Elder Abuse Interventions: It’s Time to Address the Elephant in the Room

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THE FAILURE OF ELDER MISTREATMENT RESEARCH TO FIND SOLUTIONS
“At present, we know very little regarding the effectiveness of various types of interventions into elder abuse cases. Virtually no research has been conducted on whether programs currently in operation actually benefit those they serve. Certain types of interventions might have negative effects on clients.”

“We do not know which services are the most appropriate for different types of victims, nor do we have information on whether certain provider organizations are more effective in delivering services. We have no information, either, on whether some service configurations are more cost-effective than others.”
THESE RECOMMENDATIONS WERE MADE IN:

1989
REVIEWS OVER THE YEARS (NOT EXHAUSTIVE)


Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., ... & National Collabatory to Address Elder Mistreatment Project Team. (2019). Review of programs to combat elder mistreatment: focus on hospitals and level of resources needed. *Journal of the American Geriatrics Society*, 67(6), 1286-1294.
WE’VE FAILED MISERABLY

We have no evidence-based interventions of any kind that prevent elder mistreatment, prevent re-victimization after it occurs, or treat its effects.
We must now devote unswerving attention and resources to developing and rigorously testing prevention programs, treatments, and interventions.
1. Funders should prioritize (or exclusively fund) efforts toward discovering evidence-based interventions for elder mistreatment.
2. Researchers should redirect their attention and resources to develop and rigorously test prevention programs, treatments, and interventions, using rigorous randomized controlled methodology.
3. Overcome the barriers regarding access to patients/clients for intervention research.
4. Overcome IRB and HIPAA barriers to intervention research.
Elder Mistreatment Interventions: Valleys of Death

Source: Pincus, 2009
NEEDED

New Thinking about Interventions
Guiding Principles and Conceptual Frameworks

- Harm-reduction
- Ecological-systems
- Client-centered
Prior Research Limitations

EA only measured as a dichotomous outcome
Physical Abuse: N = 51 older adults who reported at least one physical abuse event in past year based on CTS items

- N = 23 (45%)
- N = 20 (28%)
- N = 31 (28%)
Distribution of **Neglect** Severity Scores

\[ N = 109 \ (2.6\%) \]

- Distribution of severity scores across cases was positively/right skewed (not normal)
- Mean: 2 to 10 neglectful events per year
- 2-10 times past year (34%)
- >10 times past year (32%)
Targeted Interventions

Severity

Intervention  Intervention  Intervention  Intervention
Measurement Sensitivity

Severity Spectrum
Severity offers a different framework and approach through which to understand elder abuse interventions.
Ecological-Systems Perspective

- Social Determinants
- Social Connectedness
- Home Environment
- Family System
- Victim-Perpetrator Relationship
  - Victim
  - Perpetrator
Case 1

Case 2

Case 3

Case 4

Client-Centered Perspective

Intervention X

Intervention Y
MULTIFARIOUS CASE OUTCOMES/SUCCESS

Case 1

Case 2

Case 3

Case 4
INTERVENTION EXAMPLES

- Community: APS
  - RISE
- Long-Term Care
  - RREM intervention
- Promising Practices
A COMMUNITY SYSTEM SERVICE GAP

**APS**
- Referral Intake
- Investigation Phase: 770,000
- Substantiation Decision: 260,000
- Immediate Safety Needs: 55 days
- 67 days

**RISE**
- Prolonged, defined, conceptually-driven, evidence-based
- Intervention Phase

**APS/RISE Partnership**
A Conceptual Model of Integrated and Restorative Elder Abuse Intervention
RISE CORE COMPONENTS

Repair harm—Restorative approach/Restorative Justice
(Reduce harm & work toward transformational change)

Inspire change—Motivational Interviewing
(Help people feel that change is possible)

Support connection—Teaming
(Strengthen & forge informal and formal social supports around client and alleged harmer)

Empower choice—Supported Decision-Making
(Assist people with cognitive impairments to achieve their goals)

