Uncovering Evidence-Based Practices for APS

NAPSRC

The National Adult Protective Services Resource Center (NAPSRC) is a project (No. 90ER0002/01) of the US Administration for Community Living, Administration on Aging, US 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.

About the NAPSRC

- Three-year grant funded by the US Administration on Aging.

- Administered by NAPSA, the National Adult Protective Services Association.

- Serves adult protective services professionals across the United States through research and education.

- Recent activities include comprehensive, baseline survey of APS across the United States, research-to-practice (R2P) briefs and webinars, and an APS-specific listserv.

- To join the listserv, visit us at **www.apsnetwork.org** and click on National APS Resource Center.

- You will also find our **Facebook** and **Twitter** feeds there. Please "like" us and "follow" us respectively! News items related to APS practice are posted daily.

- Email us at **napsrc@apsnetwork.org.** We'd love to hear from you!

LEARNING GOALS

Learning Goals

To learn and be able to describe evidence-based practices currently in use in adult protective services (APS) agencies.

Learning Goals

To be able to describe the extent to which evidence-based practices are used in APS agencies.

Learning Goals

To be able to identify evidence-based practices in other human-service fields that may be applicable to APS.

AGENDA

Agenda

By focusing on three reports written by the National Council on Crime and Delinquency (NCCD) for the National Adult Protective Services Resource Center (NAPSRC), we will:

- Describe evidence-based and promising practices used in APS;

- Describe the extent to which these practices are used in APS; and

- Identify evidence-based practices from other fields, which may be applicable to APS.

What Are Evidence-Based Practices?

Evidence-Based Practices for APS Meet the Following Criteria

- They are interventions or programs …

- That are tested on individuals receiving APS services, and …

- Use the scientific method …

- To evaluate outcomes based on observable and measurable data.

DISCUSS!

Evidence-Based Practices Currently Used in APS

Evidence-Based Practices Currently Used in APS

- Kohlman Evaluation of Living Skills

- Multidisciplinary teams

- Linking geriatrics with APS

- Financial abuse specialist team

Evidence-Based Practices Currently Used in APS

- Psycho-educational support groups

- Legal and social-service components

- Incorporating volunteers

- Model intervention for elder abuse and dementia

Further Exploration of Evidence-Based Practices in APS

Team-Based Interventions

Multidisciplinary Teams: Vulnerable Adult Specialist Team

Medical response team consisting of:

- Two geriatricians;
- Psychologist;
- Gerontologist;
- Social worker; and
- Project coordinator.

(Duke, 1997)

Multidisciplinary Teams: Vulnerable Adult Specialist Team

A total of 97% of professionals found the team to be helpful for:

