

Elder Abuse and SMHBSS: Implementation of Best Practices

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Land Acknowledgement

Objectives

By the end of this session, participants will be able to:

1. Identify why a formal process for how a seniors mental health program addresses elder abuse was created
2. Identify a wide range of tools which can help identify elder abuse
3. Identify how inter-professional team members can work together to support a client at risk of or experiencing elder abuse
4. Experiment with the SMHBSS elder abuse process map and accompanying resources using an elder abuse case study
5. Reflect that there are no easy answers to situations involving abuse



Who is here?

- The information presented to you today was based on laws for Ontario.
- Laws around consent and POA are provincial.
- Let's take a look at where people are from today.
- Please take a moment to tell us what province you're from, what your role is (RN, PSW, SW, OT, MD, volunteer, caregiver or care partner).



Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

East Region | Région de l'Est



re:act
recognize and report

act on adult abuse
and neglect



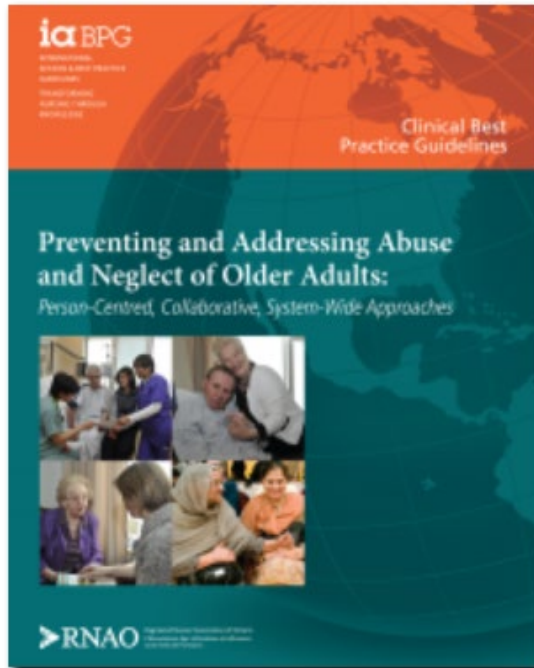
a guide to prevent & respond



View Print Exit Index

ELDER ABUSE

ASSESSMENT AND INTERVENTION REFERENCE GUIDE



Elder Abuse Response Guide



Health care providers have an essential role to play in addressing elder abuse. Providers must be able to recognize when critical interventions are needed and know how to access resources quickly and effectively. Providers can use this screening tool to aid their responses.

Elder Abuse is Suspected or Disclosed

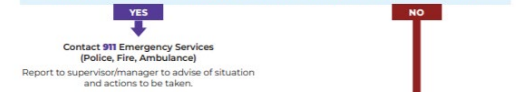
Assess the severity of the situation.

- Is the older adult safe in their current environment?
- Is medical treatment required?
- Has a criminal offence occurred?
- Are there indicators the caregiver needs support?

Mandatory Reporting

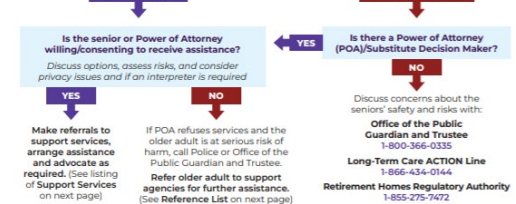
Reporting is mandatory if abuse has occurred in a Long-Term Care facility or Retirement home
Long-Term Care ACTION Line
 1-866-434-0144 | www.health.gov.on.ca
Retirement Homes Regulatory Authority

Is there need for immediate response due to imminent safety risks or harm to the senior?



Does the older adult have competency to make relevant decisions in this situation?

Who can Assess Capacity? Home and Community Care Support Services (placement decisions), Capacity Assessors, Psychiatrists, Physicians, Geriatrician

