

USC Judith D. Tamkin Symposium on Elder Abuse



A Community-Based Elder Abuse and Self-Neglect Intervention Addressing a Systems Gap

David Burnes, PhD
University of Toronto

Stuart Lewis, MD FACP
Geisel School of Medicine
at Dartmouth

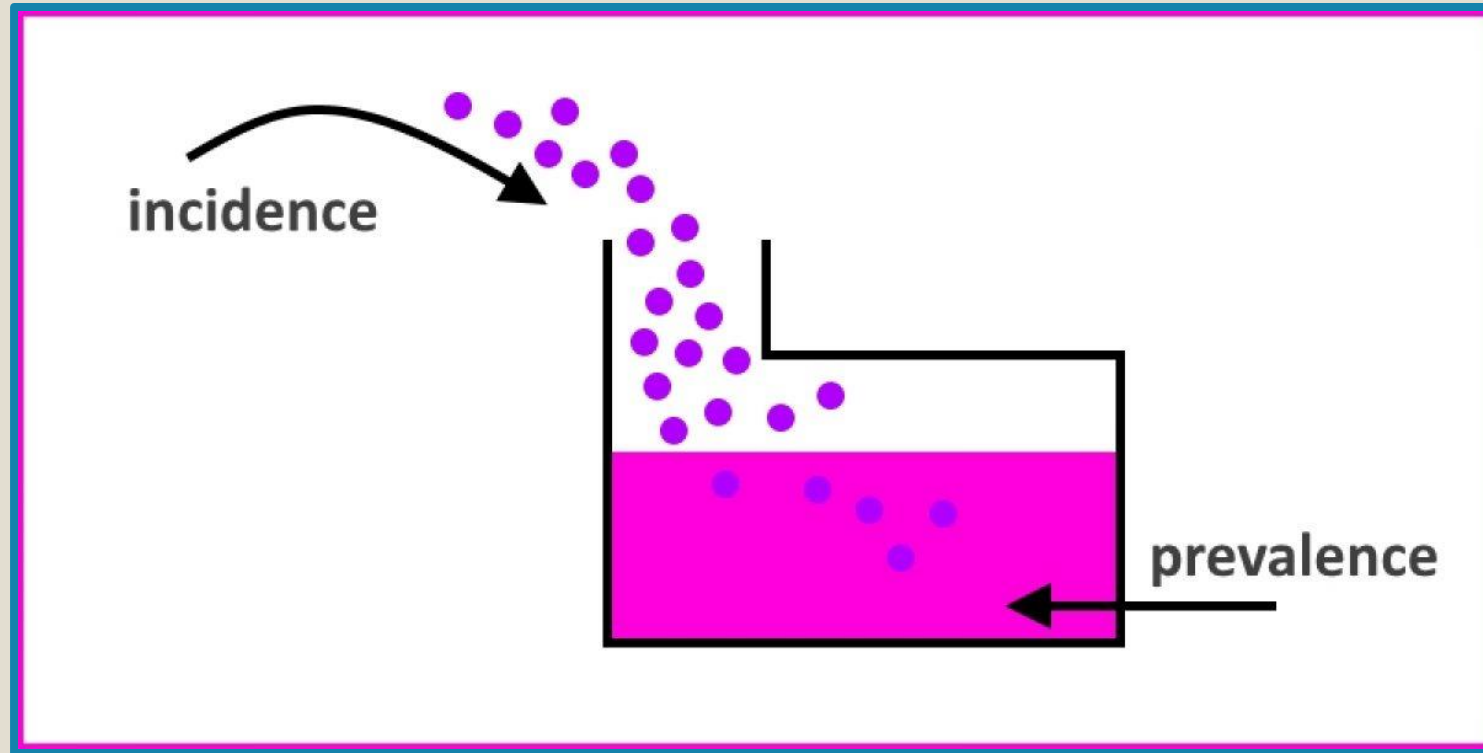
Erin Salvo, JD
Maine Office of Aging & Disability
Services, Health & Human Services

MT Connolly, JD
University of Southern
California

Geoff Rogers, BA
Hunter College

Patricia F. Kimball, MS
Elder Abuse Institute of Maine

What is the Scope of Elder Abuse (EA)



EA Prevalence

One-Year Period Prevalence (Population-Based Studies)

- Global: 14.3%
- United States: 9.5%

Approximately **1 out of every 10** adults aged 60 or older experiences some form of EA each year in US

- ~7.1 million

Exclusions:

- Under-reporting among elders
- Excludes cognitive impairment
- Excludes older adults in institutional settings



Estimated Incidence and Factors Associated With Risk of Elder Mistreatment in New York State