- Confirming abuse;
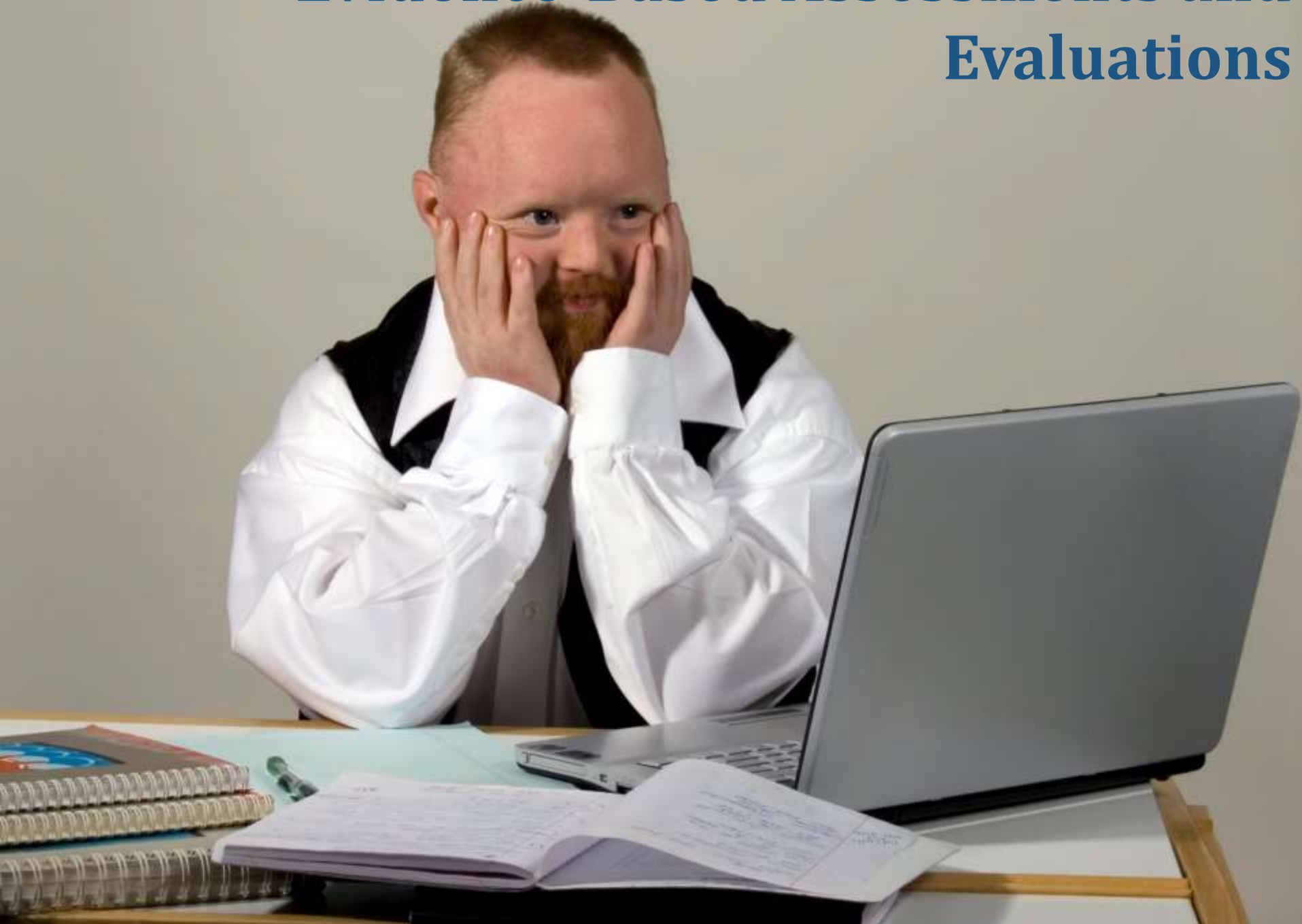- Documenting impaired capacity; and
- Clarifying a medical condition.

(Duke, 1997)

Multidisciplinary Teams: General Outcomes

- Identifying gaps and system problems

- Advocating for change

- Planning coordinated investigations

(Teaster and Nerenberg, 2003)

Multidisciplinary Teams: General Outcomes

- Tailoring service plans

- Improving access to care

- Reducing injury or loss

- Increasing the likelihood of receiving help

(Teaster & Nerenberg, 2003)

Evidence-Based Assessments and Evaluations

Model Intervention for Elder Abuse and Dementia

- Consists of tools for assessment and intervention

- Includes a handbook for caregivers

(Anetzberger et al., 2000)

Model Intervention for Elder Abuse and Dementia

Outcomes

- Improved communication among partner agencies

- Increased collaboration

- Increased awareness of elder abuse

(Anetzberger et al., 2000)

Other Evidence-Based Interventions

Psycho-Educational Support Groups

- Curriculum with multiple foci

- Led by a social worker and a graduate student

- Two hours per week for eight weeks

- Outcomes:
  - » Increased self-esteem; and
  - » Increased well-being.

(Brown & Heiser, 2006)

Incorporating Volunteers: Elder Abuse Support Project

- Volunteers support and advocate for abused adults in the criminal justice system

- Outcomes:

  » More ambitious goal setting;
  » Greater achievement of goals; and
  » Stricter monitoring of cases.

(Finilson, 1993)

DISCUSS!

What Are Promising Practices?