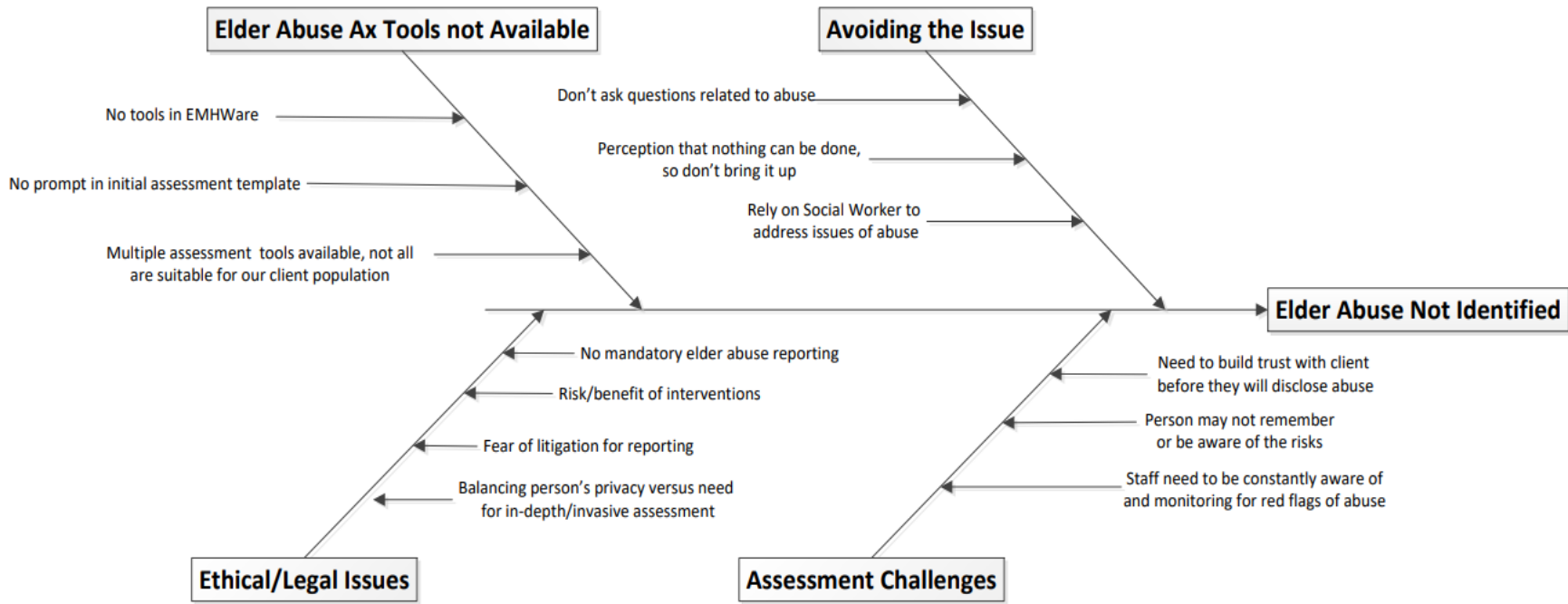


Elder Abuse in Canada

- Risk factors for abuse are: depression, past abuse, unmet ADL/IADL needs, not feeling safe with those closest to you, being single, living outside of Quebec and being female.
- 7.5% of Canadian older adults have experienced elder abuse in the past 12 months:
 - 2.7% Psychological Abuse
 - 1.6% Sexual Abuse
 - 2.6% Financial Abuse
 - 1.2% Neglect
 - 2.2% Physical Abuse

Video of elder abuse


- <https://youtu.be/OP0sZB9jRIA>





What can SMHBSS do to support clients and residents who experience Elder Abuse?

Where We Are Now

- Yearly mandatory education for staff
- Education blitz for staff
- Specific tools for Triage and Case Manager Initial Assessments
- Elder Abuse Tools in our Electronic Medical Record
- Risk flags in EMR 
- Process Map and Resources (binder/folder)
- Ongoing Opportunities for Elder Abuse Dialogue

Staff Education Blitz

- All staff were assigned mandatory on-line education module which included the basics of elder abuse reporting in Ontario.
- All staff had the opportunity to attend specialized education from
 - Consent and Capacity Board
 - Ontario Public Guardian and Trustee
 - Ontario Provincial Police
 - Advocacy Centre for the Elderly (elder law legal clinic)

Elder Abuse – Clinical Tools

Central Access Clinicians use the **Zarit Screener** during triage

Case Managers use the **Indicators of Abuse** as part of their initial assessment

All clinicians may use any of the tools, at any time

Risk section will be used to flag clients at high risk



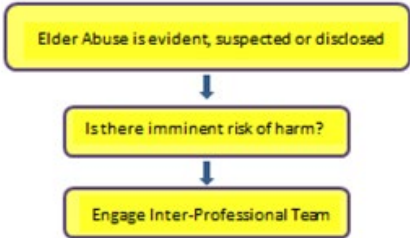
Other Clinical Tools Available Electronically:

- **BASE** – Brief Abuse Screen for the Elderly
- **CASE** – Caregiver Abuse Screen
- **EASI** – Elder Abuse Suspicion Index
- **Zarit Burden Interview**
- **Elder Abuse Charting Tool**

A Caution...