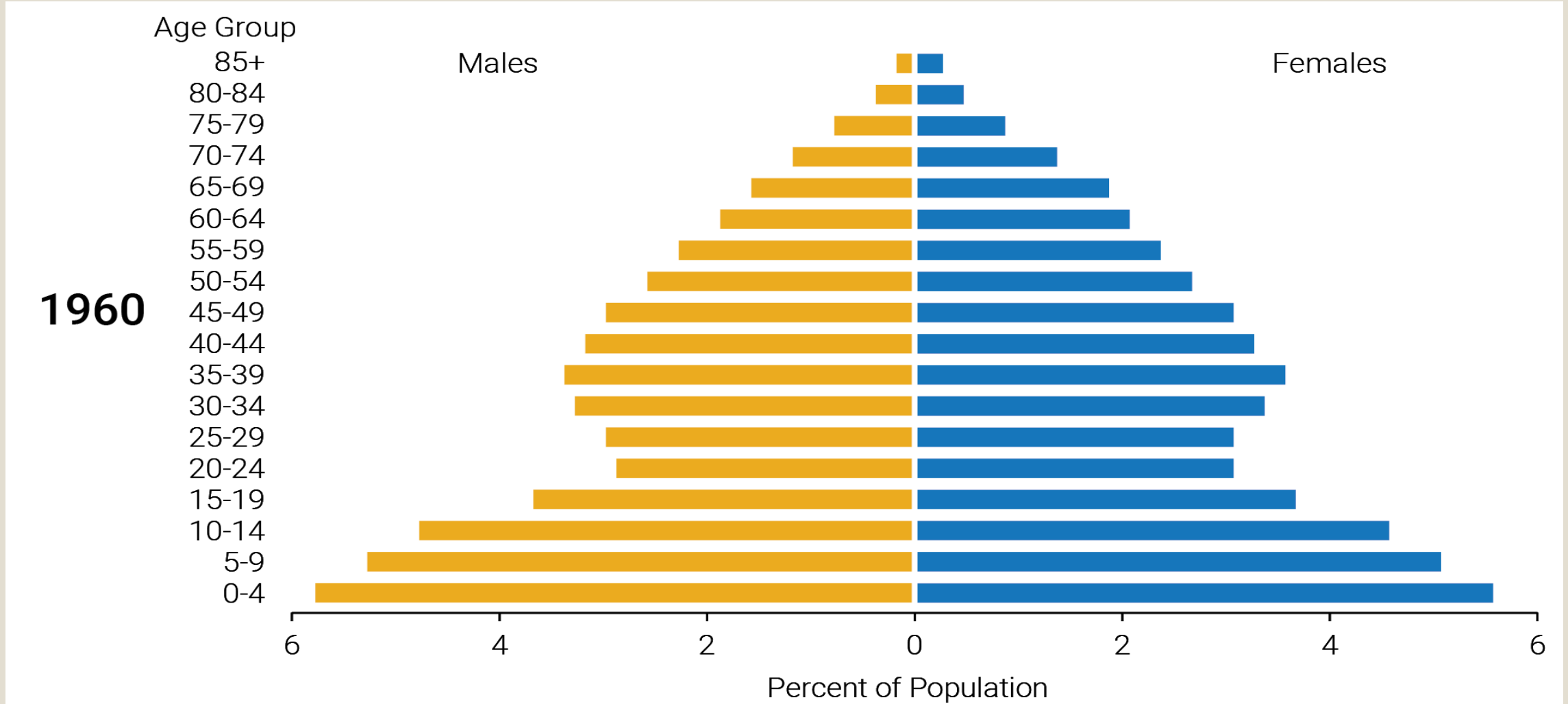
David Burnes, PhD; David W. Hancock, PhD; John Eckenrode, PhD; Mark S. Lachs, MD, MPH; Karl Pillemer, PhD

Ten-Year EA Incidence

- Overall EM: 11.4% (95% CI, 8.8%-14.3%)
- Financial abuse: 8.5% (95% CI, 6.3%-10.9%)
- Emotional abuse: 4.1% (95% CI, 2.6%-5.7%)
- Physical abuse: 2.3% (95% CI, 1.2%-3.6%)
- Neglect: 1.0% (95% CI, 0.3%-1.8%)

Just over one tenth of older adults living in the community will experience some form of EA over a ten-year period for the first time

Backdrop of Population Aging



Prevention and Intervention

In the absence of effective prevention interventions, the absolute scope of EA (number of cases) will expand in proportion with projected older adult population growth – ***a pressing need for community-based EA prevention and response programs***

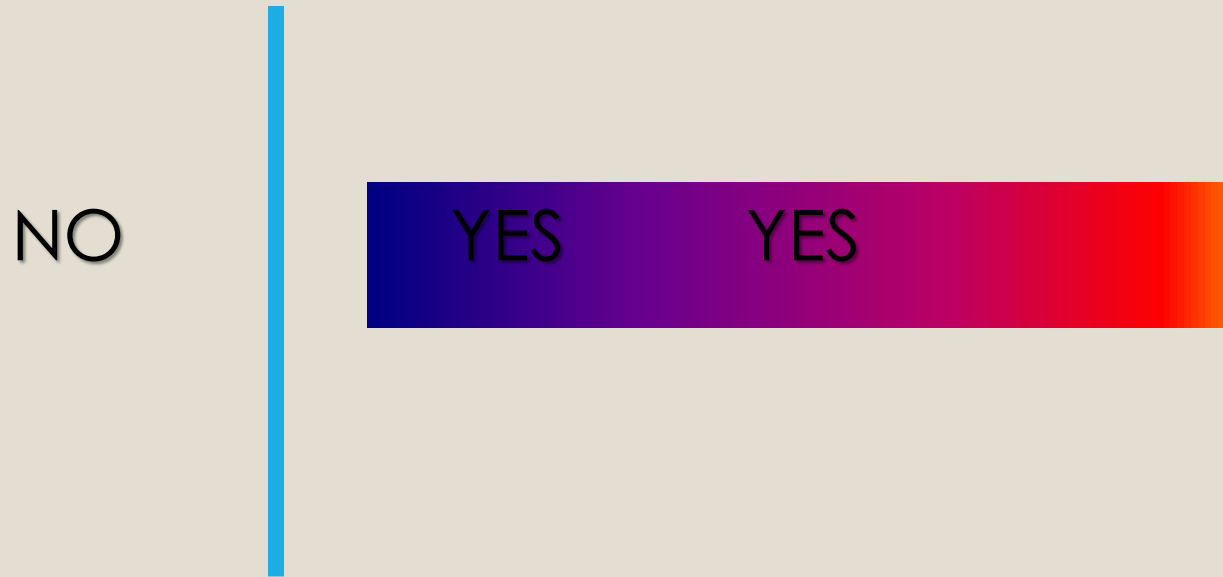


Taking a Step Back...