Promising APS Practices Meet the Following Criteria

- Interventions, programs, or assessments …

- That have not been evaluated on a population receiving APS services, and …

- May have been tested on elders who have been abused but are not receiving direct APS services.

Promising Practices Currently Used in APS

Promising Practices Currently Used in APS

- Seniors case management program

- Project Care

- Caregiver education and anger management

Promising Practices Currently Used in APS

- Elder abuse response team

- Evidence-based therapies for elders with depression

- Emphasizing social supports and building relationships

Further Exploration of Promising APS Practices

Seniors Case Management Program

- Strengths-based

- Client-centered

- Empowerment model

- Outcomes:

  » 34.6% of abuse/neglect cases resolved; and

  » 30.8% of seniors showed significant improvement.

(Vladescu, Eveleigh, Ploeg, & Patterson, 1999)

Promising Practices That Include the Caregiver/Alleged Perpetrator

Project Care

Success rate of 80% when incorporating the following elements:

- Informing the abused adult of his/her rights;

- Identifying and accessing medical and social services; and

- Counseling for mental health problems.

(Nahmiash & Reis, 2000)

Project Care

Success rate of 80% when incorporating the following elements:

- Education, training, and counseling for the abuser;

- Multidisciplinary team approach;

- Weekly empowerment group for elders; and

- Family support group for caregiver.

(Nahmiash & Reis, 2000)

Promising Practices That Emphasize Social Supports and Relationships

Emphasizing Social Supports and Building Relationships

Group work is effective and efficient!

(Pandya, 2010)

Emphasizing Social Supports and Building Relationships

Types of Groups Studied

- Therapeutic/support

- Educational, recreational, and task-oriented

- Rehabilitative and health-promoting

- Intergenerational

(Pandya, 2010)

Emphasizing Social Supports and Building Relationships

Leads to improved mental and physical health in elders who have been abused.

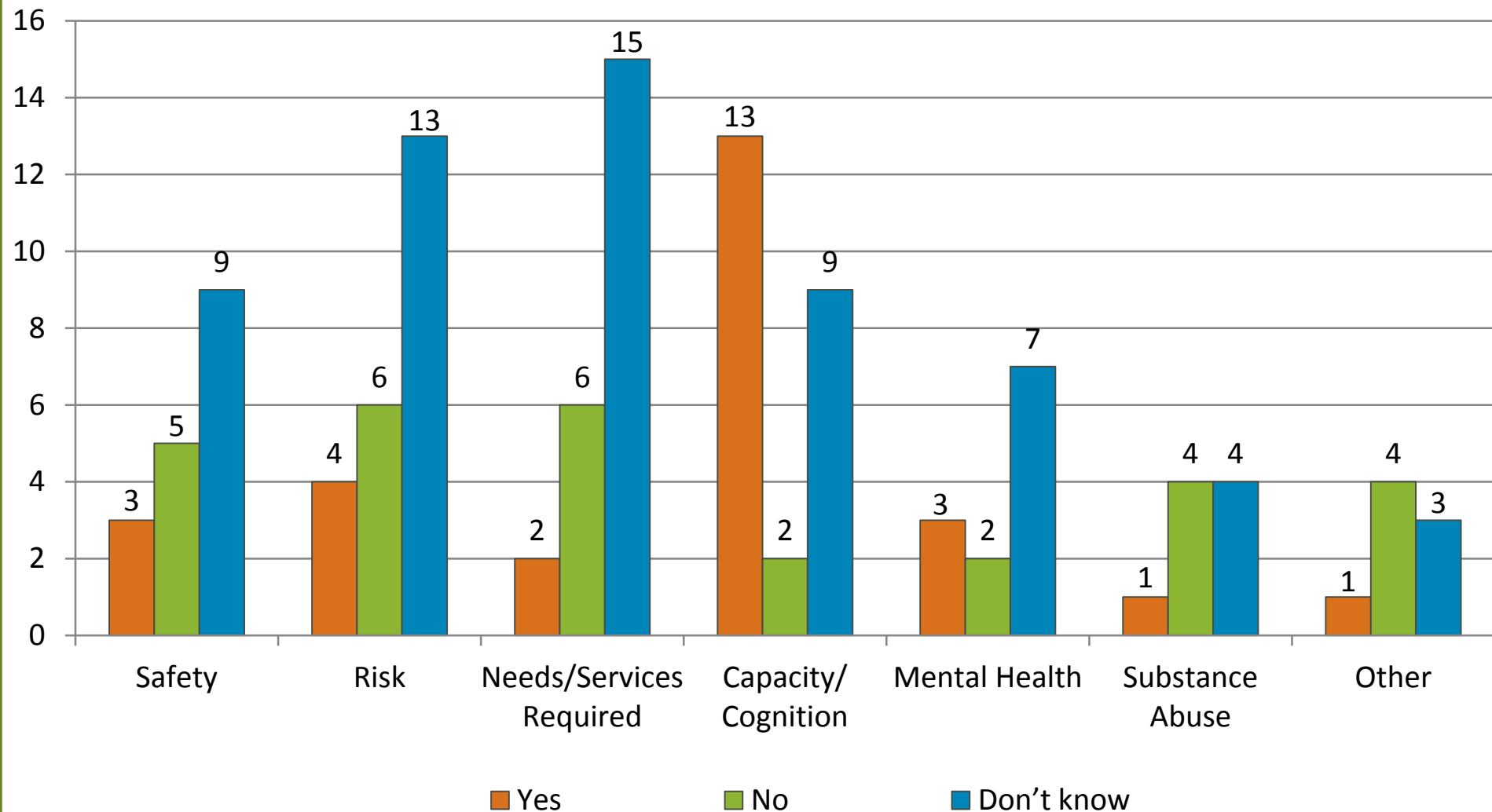(Acierno, Hernandez-Tejeda, Muzzy, & Steve, 2009)

