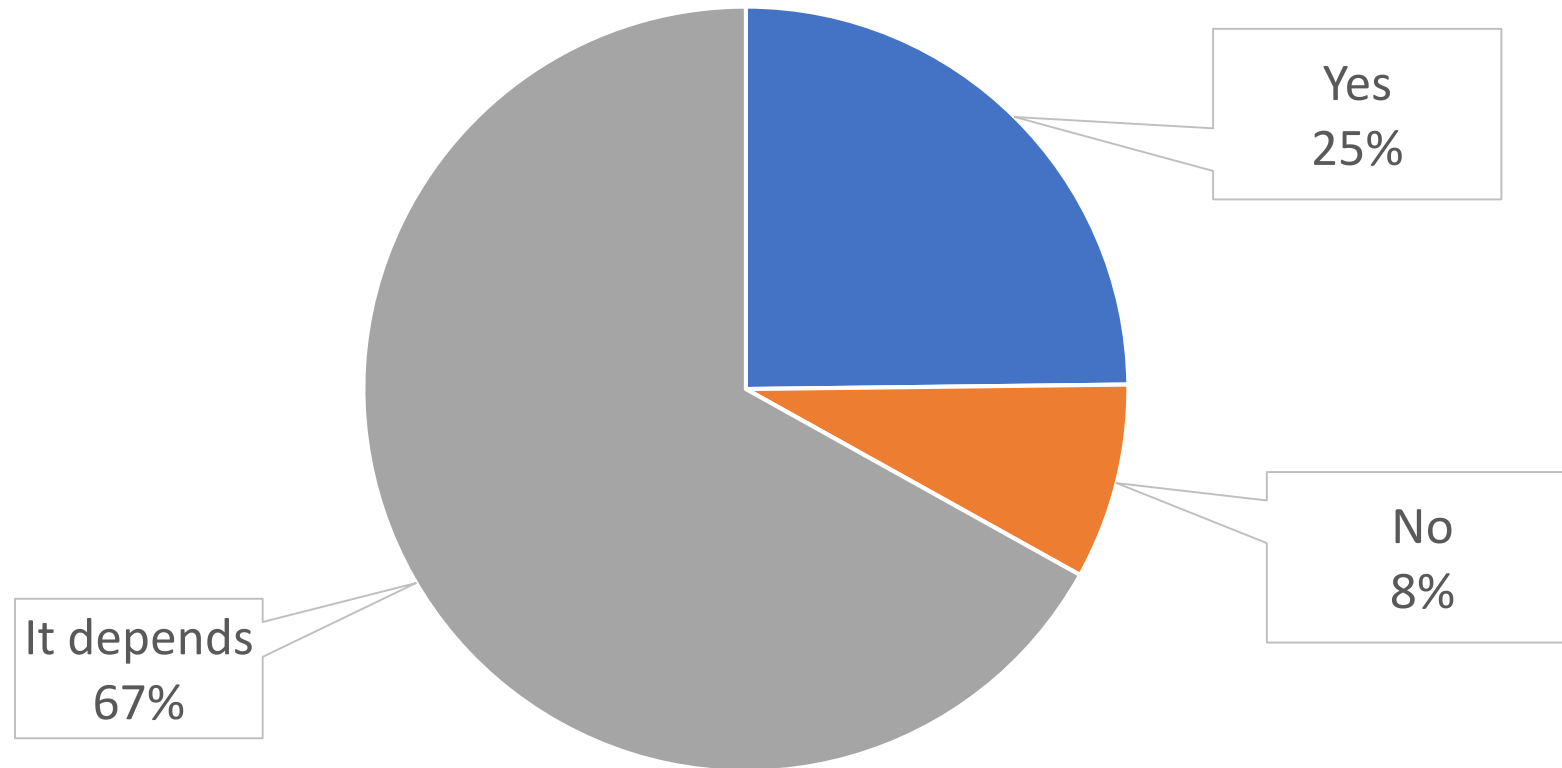
■ MDT ■ Professional Role



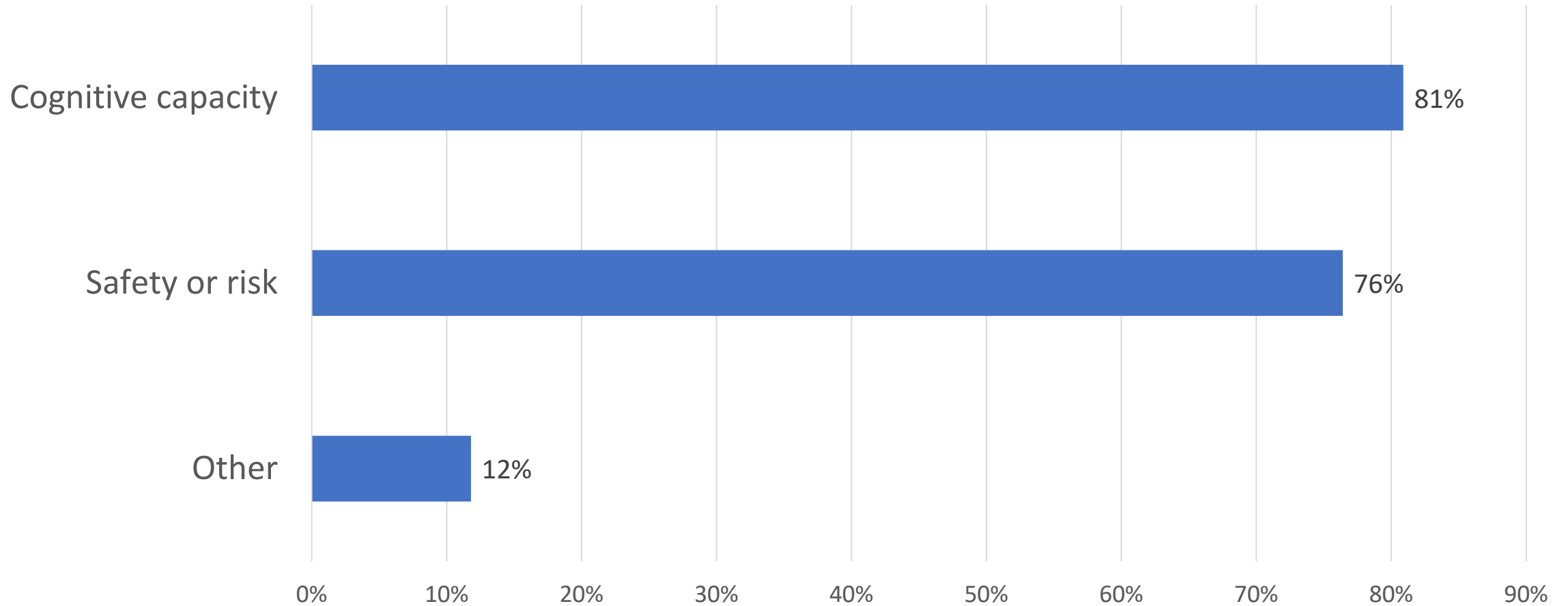
How well does your MDT include the client/victim's preferences into case discussions? (n=287)