We must understand the older adult's culture and values before we intervene, while acknowledging:

- Our inherent privilege
- Influence we have in making recommendations for/against ideas
- Respect for cultural integrity
- Allow people to tell their story
- Seek guidance from respected Elders in the person's community



If the client is capable

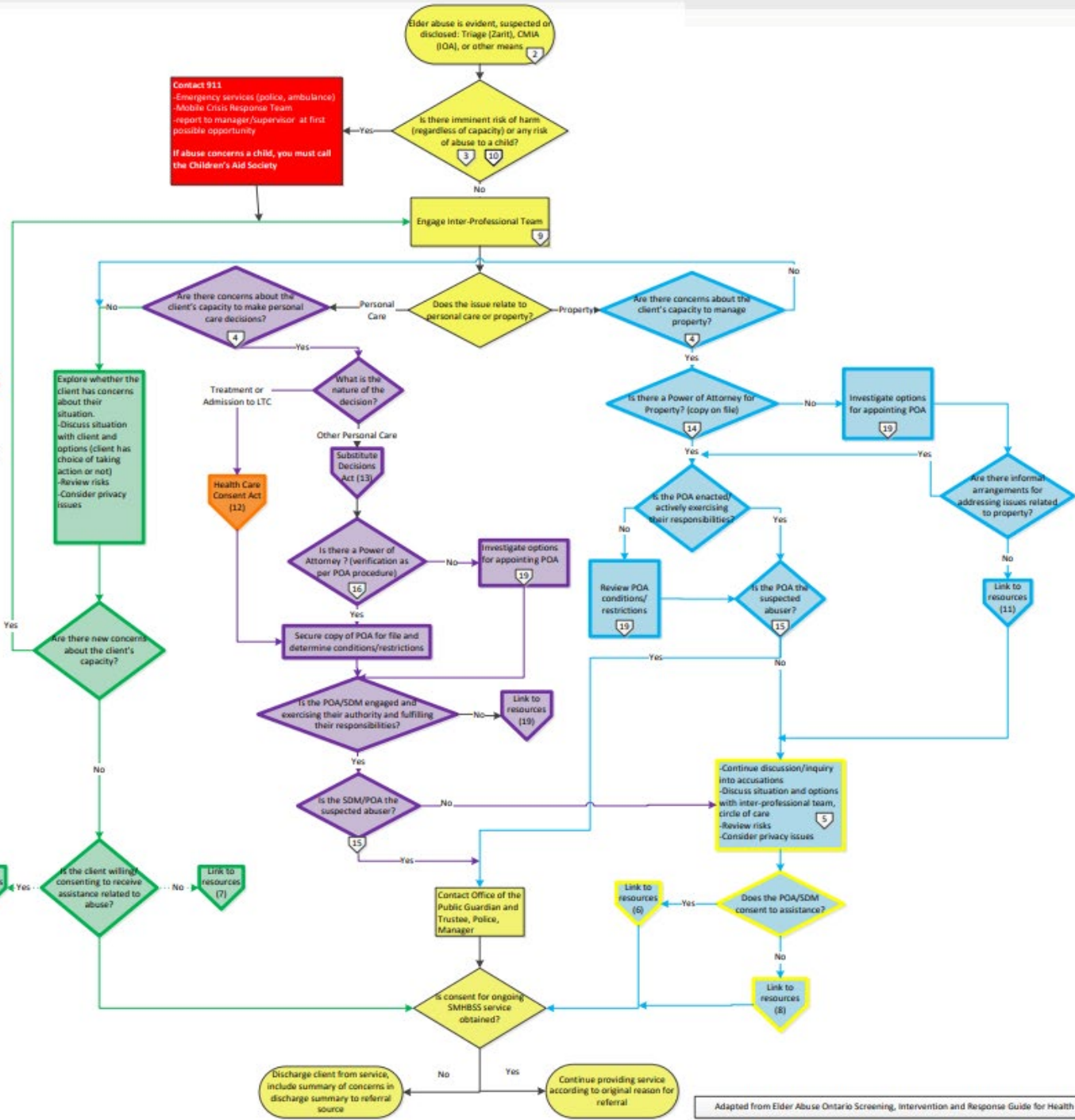
- Explore their situation and options
- Review risks
- Consider privacy issues
- Provide assistance if client consents
- Continue SMHBSS services with client consent

