The Abuse Intervention Model:
A Pragmatic Approach to Detecting & Preventing Elder Mistreatment

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Aging
Usual & Common Changes

- Musculoskeletal system: Decrease in bone density
- Neurologic: Reaction time, Memory
- Skin: Thinner epidermis, Capillary fragility
- Vision: Macular degeneration, Cataracts
- Hearing: Presbycusis
As age increases, so do the number of health, social, and psychological issues.

- Chronic Illnesses
- Medications
- Depression
- Dementia
- Quantity and quality of social support
Consequences of These Changes

- Increased susceptibility to abuse
- More difficult to diagnose abuse
- More difficult to recover from abuse
The challenge of identifying an injury as “abuse” or “neglect”.....

- Age-related changes
- Multiple co-morbidities
- Medication effects
- Cognitive impairment
It’s often hard to distinguish between an injury due to mistreatment and one due to an innocent cause.

“Of course they have a ______, they’re old!”

- Pressure sore
- Skin tear
- Fracture
- Bruise
Factors to consider

• **Medical issues**
  • What diagnoses does this person have?
  • Are the diagnoses complete & accurate?
  • Are the illnesses optimally treated?
  • What medications are being taken?

• **Mental health issues**
  • Depression
  • Substance abuse
  • Anxiety disorder
Factors to consider (cont’d)

• **Functional** issues
  • ADLs and IADLs
  • Need for assistance

• **Social** complexities
  • Family conflict
  • Caregivers, paid and unpaid

• Questions about **cognition**
  • Capacity to make decisions
  • Dementia
FIGURE 3-2  A schematic outline of the model for elder mistreatment
“It’s so complicated”!

• What can we do to move toward
  • Prevention
  • Early detection
  • Amelioration
  • Treatment
• Research
• Education
• Clinical care
AIM
Abuse Intervention/Prevention Model

- Practical framework
- Includes 3 broad domains
  - Vulnerable older adult
  - Trusted other
  - Context
- Factors known or thought to be related to risk of abuse

Abuse Intervention Model (AIM)

Vulnerable Older Adult

Context

Trusted Other
Case: Mr. and Mrs. S

- Mrs. S brings her 86 year old husband to pcp
- Mr. S. has moderately advanced AD
- limitations in ADLs (bathing, toileting and dressing)
- resistant to allowing others to help
- last visit was 6 months ago and his pcp notes a significant cognitive decline
- clothes are unclean and he smells of urine
Case: Mr. and Mrs. S (cont’d)

- PCP refers to a social worker
- Social worker talks to Mrs. S.
  - Is primary caregiver
  - Has OA that limits her physical function and ability to assist her husband with his ADLs
  - Finds it stressful to assist due to her physical limitations and his resistance to care
  - Feels nervous all the time, can’t sleep well
Case: Mr. and Mrs. S (cont’d)

- Married 30 years, no children
- Mr. S has 3 kids from prior marriage
- Financially secure but Mr. S. used to manage the money and Mrs. S. is not comfortable taking over
- Mrs. S
  - Concerned the kids will be critical of her decisions
  - Over past few months has stopped a lot of activities
  - Feels isolated
It’s time for Audience Participation
Risk of Elder Mistreatment

- Vulnerable Older Adult: Mr. S
  - Impaired Cognition: Dementia causing resistance to care
- Trusted Other: Mrs. S
  - Mental Illness: Caregiver stress
  - Impaired Physical Function: Osteoarthritis limiting caregiving
- Context
  - Low-Quality Relationship: Strained family relationship
  - Social Isolation: Limited social contact
  - Cultural Norms: Does not manage difficult decisions
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**Context**

- Strained family relationships
- Limited social contact
- Wife does not manage finances
Which of these might we influence?

Mr. S
- Needs assist ADLS
- Resistant to care

Mrs. S
- depression and anxiety
- Osteoarthritis limiting caregiving

Context
- Strained family relationships
- Limited social contact
- Wife does not manage finances
Case 2 Mr. P

- 68 year old man is referred to APS because his son was observed yelling at him in the waiting area at the pharmacy
- He has early stage dementia, no behavioral problems like agitation or aggression but does ask questions repetitively
- He has trouble getting out of bed and out of a chair without assistance due to back, hip, and knee pain
Case 2 Mr P (cont’d)

- APS worker goes to see him; he lives with his son and d-i-l along with 2 grandchildren (3 year old and 6 month old) in a 2 bedroom apartment in an urban setting
- Medical records reveal he has missed many appointments in the past 6 months but he used to see the MD regularly
- No visits to ED or record of injury
Case 2 Mr P (cont’d)

- Family needs combined incomes to stay in apartment
- Son and d-i-l tell the APS worker that they are overwhelmed with caregiving needs and admit they sometimes yell or “get a little physical” with him.
- He reports that he likes living there and enjoys the company of his family
- Son works full time, has an anxiety disorder and drinks “a few” beers every evening
It’s time for Audience Participation

Mr. P

Mr. P’s son and d-i-l

Context

Keck School of Medicine of USC
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**Context**

- Financial dependency
- Young children, small apartment
- Missed MD appointment
Which of these might we influence?

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**Context**

- Financial dependency
- Young children, small apartment
- Missed MD appointment
Talking to the older adult

- Don’t assume
- Establish rapport
- Establish privacy
- Establish safe environment
- Normalize the questions
- Reassure
Preventing abuse: Talking to the Caregiver

• All of us have the potential to “take out” our frustration on the folks we care for
  • Yelling/Belittling
  • Getting physical

• It doesn’t mean you’re a bad person… it usually means that you’re overwhelmed

• It’s ok to acknowledge when you are overwhelmed and accept help

• Here’s what we can do.....
Thank you for the work you do.

Teamwork is what it takes to make a difference.
Resources at USC

Training Resources on Elder Abuse
http://trea.usc.edu/

The USC Center on Elder Mistreatment
www.eldermistreatment.usc.edu

Me!
Laura.mosqueda@usc.edu
The National Center on Elder Abuse (NCEA)

Stay current with:

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- Training Materials
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- Tools for Professionals… and more!
The National Center on Elder Abuse (NCEA)

We improve the national response to elder abuse, neglect and exploitation by gathering, housing, disseminating, and stimulating innovative, validated methods of practice, education, research and policy.

https://ncea.acl.gov