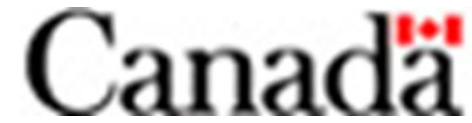




**Canadian Association of
Occupational Therapists
with a National Advisory Committee**

**Strategies for inter-professional health
care providers to address elder
abuse/mistreatment**

Trainer: Wanda Roberts LPN





Strategies for addressing elder abuse/mistreatment

Objective:

Learn how to build provider's capacity and confidence when dealing with elder abuse/mistreatment



Strategies for addressing elder abuse/mistreatment

Please take a minute to answer the questions in the section “before workshop” on the workshop evaluation.



Agenda

1. Introduce document
2. Prevention
3. Detection
4. Intervention/Taking action
5. Resources

Overview of Strategy Document

- Overview and indicators
- First steps
- Taking Action
- www.caot/elderabuse

Responding to elder abuse: Guiding principles

- Respect personal values
- Recognize right to make decisions
- Seek consent or permission
- Avoid ageism
- Know that abuse can happen anywhere
- Involve older adult in decision making
- Respect autonomy
- Respond appropriately



World Health Organization defines abuse as:

- “A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust that causes harm or distress to an older person.”

(World Health Organization, 2014. Retrieved from http://www.who.int/ageing/projects/elder_abuse/en/)



Detection

Types abuse/mistreatment

- Physical
- Sexual
- Financial
- Psychological
- Neglect
- Denial of entitlements protected by law



Financial abuse

- Improper conduct, done with or without the informed consent of the older adult
- Results in a monetary or personal gain for the abuser and/or a monetary or personal loss for the older adult
- Misuse of another individual's funds or property through fraud, trickery or force



Identifying financial abuse

Ethan persuaded his aunt to open a joint bank account. Ethan said that the joint account “would be easier for everyone”. All the money belonged to his aunt. She didn’t know that a joint account would allow the other person to spend all her money. Once the account was set up, Ethan used some of the money to buy a car.



Scenarios



Scenario #1

The health care provider, who is consulting in LTC, has been seeing Mr. J. weekly. He recently has become very withdrawn, with no change in his medical status and he is oriented to person, place and time. He appears anxious and told his nurse yesterday that he wants to sell his home to be able to make payments for a semi-private room for himself at the nursing home. He said that his daughter lives in the house and is refusing to help him sell it.



Reflective questions

- Why might this situation cause some concern?
What are some red flags?
- If there is abuse/mistreatment occurring, how do your observations relate to the definition of abuse?
- How do they relate to the signs/indicators of abuse?
- If the provider suspects abuse, what discussions might the provider have with the older adult?
What questions might the provider ask?



Scenario #2

The health care provider in acute-care is seeing Mrs. M., with a hip fracture. She is frail but cognitively alert and had the fracture for five days prior to seeking help. Other team members do not have concerns about her discharge except that she needs the standard devices. Mrs. M. states to the provider that her husband refused to let her call the ambulance because of the cost, and he wants her home to cook. The provider wonders if the husband is a supportive caregiver, but is aware that the system and team are pressing for discharge soon.



Reflective questions

- Why might this situation cause some concern?
What are some red flags?
- If there is abuse/mistreatment occurring, how do your observations relate to the definition of abuse?
- How do they relate to the signs/indicators of abuse?
- If the provider suspects abuse, what discussions might the provider have with the older adult?
What questions might the provider ask?



Scenario #3

Mrs S. has Parkinson's disease and lives with her son and daughter-in-law. The provider noticed that she is frail and unkempt. Mrs S.'s son calls the provider & states that he didn't want to say anything during the visit but his wife has started yelling at his mother, and discourages her from coming out of her room to eat with the family.



Reflective questions

- Why might this situation cause some concern?
What are some red flags?
- If there is abuse/mistreatment occurring, how do your observations relate to the definition of abuse?
- How do they relate to the signs/indicators of abuse?
- If the provider suspects abuse, what discussions might the provider have with the older adult?
What questions might the provider ask?



First steps

- Barriers to disclosure
- Types of information needed
- Strategies for approaching a discussion with a vulnerable older adult
- Clinical scenarios and reflective questions
- Documentation



First steps: Barriers to disclosure

- Does not recognize the situation as abusive
- Does not know where to get help
- Fears situation will escalate
- Worries about what will happen if the abuse becomes known
- Feels there is lack of evidence