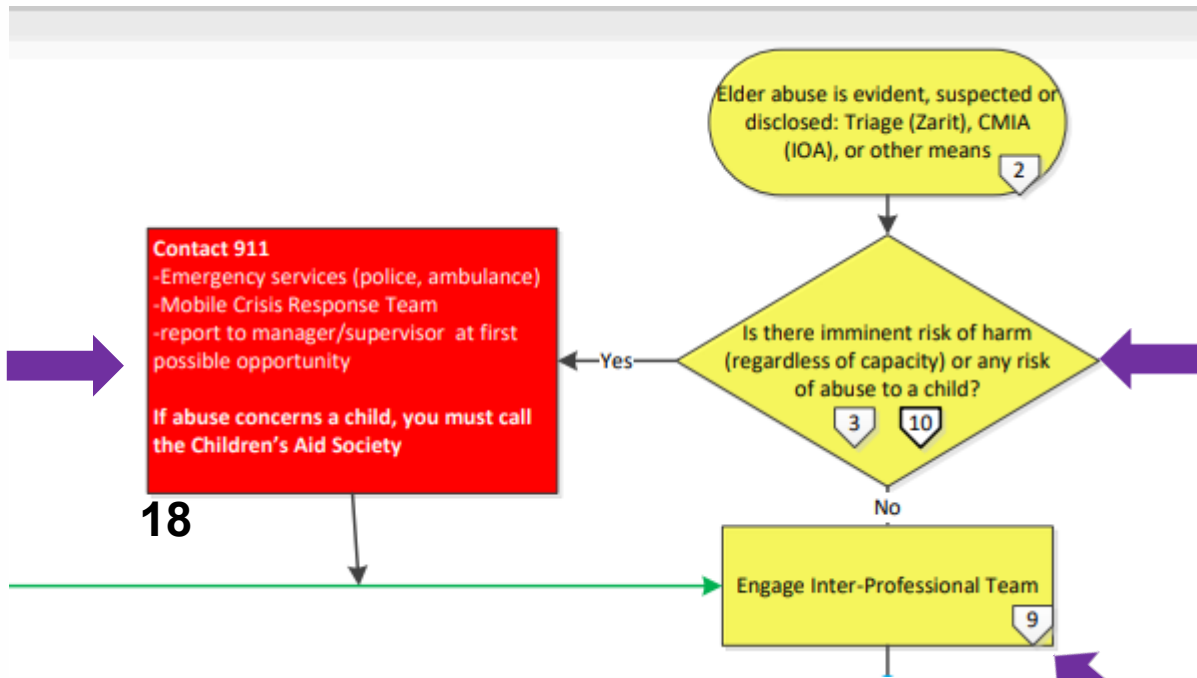
If client is incapable or you are questioning their capacity, the response depends on the type of issue.

Property	Personal Care – Treatment or Admission to LTC	Personal Care – Other Personal Care
<ul style="list-style-type: none"> -Is there a POA (Property)? -Are there informal arrangements for property related issues? Is the POA enacted? -Is the POA the suspected abuser? Discussion with inter-professional team, review risks and consider privacy issues 	<ul style="list-style-type: none"> -The Health Care Consent Act governs these decisions -Is there a POA (personal care)? -Consult the Substitute Decision Maker Hierarchy for decisions -Treatment Decisions Unit at Ontario Public Guardian and Trustee office as a resource and support -Is there consent for SMHBSS service? 	<ul style="list-style-type: none"> -Is there a Power of Attorney in place? -Can you help the client obtain a POA? -Is the POA enacted? -Is the POA the suspected abuser? Consult the Ontario Public Guardian and Trustee, police and/or manager

CAUTION! Are there concerns about the POA's ability to fulfil their role? (Their capacity to act as a POA? Understanding of POA role? Conflict between multiple POAs?) Are there Indigenous, cultural, linguistic or ethnic considerations requiring additional community support?

Form 1 Info (2.1)
Form 2 FAQ (10)





Key information at each step



18

Diamonds are decision points



Pentagons are clickable links to more resources



Meet Bob and Cindy

- Bob is 77 years old, recently diagnosed with PSP
- His wife Cindy is 57 years, this is a second marriage for both.
- They live in a rural area in an affluent lakefront home, family live at a distance.
- Cindy is 100% financially dependent on Bob.
- Cindy's mother lived with them until she was recently placed in LTC.



