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Note: The identity of persons asking questions will not be announced unless the person asking the question specifically requests to be made known.
“The Elder Abuse Suspicion Index (EASI): why a suspicion index, and how can it be used”

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Note: A copy of today’s presentation slides will be available along with a recording of the webinar on NCCD’s website within two weeks from today’s presentation.
The Elder Abuse Suspicion Index (EASI) ©: Why a suspicion index, and how can it be used?

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**Conflicts of Interest**
1. P.I. of team that developed / validated the EASI
Objectives (1)

1. Introduce the Elder Abuse Suspicion Index (EASI).
2. Summarize premises underlying the development of this tool.
3. Discuss why this tool was initially created for physician use.
4. Enumerate physician barriers to elder abuse (EA) detection.
5. Describe the EASI and expectations of what it can do.
Objectives (2)

7. Compare outcomes of EASI and EASI-sa.
8. Describe the EASI website.
9. Suggest some unknowns about EASI screening.
10. Enumerate, who, other than MDs are interested in using the EASI.
11. Suggest roles for EASI with APS workers.
12. Comments and questions
Underlying premises of our research

- Elder abuse is hard to detect

- Physicians are well-positioned to try to detect Elder Abuse

- To get physicians involved one may not need a “perfect screening test......

- If there was a validated tool that physicians could use, it might be of use to other health and social service providers.
Physicians well-positioned to detect Elder Abuse

- Family physicians may be only people, outside of family, regularly seeing seniors—avg. 5 visits/year (increased chronicity, but increased longevity)

  Aravanis SC et al. Arch Fam Med 1993

- Doctor-patient relationship may increase elder abuse detection because it is on-going, optimally promotes trust, and therefore disclosure.

- In the doctor-patient encounter most patients are accustomed to doctors asking direct questions about sensitive topics.

- Doctors are often the first professional contact following victimization.

- Physical exam; Lab findings; Unexplained deterioration
Physicians’ Detection of Elder Abuse

• Physicians rank 10th amongst health professionals & paraprofessionals in detecting elder abuse.

• Physician reports account for only 2% of elder abuse occurrences.
Barriers to Physician Detection of Elder Abuse (1)

• Physician lack of awareness of elder abuse as an issue to look for.

• Physician lack of awareness that elder abuse, independent of the act of abuse, carries a high mortality rate. (Lachs et al 1998)

• Lack of knowledge on how to identify elder abuse
Barriers to Physician Detection of Elder Abuse (2)

- 2004: Screening / detection tools too long for office use; used vocabulary doctors not comfortable with; some designed for home assessment; may involve caregivers (? source of abuse).

- Doctor fear of offending the patient

- Victim reluctance to report abuse to the doctor.
Barriers to Physician Detection of Elder Abuse (3)

- Ethical (confidentiality) issues
- Doctor belief that detection won’t lead to a solution.
- Ageism (mis-interpretation of signs or symptoms—geriatric syndromes).......Even those who commonly work with the elderly have bias (elderly= frail)

Yaffe MJ, Wolfson C, Lithwick M. Professionals show different enquiry strategies for elder abuse detection: Implications for training and interprofessional care. J. Interprofessional Care 2009; 23(6), 646-54
Barriers to Physician Detection of Elder Abuse (4)

Legal Issues:

1. U.S. web-based resource for MDs on 400+ topics—elder abuse is located under “legal and ethical issues”, not under geriatrics, elder care, aging

2. Mandatory reporting predominates: but unlike child abuse, is all elder abuse of legal consequence?
Barriers to Physician Detection of Elder Abuse (5)

Confusing Guidelines for Elder Abuse:

- American Medical Association (1992): Recommended screening for family violence in all patients.


Barriers to Physician Detection of Elder Abuse (6)

Confusing Guidelines for Elder Abuse:

- U.K. Report on Domestic Violence (2002): Health professional screening increased likelihood of detection....but may not result in improved outcomes.

- American Academy of Neurology (2012): (Schulman & De Pold-Huhler)
  - All seniors should be questioned for family violence and elder mistreatment.
Approaches to Detection: what will work for whom and when?

- **Screening:**
  Detection of an entity within a population that does not have signs or symptoms, or has undetected signs or symptoms.

- **Case Finding:**
  Screening those who have risk factors for an entity, or whose presentation is suspicious for the entity.
How do physicians problem solve?

- The approach to any patient should be evidence informed, but patient-centered.

- i.e. A one size fits all approach does not work for many issues, especially sensitive ones.

- Problem solving for doctors is rarely linear.
Decision-making model
Fabb and Heffernan
Conditions Necessary for Detection of Elder Abuse by MDs

- Awareness of what elder mistreatment is, plus a “high index of suspicion”
  
  Costa A. Primary Care 1993

- American geriatricians commonly problem solve on the basis of a “high index of suspicion”.
  

- A strong predictor of doctors seeing and reporting elder abuse is having “direct” questions to ask.
  