First steps: Types of information needed

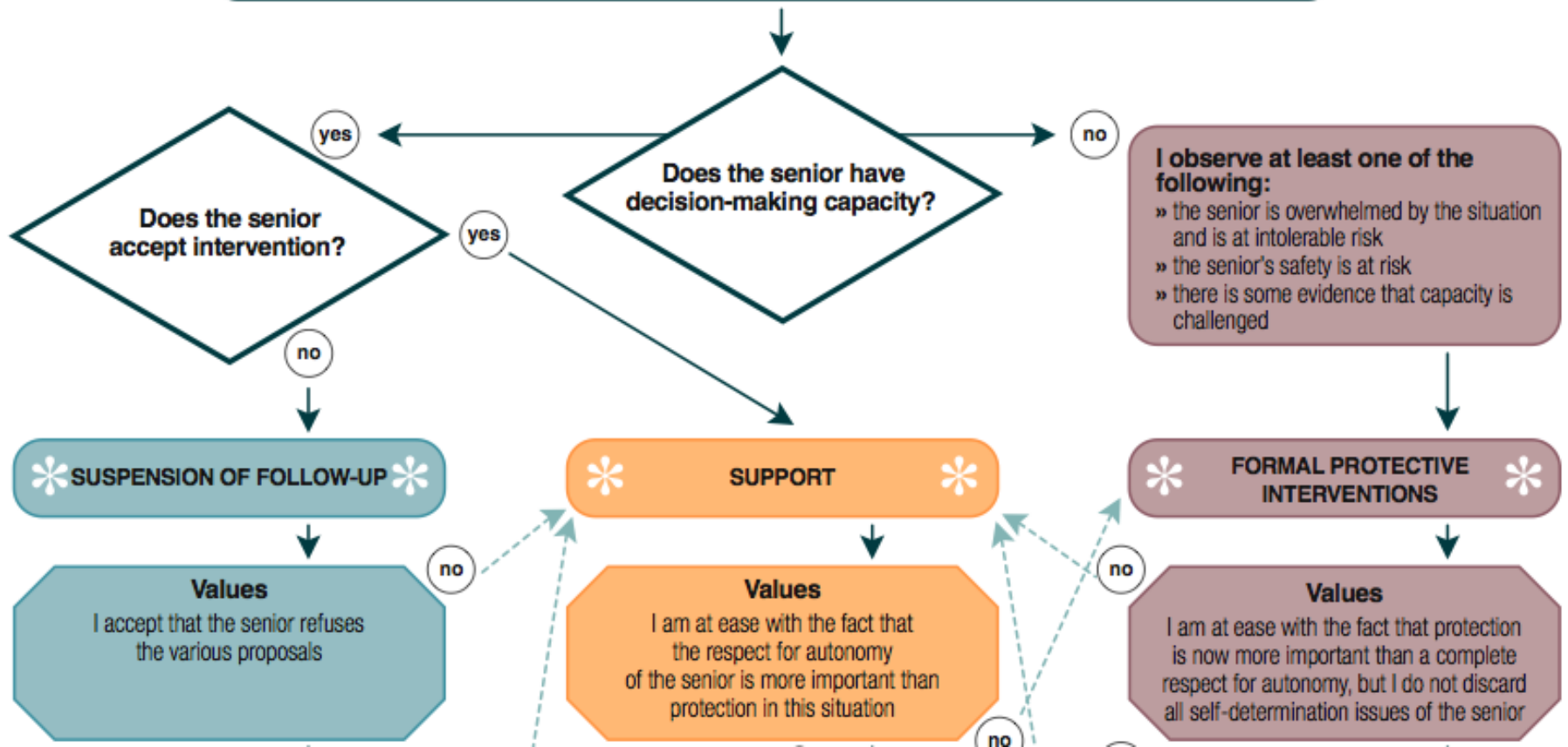
1. Risk of imminent harm: determine immediate support persons
2. Cognitive capability – awareness of situation, consent, capability to consent



First steps: Strategies for approaching the discussion

- Therapeutic environment, non-judgemental
- Possible interview questions
- Resources for standardized interview
- Documentation suggestions: objective observations, verbatim comments, determination of two key points of information, any actions taken or referrals

ABUSE SITUATION



First steps: suggested resources

Ethical Decision-making tool (N.I.C.E. website):

