



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

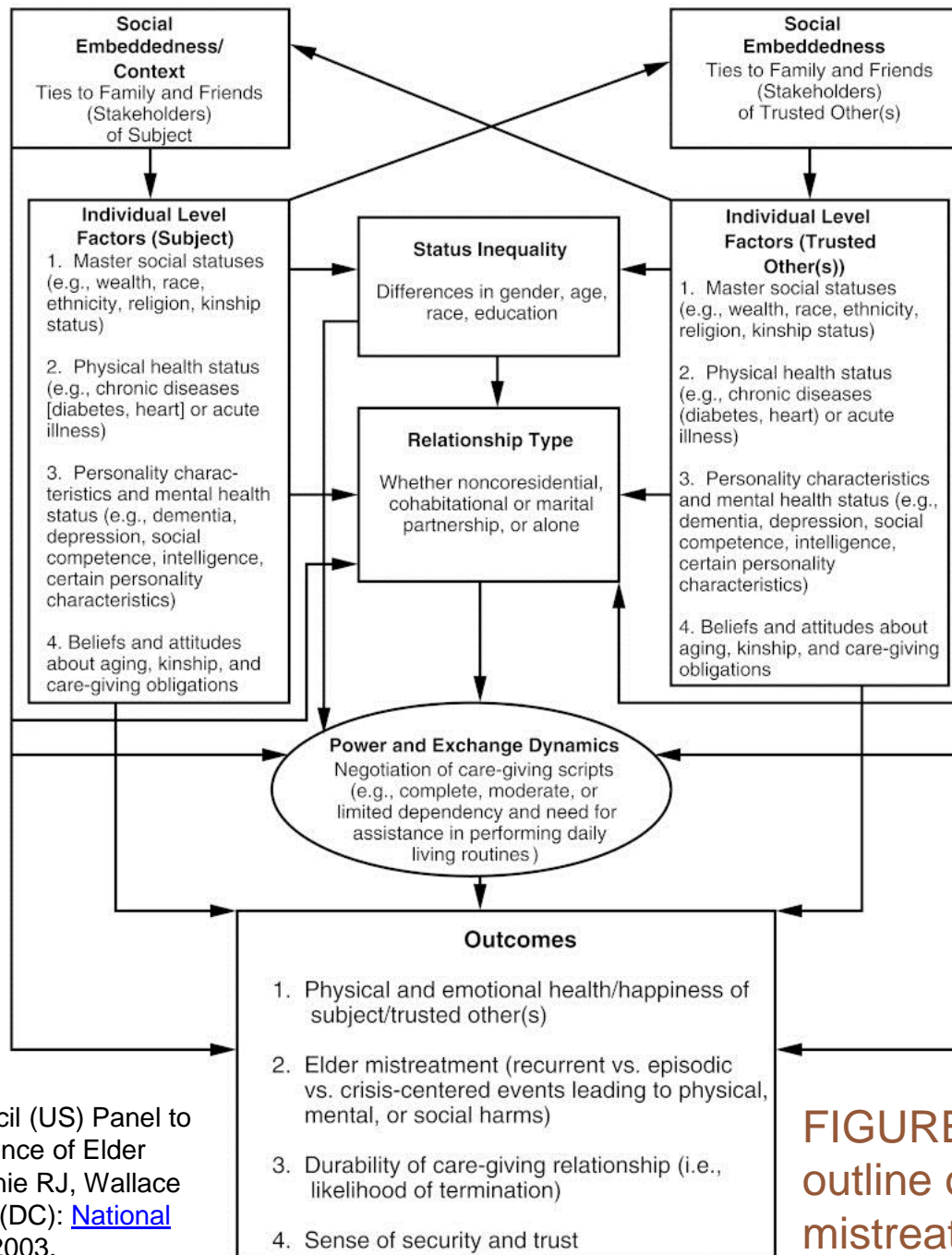
Factors to consider

- **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

Sociocultural Context



National Research Council (US) Panel to Review Risk and Prevalence of Elder Abuse and Neglect; Bonnie RJ, Wallace RB, editors. Washington (DC): [National Academies Press \(US\)](#); 2003.

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

Mosqueda L, Burnight K, Gironde MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc*, Aug 2016.