  Oswald RA, Jogerst GJ et al. J. Elder Abuse Neglect 2004
The Elder Abuse Suspicion Index © (EASI)

Mark J. Yaffe, MD, MCIsc
Maxine Lithwick, MSW
Christina Wolfson, PhD
Deborah Weiss, MSc

Expectations of EASI (1)

- Administration by family physicians in the office setting.

- Respects the problem solving approach of FPs, and reality that FPs, while competent in a very broad range of topics, may require consultation with an expert in ...cardiology, neurology, respirology, etc.
Expectations of EASI (2)

- Useful for screening or case-finding to generate a reasonable level of **SUSPICION** to justify referral to community expert in elder abuse for in-depth evaluation.

- Therefore not designed to necessarily generate psychometric properties consistent with an outstanding screening tool.
Expectations of EASI (3)

- Use on those ≥ 65, MMSE ≥ 24 (a research ethics criterion for informed consent, not necessarily a limit of competency to respond….since 24 includes MCI…≤ 26).

- Validated, in English and French versions, by comparison with conclusions of a 26 page social work inventory (bronze standard).

- Could be used over time to de-sensitize people to discussing delicate issues.
ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.
Within the last 12 months:

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? YES
   NO (Dependency)

2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with? YES
   NO (Neglect)

3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened? YES
   NO (Psych / Emotional)
Elder Abuse Suspicion Index © (EASI)

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor. Within the last 12 months:

4) Has anyone tried to force you to sign papers or to use your money against your will? YES NO (Financial / Material)

5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? YES NO (Physical / Sexual)

6) Doctor:
   Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? YES NO (Observational)
Doctors Positive about EASI

Post-validation, 2 mailing survey: 68.3% (72/104) response rate:

- Somewhat /very easy to use 95.8%
- ≤ 2 minutes to use 67.6%
- Some to big practice impact 97.2%
- > awareness of EA 66.0%
- > confidence what to look for 64.0%
- Somewhat / very practice useful 81.5%
EASI-sa (1)

- EASI-sa is a modified version of EASI for use in self-administration: Q1-Q5 of the EASI, in Georgia font, print size 14, and Bold type; Omits Q6, the observation enquiry.

- EASI-sa, when self-administered in waiting rooms of FPs has been shown to be feasible, rapid, and acceptable (words and content) for seniors to self-administer.
EASI-sa (2)

- Self-administration was associated with an increase in seniors’ awareness of EA and its manifestations.

EASI vs. EASI-sa (1)

- In unpublished work we have compared outcomes for EA suspicion for the doctor-administered EASI in patient sample I vs. the self-administered EASI in Sample II.

- This comparison assumed that characteristics of Sample I were comparable to those of Sample II.

- We found the doctor-administered EASI showed a statistically significant higher ability to identify “positives”.
EASI vs. EASI-sa (2)

• Peer review however, has suggested that, in fact, the two samples may not be comparable.

• While we are re-examining this relationship, we therefore can report no benefit of one approach over the other.

• Studies on domestic violence screening in obstetrical, gynecological, and family planning clinics suggest a self-administered tool performs better than a health professional administered one.
EASI vs. EASI-sa (3)

- By contrast, general observations in the family doctor-patient relationship literature suggest that distressed patients often experience relief in “opening up” to a trusted and frequently seen clinician (not nec. a feature of ob-gyn-family planning clinics).

- These findings do suggest that until further studies are done, that it cannot be conclusively assumed that a tool works equally well or better in the hands of one group or another.
EASI Website

http://www.mcgill.ca/familymed/research-grad/research/projects/elder

- Background on EASI and EASI-sa and how to use them.

- Versions of EASI in English, French, Spanish, Italian, Hebrew, German, Japanese, Portuguese

- Hyperlinks to obtain pocketcard versions or digital versions
EASI QUESTIONS

Q 1-5 ask of patient: Q 6 answered by doctor.

**Within the last 12 months:**

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
   - Yes ○ No ○ Did not answer ○

2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
   - Yes ○ No ○ Did not answer ○

3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
   - Yes ○ No ○ Did not answer ○

4. Has anyone tried to force you to sign papers or to use your money against your will?
   - Yes ○ No ○ Did not answer ○

5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
   - Yes ○ No ○ Did not answer ○

6. Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?
   - Yes ○ No ○ Did not answer ○

RESOURCES FOR ELDER ABUSE

**ALBERTA**
- Family Violence Info Line: 310-1818 toll free
- Safeguards for Vulnerable Adults Info & Reporting: 1-888-357-9339

**BRITISH COLUMBIA**
- VictimLink BC: 1-800-563-0808
- Health & Seniors Info Line: 1-800-665-4911
- BC Centre for Elder Advocacy & Support: 1-866-437-1940

**MANITOBA**
- Age & Opportunity: 1-888-333-3121
- Seniors Info Line: 1-800-665-6565
- Protection for Persons in Care: 1-866-440-6366

**NEW BRUNSWICK**
- Department of Social Development Adult Protection: 1-866-444-8838
- Chimo Helpline: 1-800-667-5005

**NEWFOUNDLAND AND LABRADOR**
- Regional Health Authorities - St. John's: 709-752-4885
- Royal Newfoundland Constabulary - St. John's: 709-729-8000
- Seniors Resource Centre: 1-800-563-5599