Current State

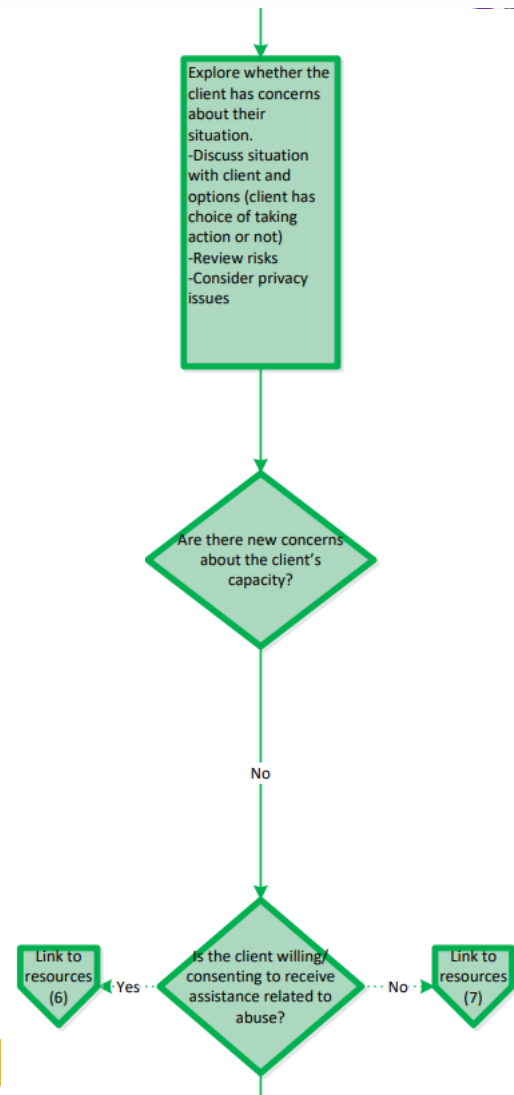
- Bob's POA is his ex-wife
- Bob requires assistance with bathing, incontinence care (bowel and bladder), eating (high risk of choking) and mobility (high risk of injurious falls)
- Bob has poor insight into his own abilities and need for support
- Cindy cancelled all in-home services (respite, in-home PSW and private care giver) for fear of catching COVID
- Cindy does not want to be a caregiver
- Health care team feels Bob should be placed in LTC, Bob agrees (despite being found incapable) but Cindy refuses

Poll #1

- Is Bob capable of changing his POA?
- Yes
- No
- Not sure

Bob is Capable of Changing his POA

Bob and Cindy went to a lawyer, the lawyer spoke to Bob, changed the POA and everyone was happy.



As Time Passes...

- Cindy is now under extreme caregiver stress and diagnosed with depression.
- Bob gave his credit card number to scammers on the phone and there are thousands of dollars missing from his bank account. Cindy took away all access to the phone and computer, as well as his bank and credit cards.
- Bob enjoys visiting with his family, but Cindy refuses to let them visit.

Poll #2

Is Bob experiencing abuse? (Choose the best answer/choose more than one)

- Yes
- No
- Maybe, Cindy's caregiver stress has to be taken into account

Our team decided we were at the "Maybe" stage – she was trying to be a good caregiver while bordering on abuse.

Personal care info

- Bob is now choking at every meal, so Cindy locks all food in cupboards. Bob complains he is hungry.
- Cindy brings Bob to an appointment to explore MAiD, she seems more interested in this option than he does
- The health care team had concerns related to Bob's personal care

What areas of personal care are of concern? (pick all that apply)