The Client/victim's preference is prioritized over professional opinion (n=266)



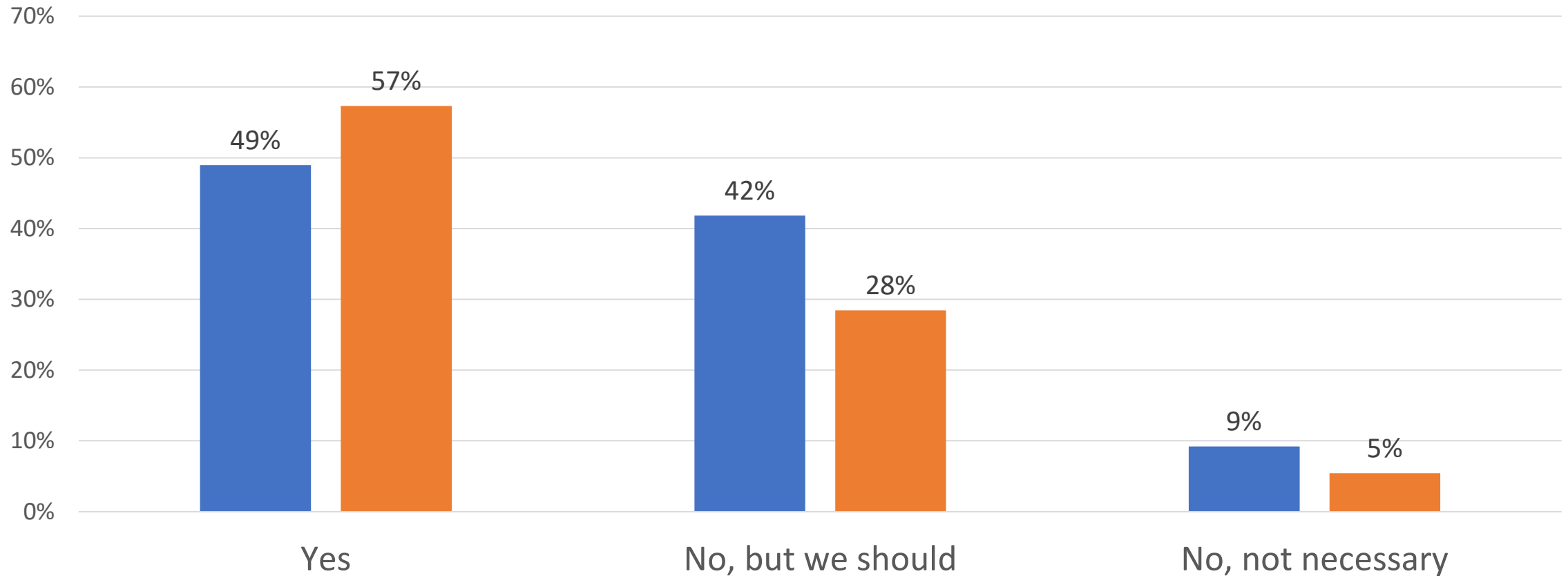
What does prioritizing client/victim preference depend on? (n=178)