**What Can We Learn from EA Victims
Themselves to Help Inform Prevention
Interventions?**

Researcher EA Operationalization

EA Measured as a Dichotomous Outcome



Critical to Incidence and Prevalence

Understand and Uncover Spectrum of Lived EA Experiences

To What Extent Does EA Occur Along a Spectrum of Severity?

- Victim's subjective appraisal of severity
- Frequency of mistreatment behaviours
- Multiplicity of behaviours within a given mistreatment type
- Multiplicity between mistreatment types (poly-victimization)

Original Article

Varying Appraisals of Elder Mistreatment Among Victims: Findings from a Population-Based Study

David Burnes,¹ Mark S. Lachs,² Denise Burnette,³ and Karl Pillemer⁴

¹Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada, ²Weill Cornell Medical College, Cornell University, New York City, ³School of Social Work, Virginia Commonwealth University, Richmond, ⁴Department of Human Development, Cornell University, Ithaca, New York.

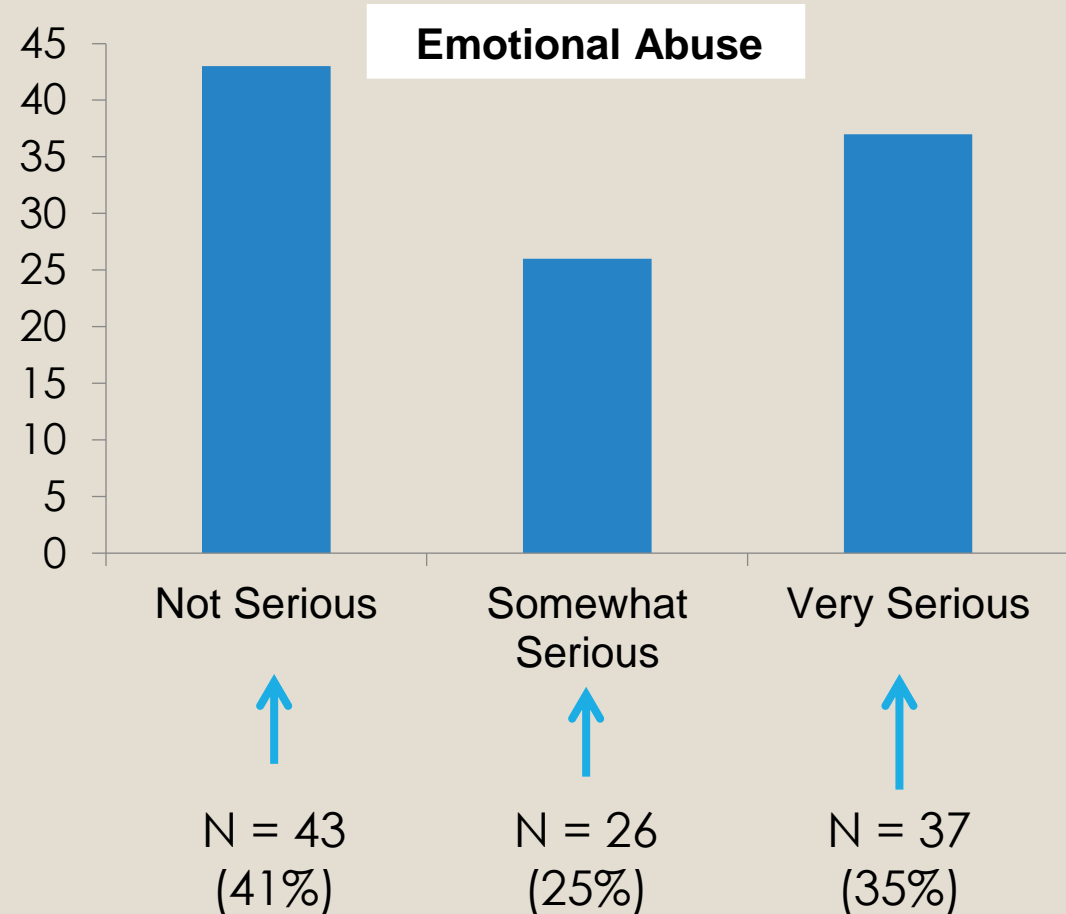
Correspondence should be addressed to David Burnes, PhD, Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Room 338, Toronto, ON M5S1V4, Canada. E-mail: david.burnes@utoronto.ca

Data from large-scale, population-based New York State Elder Mistreatment Prevalence Study – a random sample of EA victims