Abuse Intervention Model (AIM)

Vulnerable Older Adult

Trusted Other

Context

AIM



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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)

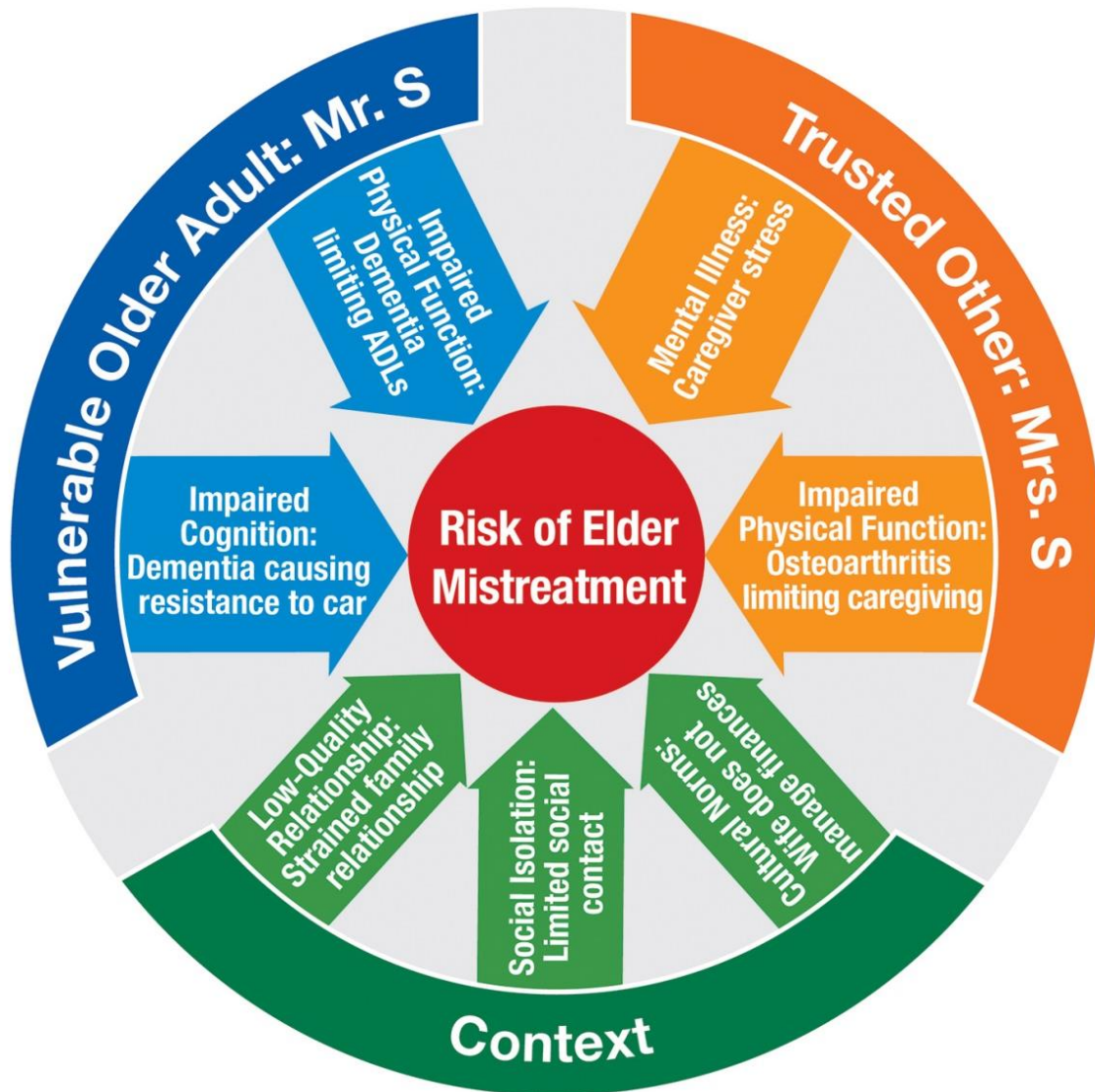
- Married 30 years, no children
- Mr. S has 3 kids from prior marriage
- Financially secure but Mr. S. used to manage the money and Mrs. S. is not comfortable taking over
- Mrs. S
 - Concerned the kids will be critical of her decisions
 - Over past few months has stopped a lot of activities
 - Feels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

It's time for Audience Participation

Mr. S

Mrs. S

Context



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

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

Mr. P

- Needs assist transfers
- Repetitive questions

Mr. P's son and d-i-l

- Alcohol, anxiety
- Overwhelmed
- Respond aggressively

Context

- Financial dependency
- Young children, small apartment
- Missed MD appointment

Which of these might we influence?

Mr. P

- Needs assist transfers
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Mr. P's son and d-i-l

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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!

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The National Center on Elder Abuse (NCEA)

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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>



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