

Evidence-Based APS Practices

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Evidence-Based Practice (EBP) was first defined by Dr. David Sackett (1996) as, “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient” and was first applied in the field of medicine. The press for evidence-based practices has spread to allied health and human services professions, but is still rather new in terms of applications to Adult Protective Services. Project and program funders, however, as well as payers such as health

insurance companies, are increasingly requiring that evidence-based practices be applied when professionals provide health, mental health, social and related human services. We can all well understand the need for evidence-based practices among professionals serving individuals. What one of us wants, for example, to be prescribed a drug or receive a potentially life-altering medical, dental, nursing, mental health or other intervention that has not been systematically and rigorously tested through valid research and found to be efficacious? As practitioners, we want to be able to offer potential interventions to our clients with confidence that what we are suggesting actually has a likelihood of improving the client’s situation. We would also like to know that research has determined that the intervention under consideration has been found safe and not harmful in the circumstances in which we may apply it. Hence the need for research to systematically investigate professional practices in all fields applying human interventions and to develop those interventions based upon methods that have been proven to be helpful.

The fact that APS is experiencing pressure to develop evidence-based practices is evident in the results of a Technical Assistance Needs Survey conducted by the NAPSRC in January 2014. APS administrators nationwide were asked to indicate areas in which they needed technical assistance, and a variety of possible responses were provided. The most highly ranked need was for information concerning evidence-based practices, with 66.7% of the respondents ranking this as “highly needed.”

Holly Ramsey-Klawsnik



Each month, the NAPSRC holds a Technical Assistance Call on a subject identified by the field as one with which they would like assistance. A team of experts in the field of adult protective services (APS), we hold one call each month with state APS staff from around the country. This brief summarizes the information provided during the call during September 2014.

The National Adult Protective Services Resource Center (NAPSRC) is a project (No. 90ER0003) of the Administration for Community Living, U.S. Administration on Aging, U.S. Department of Health and Human Services (DHHS), administered by the National Adult Protective Services Association (NAPSA). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.

This brief draws primarily from three sources in presenting available information regarding evidence-based practices in APS:

- Ernst, J., Ramsey-Klawsnik, H., Schillerstrom, J., Dayton, C., Mixson, P., and Counihan, M. (2014). Informing evidence based practice: A review of research analyzing Adult Protective Service data. *Journal of Elder Abuse & Neglect*, 26(5), 458-494. DOI: 10.1080/08946566.2013.832605.
- NAPSRC. (2014). "Borrowing Evidence-Based Practices from Other Fields: Ideas for APS." NAPSA.
- National Council on Crime & Delinquency & NAPSRC. (2012). "Evidence-Based Practices in Adult Protective Services: Survey Results." NAPSA.

Informing Evidence-Based Practice: A Review of Research Analyzing Adult Protective Service Data

This article presents the results of an exhaustive literature search for published research that was conducted using APS case data. Among the goals were to assess the state of knowledge regarding evidence-based practices in APS, identify knowledge and research gaps, and recommend areas for further study. The publication emanated out of the work of the NAPSA/NCPEA Research Committee.

Methodology

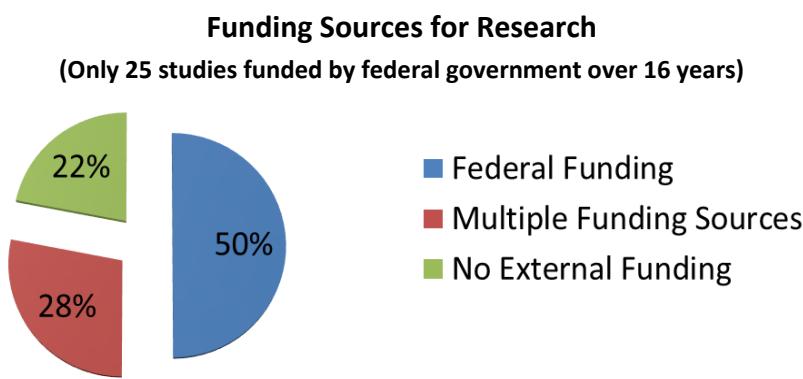
Through the use of MEDLINE and the Clearinghouse on Abuse and Neglect of the Elderly a narrative review was conducted of studies published between 1996 and 2011. Inclusion criteria for the project were that the study focused on the maltreatment of vulnerable adults; identified at least one hypothesis to be tested or readers could discern a hypothesis; used APS clients, data, personnel, or resources to test their hypotheses; described a systematic method for data acquisition; and used a valid statistical approach to analyze data collected. The review only included quantitative studies and only studies conducted in United States. Of the 1,178 studies under consideration, only fifty published studies were identified that met these inclusion criteria.