Engagement and Goal-Setting
Resident-to-Resident Aggression in Long-Term Care: An Evidence-Based Solution
THE PROBLEM

- Staff and family members report that difficult relationships among are a problem in long-term care.
- Difficulties can sometimes result in conflict, arguments, and physical altercations.
- They cause stress and safety concerns for residents and staff.
PROBABLY MORBID, PERHAPS MORTAL

- Fractures, dislocations, bruises
- Frailty of residents makes minor incidents potentially very harmful
- Negative psychological consequences of experiencing or observing RREM
# TOTAL PREVALENCE (1 MONTH)

**Experienced RRA:**

<table>
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<th>No</th>
<th>1604</th>
<th>79.8%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>407</td>
<td>20.2%</td>
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INSUFFICIENT STAFF TRAINING

- There is **minimal guidance** available for staff in how to prevent and manage such situations.
- Staff may not recognize it and/or may be hesitant to report it.
- No evidence-based interventions have been available to address resident-to-resident aggression.
A Solution

Improving Resident Relationships in Long-Term Care (IRRL) Program
The IRRL Program aims to increase staff recognition, reporting, and response to RRA to improve residents’ quality of life. It is intended for direct care workers, such as CNAs and RAs, and other staff (dining, activities). Any long-term care facility can run the program using the IRRL Program materials.
IRRL PROGRAM MATERIALS

🤝 **Training Materials**
- Training Manual
- Training Slides
- Training Videos
- Behaviors Checklist

🤝 **Other Materials**
- Website
- FAQ Sheet
- Brochure
IRRL TRAINING COMPONENTS

- Session 1: Recognizing RRA (45 min)
- Session 2: Managing RRA (45 min)
- Session 3: Documenting RRA (45 min)

CAPSTONE: Use of behaviors checklist for a minimum of 2 weeks
SESSION 2: MANAGING RRA (45 MIN)

The **SEARCH** approach is an evidence-based approach to managing RRA in long-term care, which stands for:

- **S**upport
- **E**valuate
- **A**ct
- **R**eport
- **C**are Plan
- **H**elp to Avoid
There are **THREE** videos used as part of the training.

- Video 1: Introduction (25 minutes)
- Video 2: Practice video #1 (1 minute)
- Video 3: Practice video #2 (1 minute)

[https://vimeo.com/555823726](https://vimeo.com/555823726)

Created by Research Division of the Hebrew Home at Riverdale
Evidence that IRRL Is Effective

- Evaluation of a cluster-randomized trial
  - Significant gains in staff knowledge about RRA
  - Significant gains in understanding about management of RRA
  - Significant gains in reporting RRA events
  - Reduction in falls, accidents, and injuries on treatment units
Staff are available to provide individual assistance to facilities or groups who would like to implement the program.

Train-the-trainer sessions can be provided to groups and organizations.

No cost for participation.

Help us spread the word.
FOR MORE INFORMATION:

http://citra.human.cornell.edu/irrl
PROMISING INTERVENTIONS

- Multidisciplinary teams (MDTs) or models of intervention integrating different disciplines
- Educational programs (older adults, informal caregivers, APS practitioners, healthcare practitioners, nursing home staff)
- Caregiver support interventions
- Money management programs
- Helplines
- Emergency shelters


Moving Forward

Develop and Evaluate Interventions:

- Intentionally designed
- Strong theoretical/conceptual underpinnings
- Defined models
- Understanding mechanisms for effects
- Feasible
- Replicable
Researchers need to come together with:

- Practitioners
- Policymakers
- Advocates
- Older adults and concerned others
CALL TO ACTION

How to Move the Needle

- Funding commensurate with problem size
- Infrastructure (toolkit, clearinghouse, validated tools)
- Cross-national collaborations
- Entity focusing on intervention development and evaluation
  - Drive innovation, ideas to implementation/testing
  - Identify and address barriers/gaps