**NORTHWEST TERRITORIES**
- Family Violence Crisis Line: 1-866-223-7775
- Seniors Information Line: 1-800-661-0878
- Regional Health & Social Services - Yellowknife: 867-873-7276

**NOVA SCOTIA**
- Seniors Abuse Line: 1-877-833-3377
- Seniors Info Line: 1-800-670-0065
- Adult Protection/Protection for Persons in Care: 1-800-225-7225

**NUNAVUT**
- Elders Support Line: 1-866-563-5599

**ONTARIO**
- Seniors Safety Line: 1-866-563-5599
- Long-Term Care ACTION Line: 1-800-445-5608
- Retirement Home Complaints Line: 1-866-563-5599

**PRINCE EDWARD ISLAND**
- Adult Protection Services - PEI Family Violence Prevention
- Seniors Secretariat - Office of the Ombudsman

**QUEBEC**
- Ligne Aide Abus Aînés: 1-866-532-2822
- Centre d’aide aux victimes: 1-866-532-2822
- Québec: 1-866-532-2822

**SASKATCHEWAN**
- 24-Hour Abuse Line: 1-800-563-5599
- Victim Services: 1-888-286-3711
- Abused Women's Info Line: 1-800-563-5599

**YUKON**
- Seniors' Services/Adult Protection: 1-867-668-8777
- Victim Services/Family Violence: 1-867-668-8777

Resources on Elder Abuse, retrieved from:
http://www.seniors.gc.ca/ctgi/2010-1110
October 2010
Harm to Seniors?

- Our research with the EASI-sa suggests none (high acceptability and no negative comments)

- No obvious negative effects of screening:

  Moyer VA. Annals of Internal Medicine 2013: U.S. Preventative Services Task Force on Screening for intimate partner violence, and abuse of elderly or vulnerable adults.
Unknowns (doctors)

EASI Pocketcard delivered to 24,000 Canadian family physicians.

What is the uptake of EASI by doctors?

- If used, how? Screening? Case finding?
- Physicians report that its use improves their education and sensitization about EA....... but no data yet as to whether it alters MD behavior or reporting. (NICE follow-up).
Unknowns

- Can the EASI be administered by professionals other than doctors?

- Can the EASI be administered in sites other than doctors’ offices?

- Epidemiologists believe all tools need unique validation for each type of user and each type of site.
Unknowns (nurses)

- Use by RNs in ERs as a screener in Toronto hospitals, followed by structured in-hospital response: (Janice Du Mont, Mark Yaffe, et al). The proposal not funded because overly ambitious → new CIHR capacity-building grant received.....Outcome of this may help to get the funding for the original study.

- Use by RNs in large community practice in US mid-west urban setting: some interest by practice clinicians; no interest by the corporation to have research on this topic
EASI Use by Social Workers

- Validation in Spain of a Spanish version of EASI administered by SWs in health and social service centres: sensitivity of 51%; specificity of 95%. (Our data with doctors: 47% and 75%)

Supported Care Settings (1)

**Raw, non-published data:**

- **Jan. 2012-March 2013:** EASI used in unstructured way with EHR of new admissions to 27 Alberta centers for assisted living; supportive living; long term care; dementia care cottages.

- **17/179 (9.5%)** had a positive on Q. 2-6. (23 did not answer at all)

- Caution in interpreting data since as yet we have no breakdown on ages, cognitive status, morbidities, proportion of seniors in each setting.
### Supported Care Settings (2)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>% for whom there is suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>2.2%</td>
</tr>
<tr>
<td>Psychological / Emotional:</td>
<td>2.8%</td>
</tr>
<tr>
<td>Financial / Material:</td>
<td>1.1%</td>
</tr>
<tr>
<td>Physical / Sexual:</td>
<td>0.6%</td>
</tr>
<tr>
<td>Pos. Clinician findings:</td>
<td>2.8%</td>
</tr>
</tbody>
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Ambulatory Settings

- New Zealand has an advanced, integrated HER for which a request has been made to incorporate the EASI into its data base.

- Application and outcomes are not known at this time
Role of APS Workers (1)

- Consider use of EASI for what it was intended......a Suspicion Index to prompt more detailed exploration, where applicable.

- Consider collaboration with our research team to explore in greater depth its use by APS.

- Champion the EASI to family practitioners in your communities.
Role of APS Workers (1)

- Use it as a focus to get FP interested and more aware of EA (our data shows this works).

- Structure talks, seminars, workshops, one to one consultations on Elder Abuse around it: what is EA, why identify it, what to do when you are suspicious.....it gives FPs something to “take home”.
Conclusion

EASI DOES IT....

But,

More research needed.

Questions? Comments?
Save the Date: Friday, January 24, 2014

Presenter: Adria Navarro, Ph.D., LCSW
Kate Wilbur, Ph.D.

Topic: Prosecution of Financial Exploitation Cases: Lessons from an Elder Abuse Forensic Center

Thank you!

www.napsa-now.org
www.preventelderabuse.org
www.nccdglobal.org