Select best option describing your MDT (n=239)

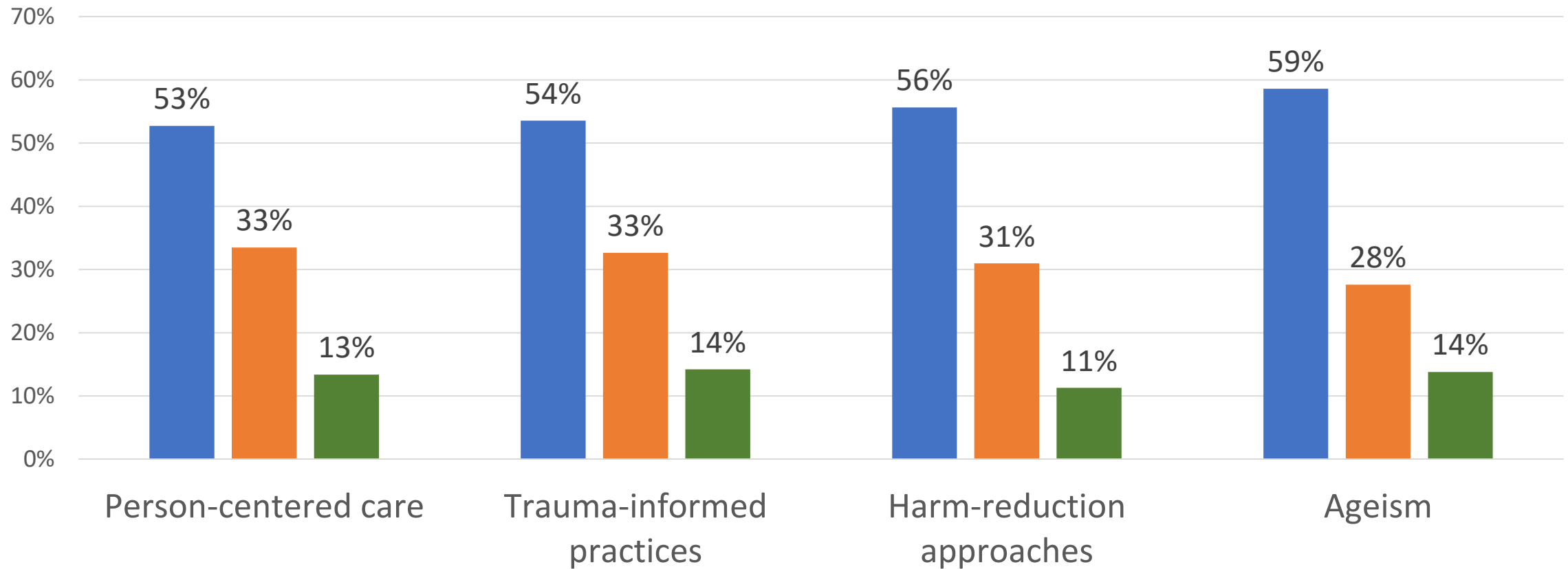
■ "Person-centered" is defined

■ Mission statement mentions client choice, dignity, or self-determination



Does your MDT provide members training on any of these topics? (n=239)

■ No, I would like this ■ Yes ■ No, not necessary



Takeaways

- MDTs, and the professionals who participate want to be person centered
- The core challenge is when the older adult is cognitively impaired and prefers a risky situation
- There is a desire for education, training, and tools

A group of wooden figures, with one red figure standing out among several white ones, set against a blue background. The figures are stylized, human-like shapes made of wood. One figure in the center is painted red, while the others are natural wood color. They are arranged in a cluster, with the red figure being the tallest and most prominent. The background is a solid, light blue color.

Person-Centered MDTs: Tips and Tools



Recommendations: Exercises and tools

- Define person-centeredness for your program, including specific practices
- Use the Five Domains of Well-being as a framework to guide discussion
- Train the team on trauma informed care, person-centered care, harm reduction, ageism, and cultural sensitivity

Recommendations: Embed Reminders

- The importance of choice on health and well being, even for those who are cognitively impaired
- What is important to the older adult whose case is being discussed



Thank you!

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