Does the older adult have capacity to understand the situation

- Yes-> does the older adult accept the intervention

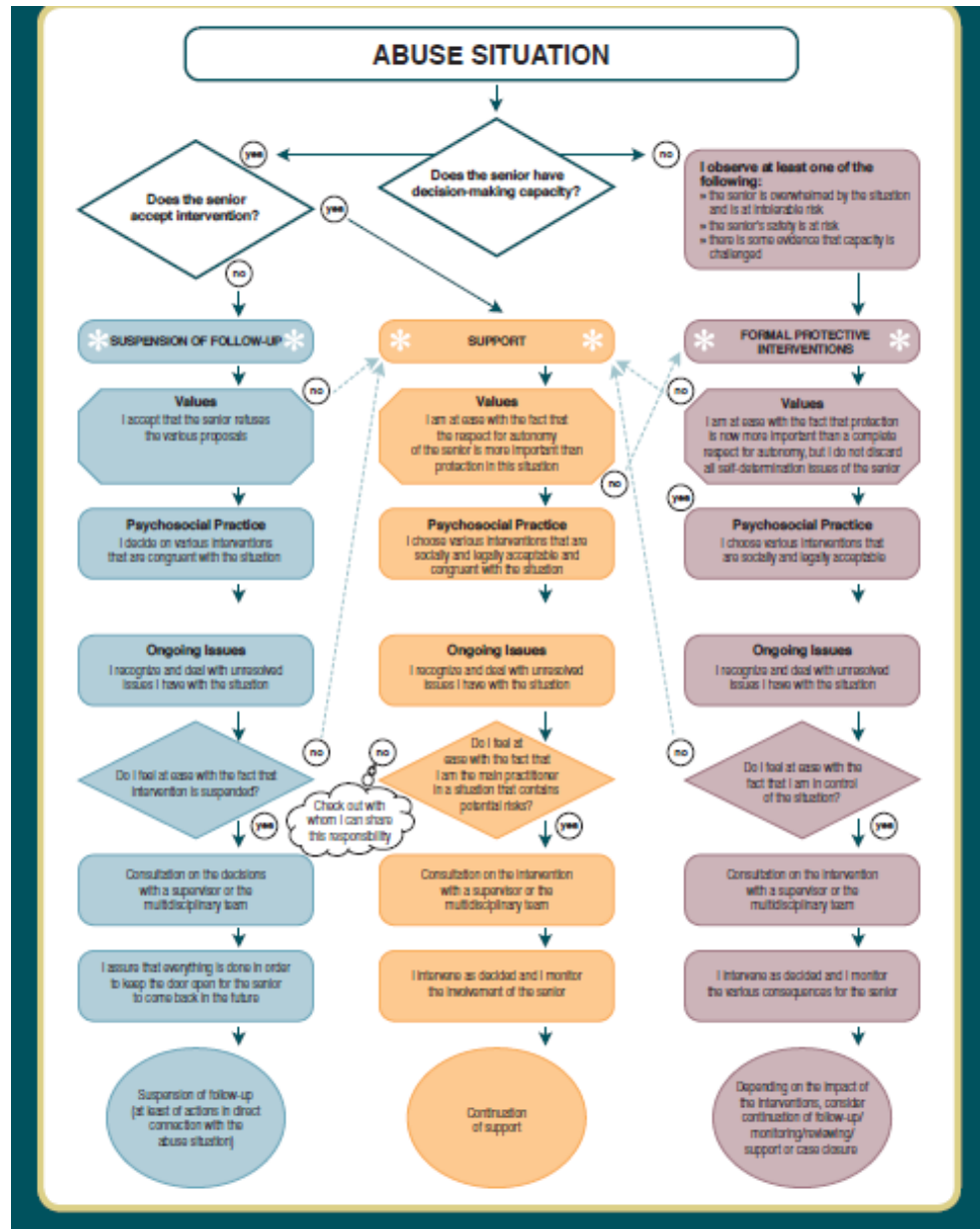
- No-> one of the following observed: person overwhelmed and intolerable risk, safety at risk, capacity challenged

 - > protective intervention

Snapshot of full tool

- Provides questions to ask throughout involvement
- balance autonomy and risk

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Taking action

- Reporting and disclosure of information- key point...can disclose for purpose of investigation
- Mandatory Reporting-
 - Document provides a regional information tool for each province/territory



Protection Against Family Violence Act NWT 2003

- Applies to older people in care and in the community
- Elder abuse can be a form of family violence, which is defined as:
 - a. any intentional or reckless act or omission that causes bodily harm or damage to property;
 - b. any intentional or reckless act or omission that causes the victim to fear for his or her safety;
 - c. sexual abuse;
 - d. forcible confinement; or
 - e. psychological, mental, or financial abuse.



Taking action

Resources: You are not alone!

How can I access the strategy document?

Go to: www.caot.ca/elderabuse





How can I adopt the strategies?

- Discuss the case scenarios & questions
- Set up a Community Of Practice
- Watch webinar at caot.ca/elderabuse
- Build your own resource kit (build networks, identify supports)

One way to connect and make a difference in the north!





Expected outcome

- Created for inter-professional health providers
- Increased awareness,
- Increased knowledge in responding and managing situations
- Overall increased comfort, confidence if a situation arises



Advisory Committee

- Project Coordinator, Alison Douglas
- Representing older adults, Rosemary Lester
- Nursing: Susan Storey-McNeill
- Social work: northern issues: Kelly Cooper
urban: Melanie Polley
- Physical therapy: Maggie Green
- Educator, Michèle Hébert
- CAOT, Janet Craik



Next Steps

Please address any questions or feedback to
practice@caot.ca