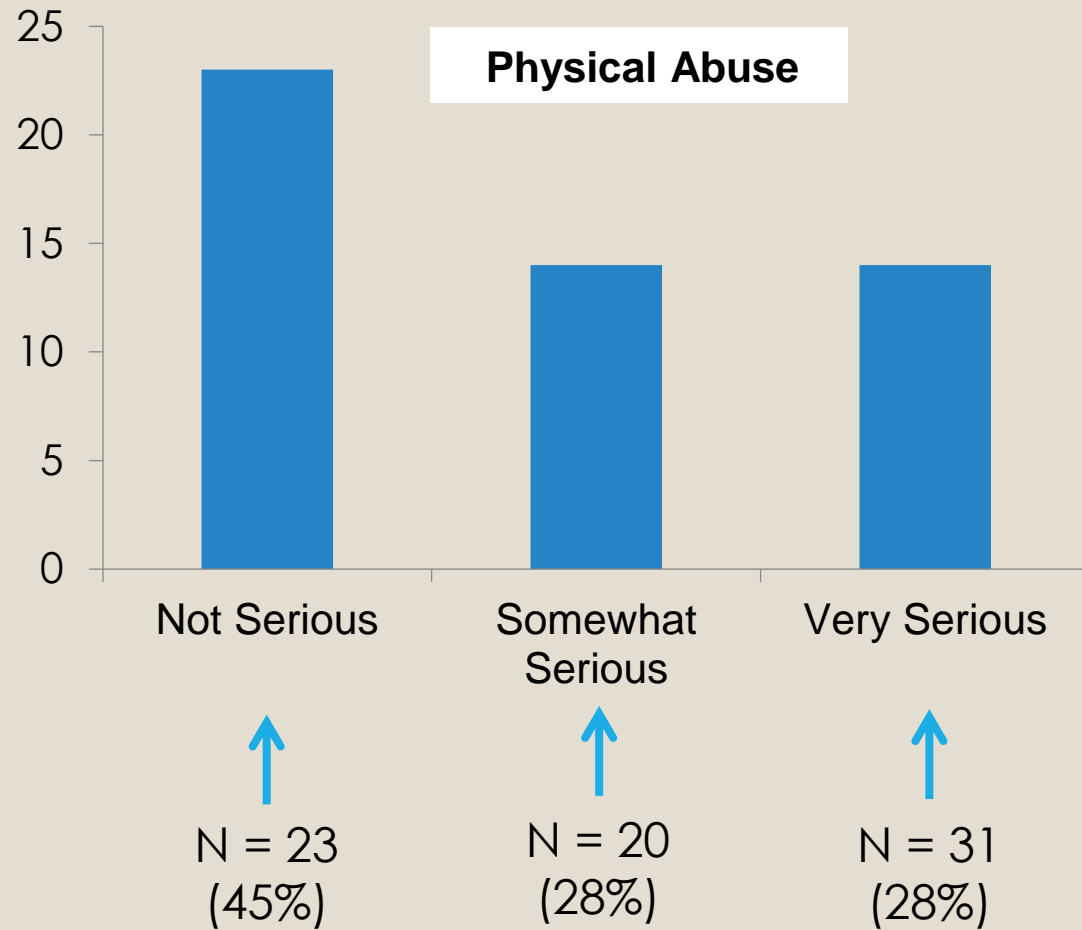
*How serious a problem is it for you
that [perpetrator] did this?*

- Not Serious
- Somewhat Serious
- Very Serious

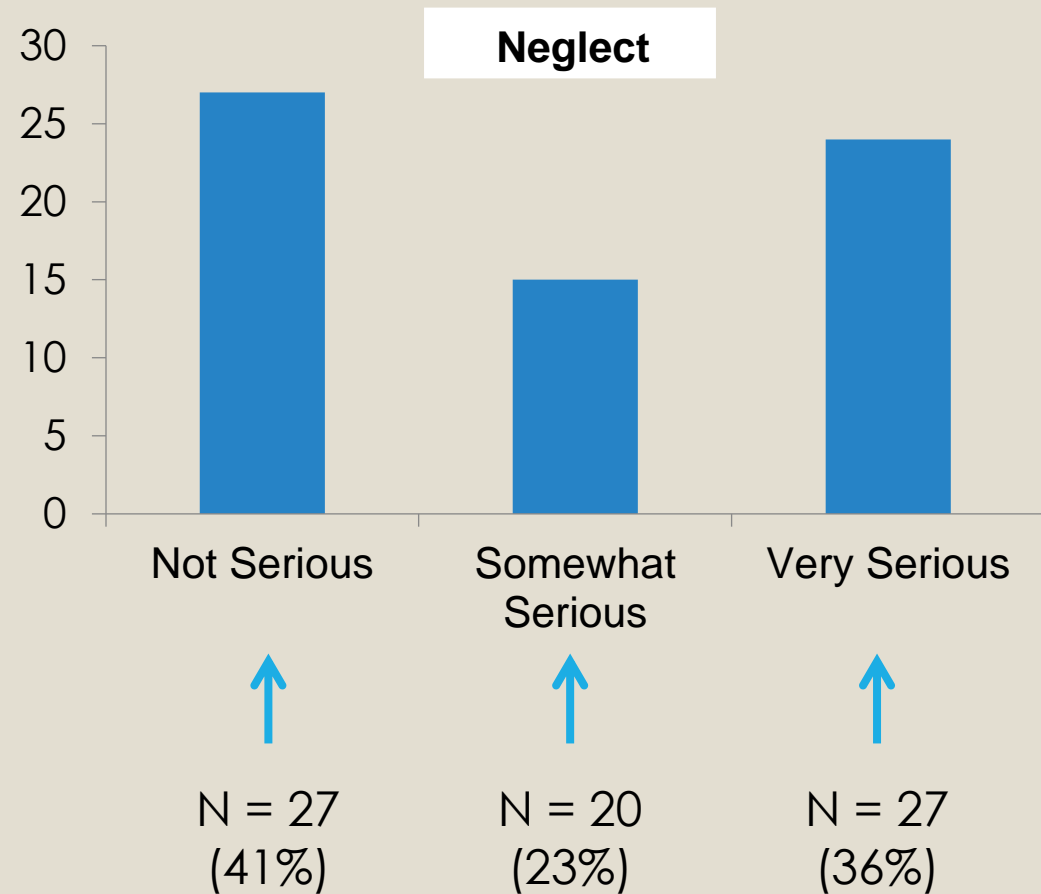
Emotional: N = 106 older adults who reported 10 or more emotional abuse events in past year (CTS items)