DISCUSS!

To What Extent Are Evidence-Based Practices Used in APS?

Statewide Assessment Usage

Assessment Purpose	Number of Respondents Reporting Use
Capacity/Cognition	24
Risk	23
Needs/Services Required	23
Safety	17
Mental Health	12
Substance Abuse	9
Other	8

Research Conducted on Assessments

	Yes	No	Don't know
Safety	3	5	9
Risk	4	6	13
Needs/Services Required	2	6	15
Capacity/Cognition	13	2	9
Mental Health	3	2	7
Substance Abuse	1	4	4
Other	1	4	3

Identified As Evidence-Based

- **Adult Services Comprehensive Assessment Program (ASCAP)**
- **Clox**
- Domestic Violence Safety Plan
- FASE
- Mini-Mental Status Exam
- **Instrumental Activities of Daily Living (IADL)**
- **Montreal Cognitive Assessment**
- **North Carolina APS Facility Evaluation**
- Saint Louis University Mental Status Examination
- Six Pillars
- **Virginia Uniform Assessment Instrument (UAI)**

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Research on Assessments Identified As Evidence-Based

Assessment	Tested for Reliability	Tested for Validity	Evaluated Under Field Conditions
ASCAP	No	No	No
Clox	Yes	Yes	Unknown
IADL	Yes	No	Unknown
Montreal Cognitive Assessment	Yes	Yes	Yes
NC APS Facility Evaluation	No	No	Unknown
Virginia UAI	Yes	Yes	Yes

Identified As Evidence-Based

- **California APS Standards for Consistency in Determining Findings**
- Center for Excellence in Aging and Geriatric Health
- **Depression Screening and Falls Prevention Program**
- **Elder Abuse Decision Support System**
- Estate Management
- Oklahoma Risk Assessment
- Preventative In-Home Partnership
- Range Women's Advocates
- Rapid Response Expert Team
- **Stepping On**
- **Structured Decision Making® (SDM) System**
- TRIO-UC San Diego

Research on Programs

Program	Process Evaluation	Outcomes Evaluation	Other Research Conducted
California APS Standards for Consistency in Determining Findings	No	No	No
Depression Screening and Falls Prevention Program	Yes	Yes	Unknown
Elder Abuse Decision Support System	Yes	No	No
Stepping On	No	Yes	Unknown
SDM® System	Yes	No	Yes

What Are Some Evidence-Based Practices From Other Human-Service Fields?