The studies were carefully examined and then categorized according to the involved essential research questions. The categories were:

- a. characteristics of abuse, neglect, and exploitation (26 studies);
- b. screening instruments and rating scales (3 studies);
- c. reporting abuse and neglect (6 studies);
- d. substantiation of abuse and neglect reports (7 studies);
- e. characteristics of alleged perpetrators (7 studies);
- f. outcomes of APS-involved cases (including criminal justice outcomes) (9 studies);
- g. health outcomes among APS -involved cases (7 studies)

Some studies were placed into more than one category, for example, the study by Teaster and Roberto (2004) examined characteristics of abuse and alleged perpetrators as well as outcomes in 82 substantiated APS cases of sexual abuse in Virginia. The most common area of inquiry was characteristics associated with abuse and neglect.

Among the nine studies that considered outcomes in APS-involved cases, interventions received were studied, as well as service refusal patterns, and outcomes such as if the perpetrator was arrested. No studies tracked the outcomes of APS interventions provided – information that would be essential in creating evidence-based practices with abused and neglected adults. Additionally, seven studies analyzed health outcomes, including mortality and nursing home placement, among adults involved with APS.

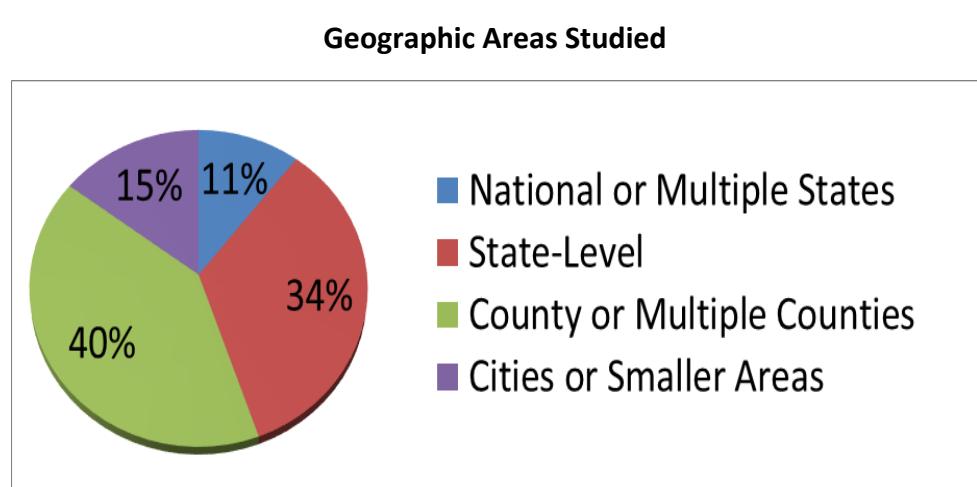


An important aspect of the analysis considered funding sources for the APS-related research that was published. Over the 16 years, the federal government funded only 25 APS-related research studies. As pointed out by Ernst et al., (2013), “The extent of external funding support, particularly from federal agencies such as the National Institutes of Health and the Justice Department, is an important indicator of the recognition of the severity of a problem and the support of the public and research communities” (p. 6).

Only 17 of the studies used a non-APS control or comparison group and eight studies used a longitudinal design, again reflecting the fledgling status of APS-related research.

Evidence for the urgent need for increased APS-related practice research also comes from a consideration of the geographic areas that were studied. As you can see in the following chart, only 11% of the studies were conducted on a national basis or utilized data from multiple states. At the other end of the geographic spectrum, 15% utilized data from one or more cities. While studies in all locations are informative, pooling case-level data from larger geographic areas affects the generalizability of findings.

The authors conclude that federal funding is particularly key to address the national problem of elder abuse, unmet victim needs, and APS case handling procedures and call for dramatically increased research funding and attention to issues of adult abuse and APS responses. This research team found that “... many researchers use APS case data and resources to study elder mistreatment and self-neglect; they do not study APS practice” and that is urgently needed.