Physical: N = 51 older adults who reported at least one physical abuse event in past year based on CTS items



Neglect: N = 66 older adults who reported at least 2 to 10 neglectful events in past year



What Predicts Subjective Appraisals?

Emotional	Physical	Neglect
Frequency of mistreatment behavior(s) (+)	Frequency of mistreatment behavior(s) (+)	Frequency of mistreatment behavior(s) (+)
Distal victim-perpetrator relationship type (+)		Distal victim-perpetrator relationship type (+)
Victim-perpetrator living together (-)		
Functional limitations x dependence (-)		
Victim age (-)		Victim gender

Research Article

Elder Abuse Severity: A Critical but Understudied Dimension of Victimization for Clinicians and Researchers

David Burnes, PhD,^{*.1} Karl Pillemer, PhD,² and Mark S. Lachs, MD, MPH³

Capture Spectrum of Frequency/Multiplicity Severity

One behaviour event in past year



Multiple behaviour types once in past year



Event since age 60 but none in past year



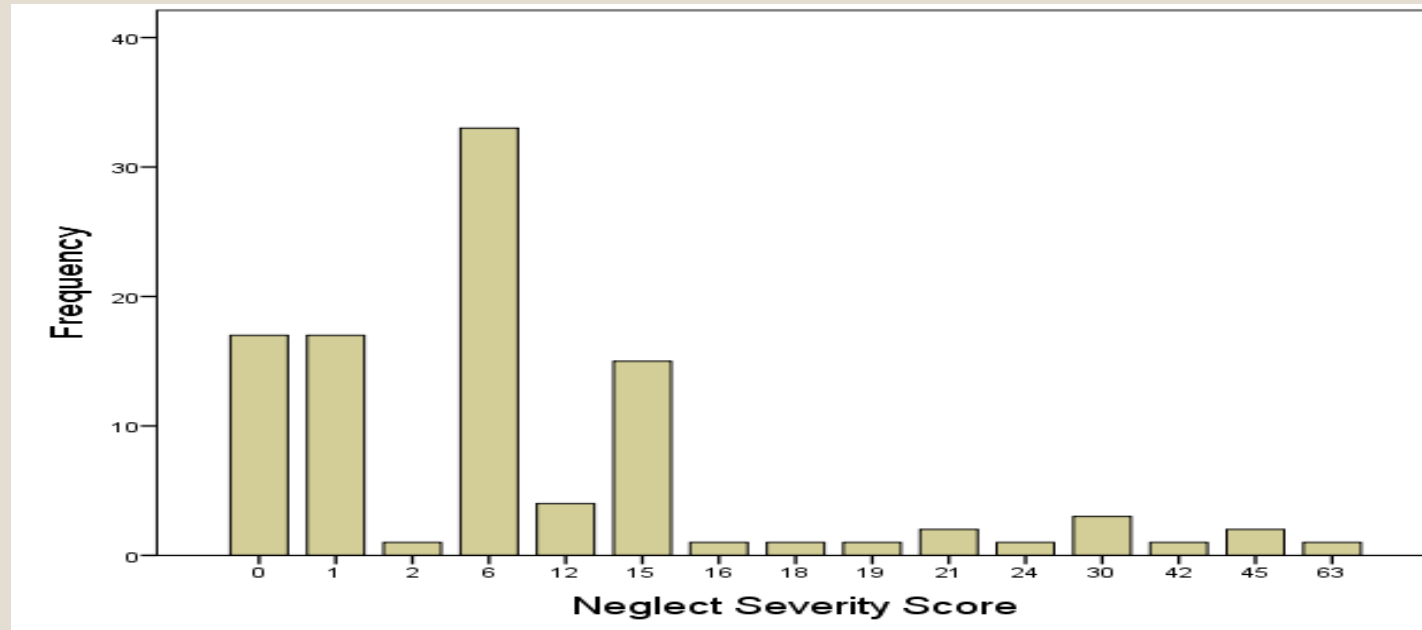
One behavior several times in past year



Multiple behaviour types several times in past year

Distribution of Neglect Severity Scores

N = 109



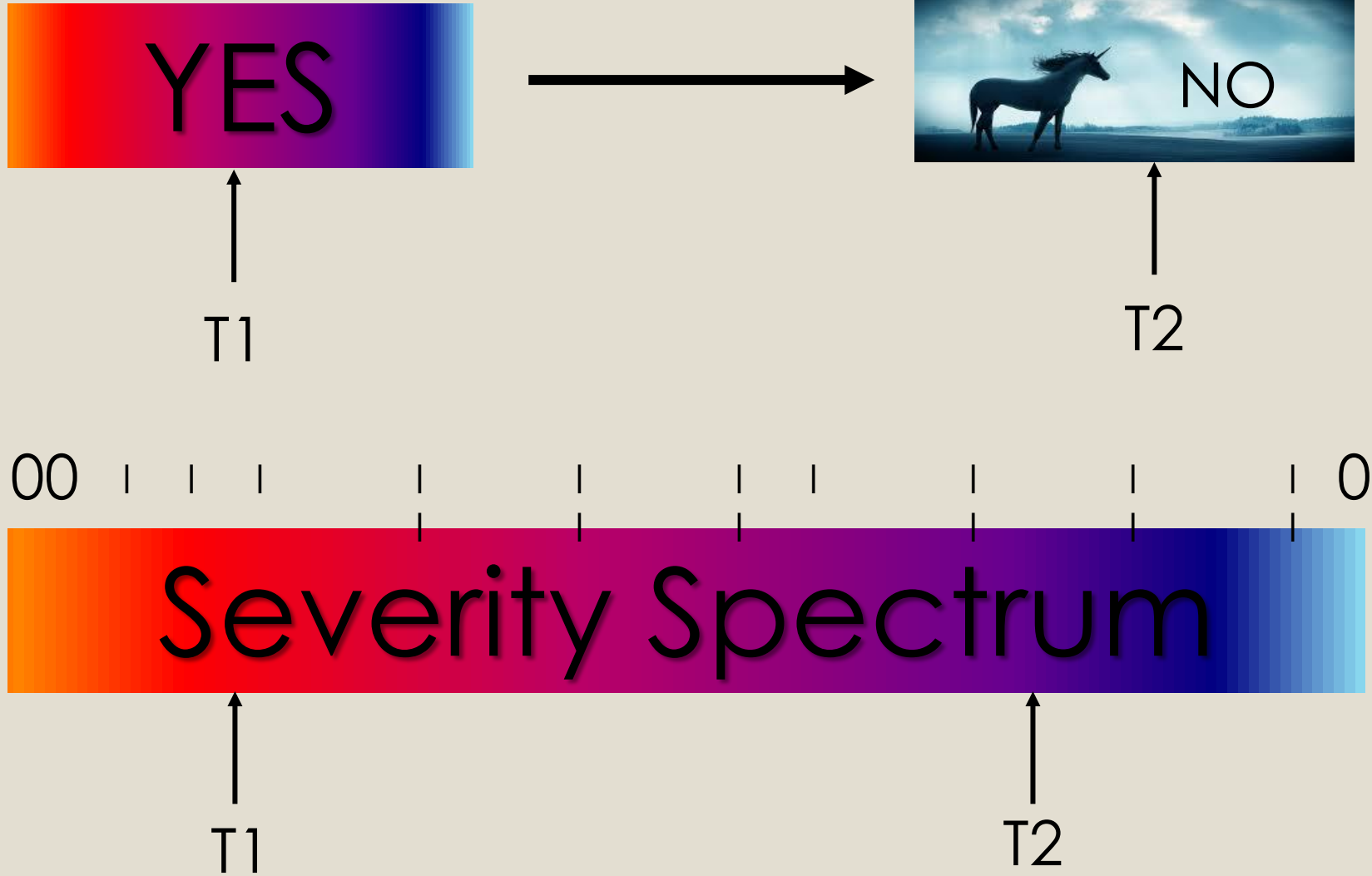
- Distribution of severity scores across cases was positively/right skewed (not normal)
- Mean: 2 to 10 neglectful events per year
- 2-10 times past year (34%)
- >10 times past year (32%)

Clinical Practice

A severity lens is consistent with the way clinicians and clients intervene with the problem of EA