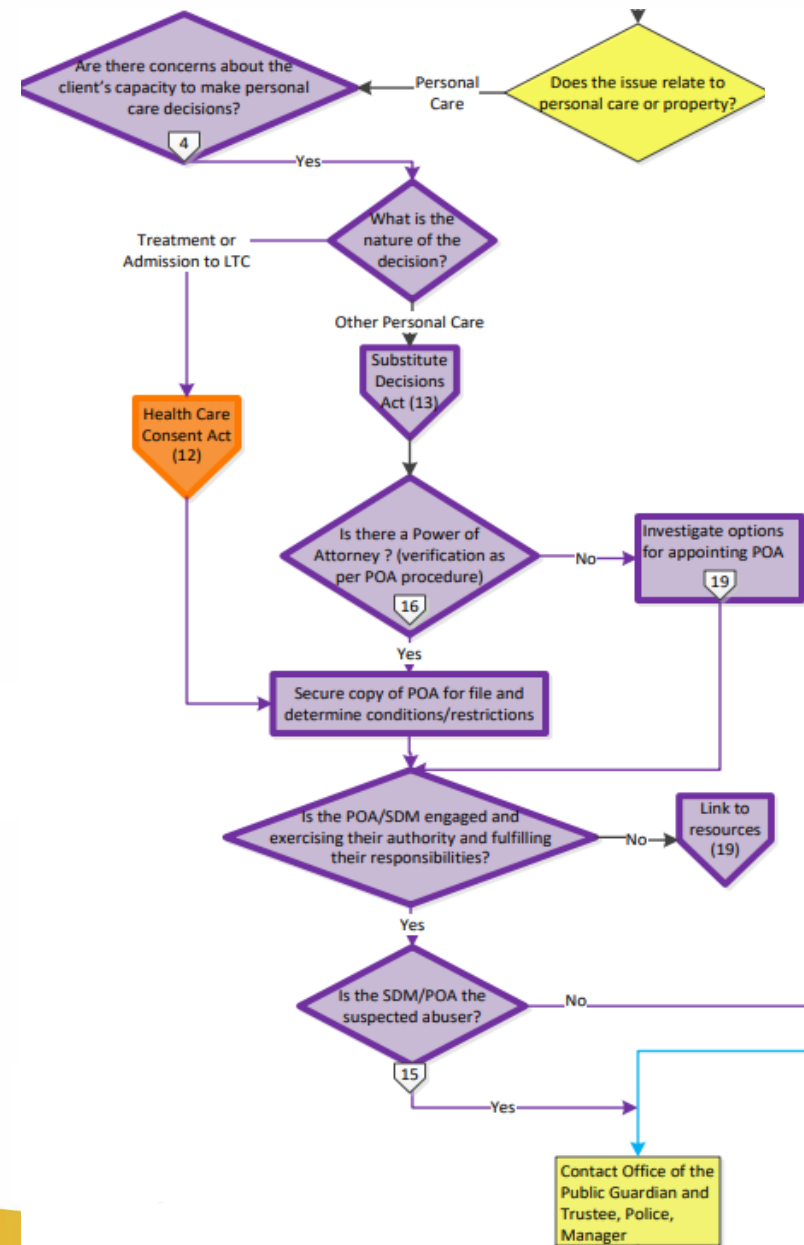
- Shelter
- Nutrition
- Clothing
- Hygiene
- Safety
- Health care
- None

- Word cloud
- Write down specific concerns about Bob...suspected, unconfirmed, whatever

- Word cloud – what interventions would you try?
 - One for personal care
 - One for property

POA Personal Care

- Orange pentagon is Health Care Consent Act – treatment and admission to LTC issues
- Purple is all other health care issues – Substitute Decisions Act (SDA)
- Resources link back to the respective legislation, as well as ideas for interventions