The key finding of this extensive literature review is:

“...research has not occurred that has investigated the effectiveness, or lack thereof, of APS interventions. Specifically, studies that analyze the APS interventions offered and accepted by victims, and the selected effectiveness of those interventions, is not yet available and is urgently needed to inform evidence-based practice” (p. 24 – 25).

So, while APS professionals and systems are facing calls to provide evidence-based practices, there is presently insufficient research available upon which to build said practices. Ernst and colleagues call for the following to remedy this situation:

1. Practitioner-researcher partnerships such as that developed by the NAPSA/NCPEA Research Committee
2. Public and private funding of APS-related research
3. Committed researchers willing to learn from APS practitioners and mindful of the challenging conditions under which APS systems function
4. APS professionals and systems willing to subject their policies and practices to the research scrutiny
5. Careful protections for APS client confidentiality and safety
6. APS clients willing to consent to the use of their de-identified data for scientific research projects.

Identifying Evidence-Based Practices in Use by APS

The National Council on Crime and Delinquency (NCCD) prepared a report for the National APS Resource Center (NAPSRC) on evidence-based practices (EBP) in use in APS.

To identify EBP used by APS, a survey was conducted in 2012, to which 22 states responded. Respondents were asked to identify evidence-based practices used by their agencies. A subsequent survey queried APS respondents about research that had been conducted on the evidence-based practices they reported using. The evidence-based practices reported as being used by APS personnel included a variety of assessment tools. Respondents were also asked to identify promising practices, and the use of multi-disciplinary teams was cited.

Assessment Tools

Most of the respondents indicated using assessment tools to assess clients' capacity, level of risk, and/or services needed. As seen in the table below, according to the responding APS personnel, several of the capacity assessment tools in use have been tested for reliability and validity (click on the links for more information about each). The other tools reportedly had much lower levels of testing, and in some cases the APS respondents indicated they did not know if testing had been done.

Research on Assessment Tools Identified as Evidence-Based

Assessment Tool	Tested for Reliability	Tested for Validity	Evaluated Under Field Conditions
<u>Clox</u>	Yes	Yes	Unknown
<u>IADL</u>	Yes	No	Unknown
<u>Montreal Cognitive Assessment</u>	Yes	Yes	Yes
<u>Virginia UAI</u>	Yes	Yes	Yes

The survey also uncovered several APS protocols in use which have been tested for outcomes to at least a limited degree. Note: two falls prevention programs were also identified but are not included here.

APS Protocols with Evaluation Testing

Protocol	Process Evaluation	Outcomes Evaluation	Other Research Conducted
<u>Elder Abuse Decision Support System</u>	Yes	No	No
<u>Structured Decision Making</u>	Yes	No	Yes

Use of Multi-Disciplinary Teams (MDTs)

The NCCD survey found that most of the responding APS systems identified multi-disciplinary teams as a promising practice; that is, as a service not yet evaluated, but believed to be helpful.

Summary of Evidence-based Practices in Use by APS

The NAPSRC survey results are limited by the fact that respondents from fewer than half the states responded, and with the exception of the items listed, few tools or programs were identified that had undergone scientific testing. Many respondents indicated that their agencies use standardized assessment instruments however, most of the instruments reportedly used are specific to the individual state and were not adapted from another source. For most of the assessment instruments identified as used, respondents either did not know if they were evidence-based or believed that they were not. The notable exception was capacity/cognition scales that were reported, for the most part, as evidence-based. Most respondents did not identify that their agency provided evidence-based interventions to clients. The authors of the report concluded that their findings, “may indicate that a lack of knowledge regarding evidence-based practice is due to a lack of research and research funding, rather than any lack of seeking such research by the field” (NAPSRC & NCCD, 2012, p. 14).

Identifying Evidence-Based Practices Used in Other Fields That Might be Adapted to APS

NCCD prepared a second report for the NAPSRC on EBP in other fields that APS programs may be able to adapt. Studies that evaluated practices from the fields of child maltreatment, public health, mental health and substance abuse were identified along with their potential applications for APS. The following were among the findings of the review.

From the child welfare field:

- Caregiver assistance: The study found that it was more effective to present culturally sensitive parenting education on a community-wide level so as to be less stigmatizing, and that helping caregivers set their own goals for the quality of care they provide decreased negative caregiving practices. (Naughton & Heath, 2001).
- Behavioral Training vs. Informational Groups: Informational interventions are not enough to effect changes in behavior. Therapeutic interventions are necessary in order to address problem behaviors and to reduce the risk of continuing abuse. (Wolfe et al., 1988).