- We rarely completely extricate a victim from their EA situation
- Idea of “complete” case resolution or “elimination” of the problem is not often realistic or desired by older adult
- Clinicians are not necessarily looking to move a case from a “yes” to “no” status
- Binary conceptualization is not how clinicians think

EA Practice Paradigm



*Severity lens offers a different framework
through which to understand EA
intervention practice*

Rigid, Absolute,
Problem
Cessation

(Conventional Binary)



Harm Reduction
& Client-
Centered

(Spectrum)

What Do EA Victims Think?

- In approaching intervention development, want to ensure that perspective of victims themselves is captured as it relates to their victimization experiences
- Qualitative, in-depth, individual interviews with victims (n = 32) living in New York City (JASA-LEAP) or Los Angeles (APS)
- Descriptive phenomenology approach
- Analysis followed a constant comparison process involving two independent coders of verbatim transcripts

National Institute of Justice (2017-VF-GX-0002)

Major Intervention Challenge: Reluctance to Seek Help

Majority of EA victims remain hidden and do not seek help from formal support services

- USA – Burnes et al. (2019): 1 out of every 6 (15%)
- USA - Acierno et al. (2010): 1 out of every 6 (18%)
- NYS - Lachs and Berman (2011): 1 out of 24 (4%)

Only 4% to 18% of EA Victims come into contact with formal support

Understand Why Victims Do Not Seek Help?