Caregiver-Focused Therapeutic Interventions

Effective Programmatic Aspects

- Home-based

- Moderate number of sessions

- Administered in a limited time period

- Enhance sensitivity versus giving concrete relational advice

(Bakermens-Kranenburg, 2005)

Project Safe Care

Home-based intervention aimed at improving the health, parenting, and safety of families with a history or risk of child maltreatment.

(Gershater-Molko, Lutzker, & Wesch, 2003)

Project Safe Care

<u>Outcomes</u>

- Improvements in parental ability to care for child's health

- Enhanced safety of home environment

- Increased positive interactions with the child

(Gershater-Molko, Lutzker, & Wesch, 2003)

Informational Group Versus Behavioral Training Group

- Post-test outcomes for treatment group

  » Improvement in parenting risk and child behavior problems

- Treatment group outcomes after one year

  » Lower risk of maltreatment
  » Greater ability to manage family

(Wolfe et al., 1998)

Caregiver-Focused Preventive Interventions

Effective Programmatic Aspects

- Targeting high-risk subgroups

- High dosage of intervention

- Comprehensive services that address specific family needs

- Highly trained service providers

- Long-term follow-ups

(Reynolds, Mathieson, & Topitzes, 2009)

Tiered Early Intervention

Purpose

- Support vulnerable families
- Promote effective parenting practices
- Reduce abusive parenting practices

(Naughton & Heath, 2001)

Tiered Early Intervention

Design

- Tiered intervention
- Parents set own goals
- Behavioral management informational clinics

(Naughton and Heath, 2001)

Tiered Early Intervention

Outcomes

- 75% success rate for informational clinics

- Parents preferred community-targeted universal interventions (less stigmatizing)

(Naughton & Heath, 2001)

Victim-Focused Therapeutic Interventions

Effective Programmatic Aspects

- Interventions embedded within existing relationships

- Concrete assistance

- Education and/or counseling for caregivers

(Reis & Nahmiash, 1995)

Community-Based Intervention Model

Intervention Components

- Tool package
- Volunteer buddies
- A self-help empowerment group

(Reis and Nahmiash, 1995)

Community-Based Intervention Model

Outcomes

• Tool package

» Effectively discriminated between abuse and non-abuse

» Helped workers identify successful interventions

(Reis & Nahmiash, 1995)

Community-Based Intervention Model

Outcomes

- Volunteer buddies
  - » Helpful at identifying new problems/concerns with elders

- Empowerment groups
  - » Raised self-esteem
  - » Increased peer support
  - » Allowed for venting of feelings

(Reis & Nahmiash, 1995)

**Multi-Systemic
Therapeutic Interventions**

Family Behavioral Loop Mapping

A method of mapping family behaviors

Family and therapist work together to:

- Discover problematic behaviors; and

- Identify the points where the behavioral loops can be interrupted.

(Liepman, Silvia, & Nirenberg, 1989)

Multi-Systemic Therapy

MST was more effective than enhanced outpatient treatment at reducing:

- Youth mental health symptoms;
- Parent psychiatric distress; and
- Parenting behaviors associated with maltreatment.

AND

At improving natural supports for parents.

(Swenson, Schaeffer, Henggeler, & Faldowski, 2010)

Informational Interventions

Overall Findings

- Effective at ensuring cognitive changes

- Insufficient for behavioral changes

- Less effective than clinician-based assessments and family meetings

(Hughes Jr et al, 1994; Piperakis et al, 2004; Beardslee, Wright, Gladstone, & Forbes, 2007)

How to Increase Effectiveness of Informational Interventions

- Adapt interventions to the locality

- Deliver interventions in a culturally relevant manner

- Embed informational, community-wide interventions into existing community relationships

(Sanders, 2010; Sikkema, 2005)

DISCUSS!

For More Information

http://www.napsa-now.org/resource-center/research/evidence-based-practices/