From the public health field:

- Increasing the Effectiveness of Informational Interventions: In an HIV prevention program, positive results were achieved by a) utilizing persons considered as opinion leaders in their local communities and involving them in implementing the program; b) ensuring that the messages and interventions were delivered in a culturally relevant manner; and c) ensuring that the interventions were delivered community-wide and embedded within existing community relationships. (Sanders, 2010; Sikkema, 2005)

Summary of Findings from EBP in Other Fields:

- While Informational/educational interventions are effective at changing people's knowledge levels, by themselves they do not bring about changes in behavior.
- It is important to embed interventions into existing relationships in order to enhance the effectiveness of the interventions. In practice, as in all good social work, this would mean that APS workers build a strong relational foundation with an individual and then leverage that relationship in helping the individual to access and use services.
- Home-based interventions, especially those that incorporate behavioral training, can be effective at decreasing the recurrence of maltreatment.
- The literature reviewed also discussed the potential importance of addressing caregiver stress and social isolation as a means of preventing future abuse. However, the caregiver stress rationale is not universally accepted in the elder abuse field as an appropriate way to explain family violence. Low social support, however, has been identified in numerous studies as a risk factor for elder abuse.

Additional Information about APS EBP

Multi-Disciplinary Teams

In findings similar to those achieved by the NAPSRC/NCCD review cited above, an earlier review of elder abuse multi-disciplinary teams (Teaster, Nerenberg & Stansbury, 2003) found M-teams to hold promise as an APS practice. Among M-team members surveyed, over 90% reported that they helped workers resolve difficult cases by providing expert advice. Over 90% reported that they identified service gaps and systems problems and provided team members with updates about legislation and new programs. Almost all teams included law enforcement and APS among their members, with prosecutors, mental health experts, aging service providers, guardians, health care professionals, and domestic violence representatives also frequently represented. The study concluded, “MDTs play a key role in communities’ response to elder abuse and are highly valued by those who participate. Among the benefits they cited were strengthening community relationships, eliminating or ameliorating turf wars, promoting team work and cooperation, providing assistance on cases referred for guardianship, helping clients secure improved medical care, and enhancing members’ understanding of services.” (Teaster et al., 2008, p. 107)

An evaluation of a particular type of MDT, an elder abuse forensic center in Los Angeles, was released after the NAPSRC report was written. A forensic center brings together strong representation from the healthcare community as well as from law enforcement and social services. The study found that:

- Cases *reviewed by the forensic center team were almost eight times more likely to be referred for prosecution and seven times more likely to be referred to the Office of Public Guardian*, although they were not more likely to result in guardianship than cases not reviewed by the team;
- Cases presented to the center were more likely to have had repeated reports before being referred to the Center, but *recurrent reports were significantly reduced* after the Center became involved, from a rate of 43% down to 25%. (Wilber, et al, 2014, pp. viii-ix)

Model Intervention for Victims with Dementia

A Model Intervention for Elder Abuse and Dementia Program was not mentioned in the NAPSRC/NCCD report, however, it represents a tested initiative involving APS and the prevention of elder abuse. This model was created in Cleveland in 2000, with the goal of increasing the identification of elder abuse among older persons with dementia, improving interventions and promoting prevention. The project brought together and established cross-referrals between APS and the local Alzheimer’s Association, and developed a cross-training program, screening tools and protocols for both organizations. A Model Intervention Curriculum was developed and tested. The curriculum includes a wealth of information, interactive exercises, trainers’ instructions and case discussions. A handbook for dementia patients’ caregivers was also developed to help them identify the risks of harm to themselves and/or their care recipients. The project was successful in significantly increasing the number of reports to APS by the Alzheimer’s Association. Also, an increase in the number of referrals for community interventions resulted, all but one of which were deemed successful in preventing future abuse. (Anetzberger et al., 2000, pp. 492-497).

Conclusion

All three of the recent projects undertaken to identify evidence-based practices in, or relevant to, APS and summarized in this brief reveal the scant existing scientific knowledge upon which to build evidence-based APS practices. APS and all helping systems are under increasing pressure to demonstrate, with clear evidence, the effectiveness of their work. A serious, concerted effort must be made by researchers, practitioners, and funders to support vastly increased scientific research to specifically address APS practice. At present, insufficient research findings exist upon which to build evidence-based APS practices.

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