Major Themes

- Embarrassment or shame
- Self-blame or guilt
- Fear of perpetrator retaliation
- Stigma
- Problem recognition and acknowledgement
- Fear of what could happen to perpetrator
- Family preservation and reputation

EA intervention needs to go beyond arms-length case management – needs to have the capacity to address difficult psycho-emotional-social challenges, have a restorative stance, and develop rapport and trust

Distressing Aspects of Victimization

To help guide intervention development, need to understand what victims perceive as the most distressing or challenging aspects of victimization, so that we could help address these needs.

In thinking about the [problem] situation, what about it have you found to be most distressing or challenging?

Major Themes

- Disbelief
- Disrespect
- Concern for perpetrator and other family members
- Fear
- Feelings of loss
- Incongruity between survivor wishes and systemic responses
 - Support for perpetrators, alternatives to legal/justice paths

EA intervention needs to have the capacity to address difficult psycho-emotional-social challenges, work with others in the case, and have a restorative stance

JOURNAL OF ELDER ABUSE & NEGLECT
2018, VOL. 30, NO. 3, 209–222
<https://doi.org/10.1080/08946566.2018.1454864>

 **Routledge**
Taylor & Francis Group

 OPEN ACCESS 

The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention

David Burnes, PhD^a, Marie-Therese Connolly, JD^b, Ricker Hamilton, MSW^c,
and Mark S. Lachs, MD, MPH^d

Older adults often want to have the ability to set goals and get support for others involved in the case (e.g., harmer)

Development of RISE

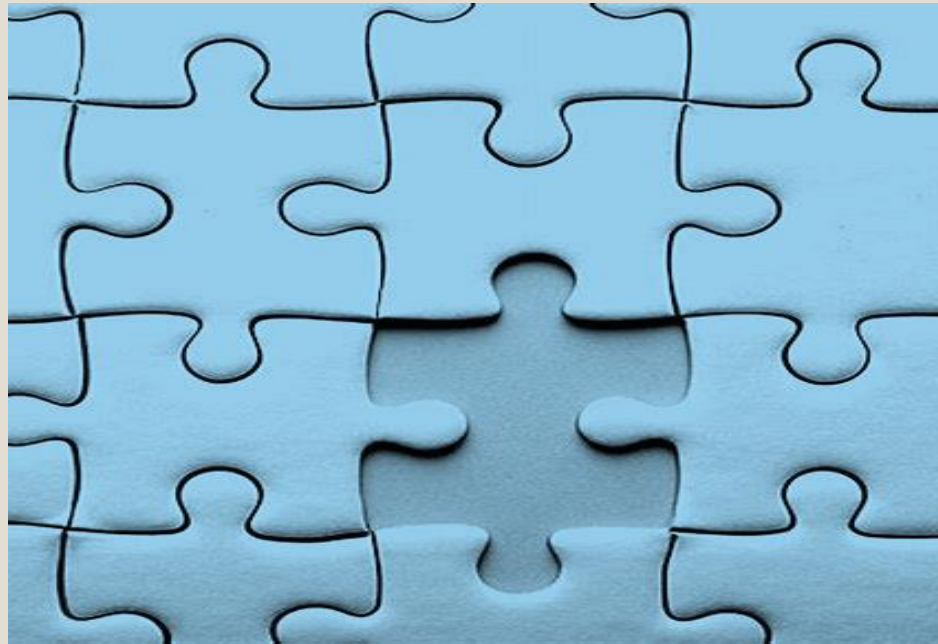


Recent EA Intervention Reviews

- 2020:** Marshall, K., Herbst, J., Girod, C., & Annor, F. (2020). Do interventions to prevent or stop abuse and neglect among older adults work? A systematic review of reviews. *Journal of elder abuse & neglect*, 32(5), 409-433.
- 2019:** Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., ... & National Collaboratory 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.
- 2017:** Fearing, G., Sheppard, C. L., McDonald, L., Beaulieu, M., & Hitzig, S.L. (2017). A systematic review on community-based interventions for elder abuse and neglect. *Journal of elder abuse & neglect*, 29(2-3), 102-133.
- 2016:** Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: global situation, risk factors, and prevention strategies. *The Gerontologist*, 56(Suppl_2), S194-S205.
- 2016: Ayalon, L., Lev, S., Green, O., & Nevo, U. (2016). A systematic review and meta-analysis of interventions designed to prevent or stop elder maltreatment. *Age and ageing*, afv193
- 2016:** Baker, P. R., Francis, D. P., Hairi, N. N., Othman, S., & Choo, W. Y. (2016). *Interventions for preventing abuse in the elderly*. Retrieved from The Cochrane Library:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010321.pub2/pdf/abstract>
- 2015:** O'Donnell, D., Phelan, A., & Fealy, G. (2015). Interventions and Services which Address Elder Abuse: An integrated Review. *National Centre for the Protection of Older People, University College, Dublin*.
- 2014:** Ernst, J, Ramsey-Klawnsnik, H, Schillerstrom, J, Dayton, C, Mixon, P, Counihan, M., (2014) Informing evidence-based practice: a review of research analyzing adult protective services data, *Journal of elder abuse & neglect*, 26(5), 458-94.

Same Message Over and Over

Limited evidence-based EA interventions



Our understanding of effective EA response interventions represents one of largest knowledge gaps in the field.