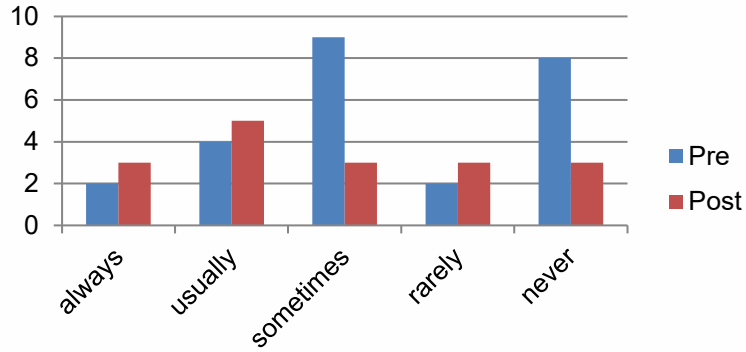


**DON'T BE
AFRAID
TO FAIL.
BE AFRAID
NOT TO
TRY**
MICHAEL JORDAN

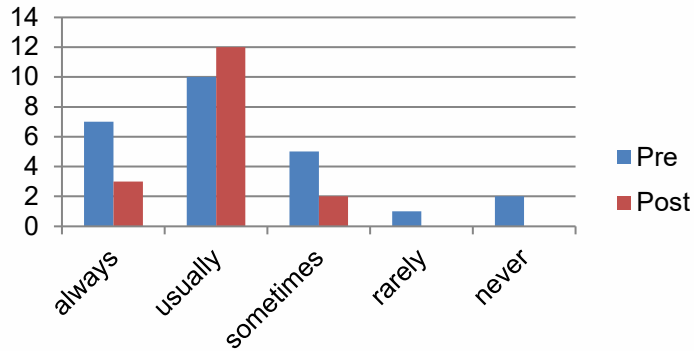


Experiences in Our First 5 Months of Implementation

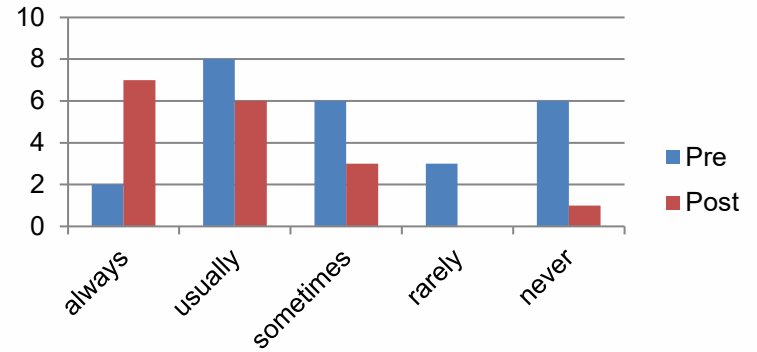
Education Evaluation



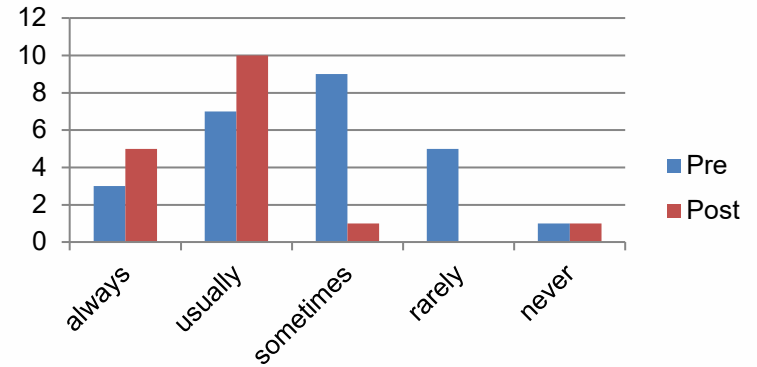
I use elder abuse tools to screen all clients for elder abuse



I know how to objectively document my suspicions of elder abuse

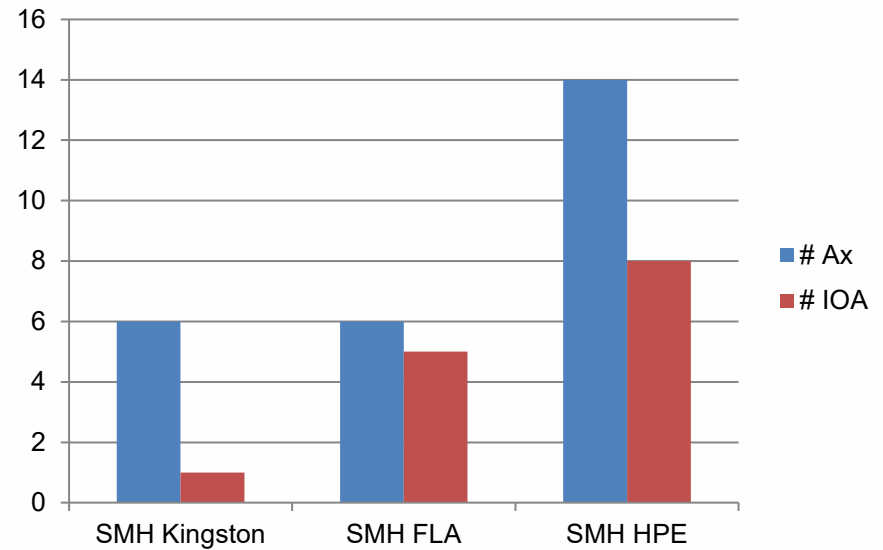
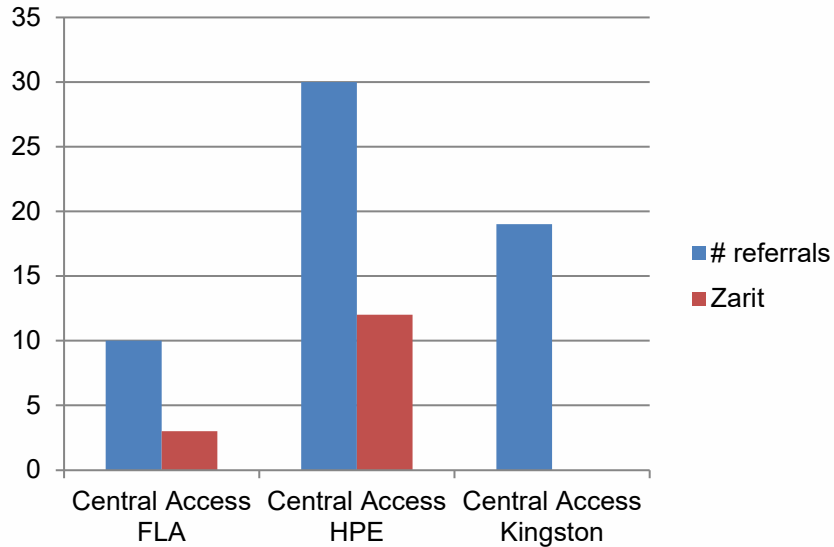


I know where to find tools to address abuse once it is discovered



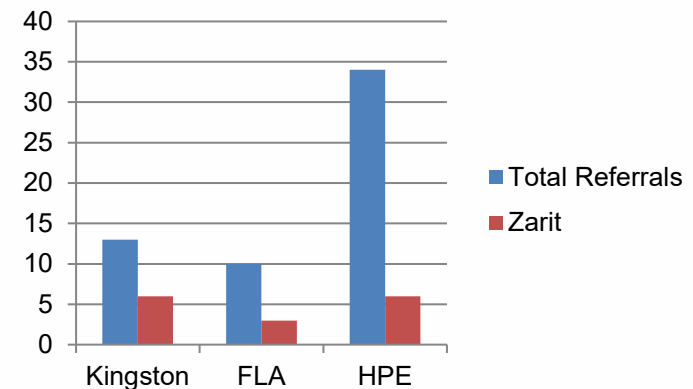
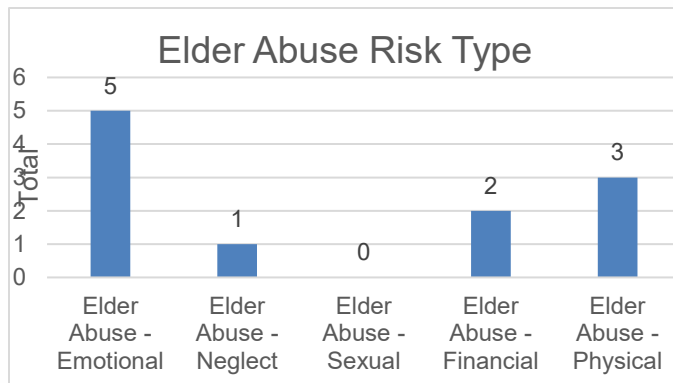
I know what community resources and partner agencies are available to support a person whom I suspect is experiencing elder abuse

Implementation – Month 1



Implementation – Month 3

- Recent issue with animal abuse – adding to guidelines



Where We Hope To Be...

- Maintain staff confidence in ability to address elder abuse
- Accurately capture incidence of elder abuse in SMHBSS and awareness of trends over time
- Safe mitigation of risk in elder abuse cases with collaborative team approach and community partners
- Organization-wide monthly drop-in for large group discussion on challenging situations with peers in a supportive and knowledgeable environment.

- Resources will be posted on South East Knowledge Exchange Network on brainXchange
- Our contact information:

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The Zarit Burden Interview – Screener Version

0: NEVER 1: RARELY 2: SOMETIMES 3: FREQUENTLY 4: NEARLY ALWAYS

Question	Score
1. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0 1 2 3 4
2. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0 1 2 3 4
3. Do you feel strained when you are around your relative?	0 1 2 3 4
4. Do you feel uncertain about what to do about your relative?	0 1 2 3 4

Scores of 8 or higher indicate severe/high burden (Stagg & Larner, 2015)

Central Access - Triage

Indicators of Abuse

Caregiver

- Has behaviour problems
- Is financially dependent
- Has mental/emotional difficulties
- Has alcohol/substance abuse problem
- Has unrealistic expectations
- Lacks understanding of medical condition
- Caregiving reluctance
- Has marital/family conflict
- Has poor current relationship
- Caregiving inexperience
- Is a blamer
- Had poor past relationship

Care-Receiver

- Has been abused in the past
- Has marital/family conflict
- Lacks understanding of medical condition
- Is socially isolated
- Lacks social support
- Has behaviour problems
- Is financially dependent
- Has unrealistic expectations
- Has alcohol/medication problems
- Has poor current relationship
- Has suspicious falls/injuries
- Has mental/emotional difficulties
- Is a blamer
- Is emotionally dependent
- No regular doctor

Questions?



Providence Care

more than healthcare.