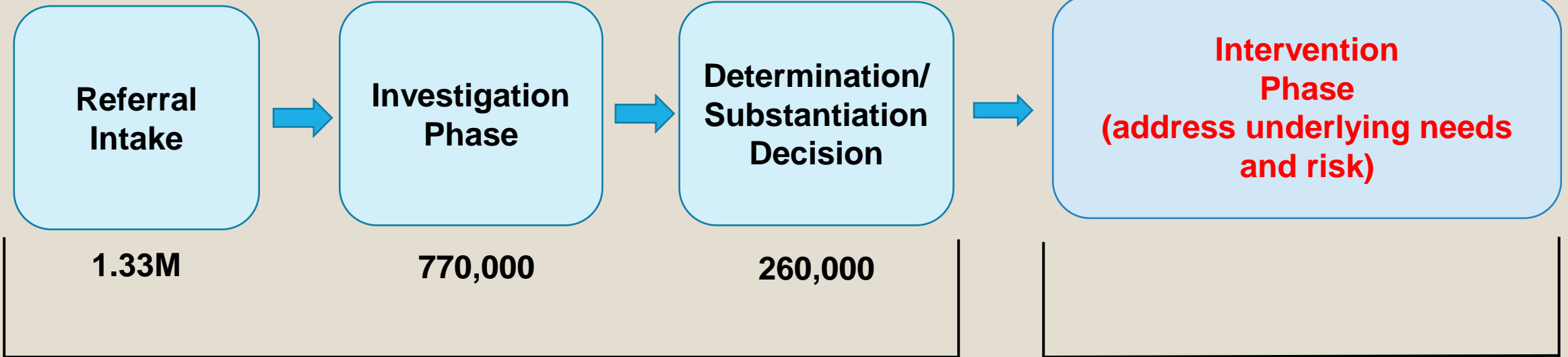
Systemic EASN Service Gap in US Striving to Address

67 days

Brief Intervention, Referrals,
Immediate Safety Needs

55 days

Defined/dedicated, conceptually-
driven, evidence-based



APS

RISE

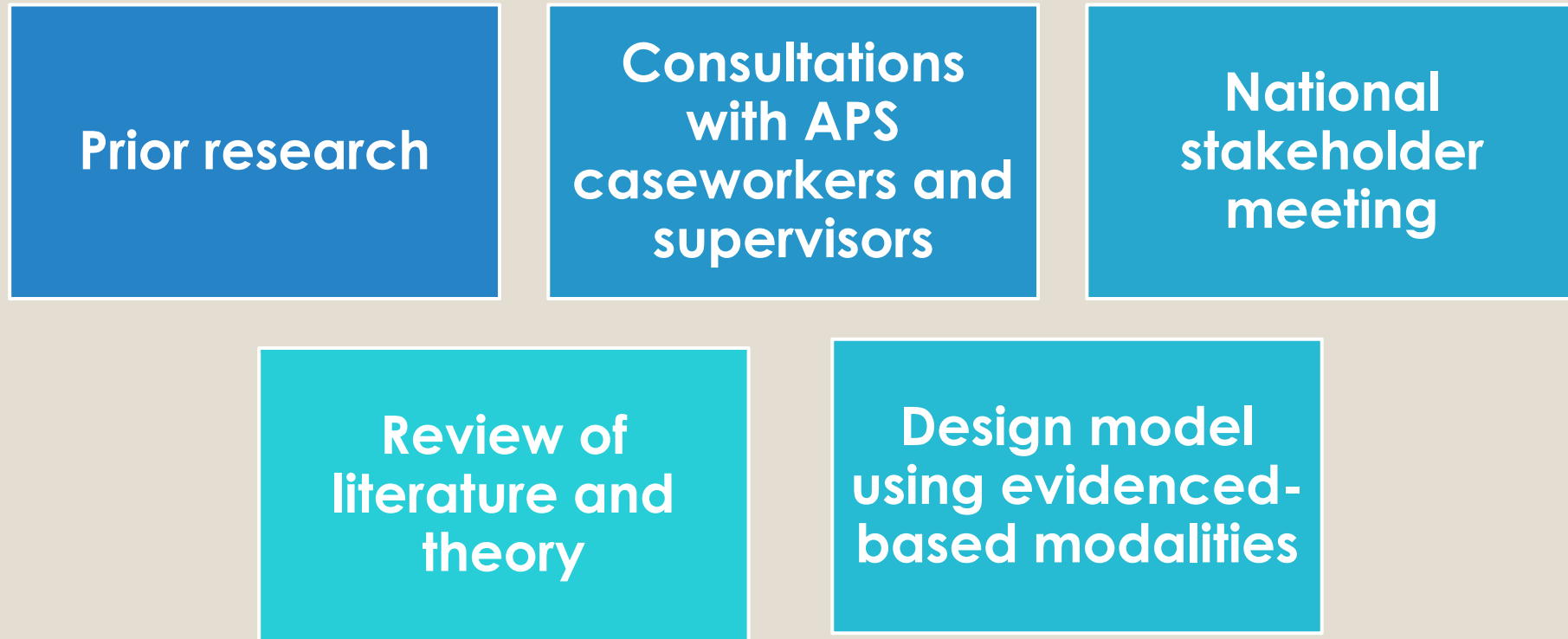
APS/RISE Partnership

Other Structural Issue: Binary interventions

- **One Set of interventions for Victims:**
 - APS
 - Victim services
 - Aging network
 - LTC
- **Another Set of interventions For Alleged Perpetrators**
 - Law enforcement
 - Prosecution

BUT, virtually no help for relationships (even though EA defined to arise "in relationships with expectations of trust") or for others for whom victims want to get help

RISE Intervention Development

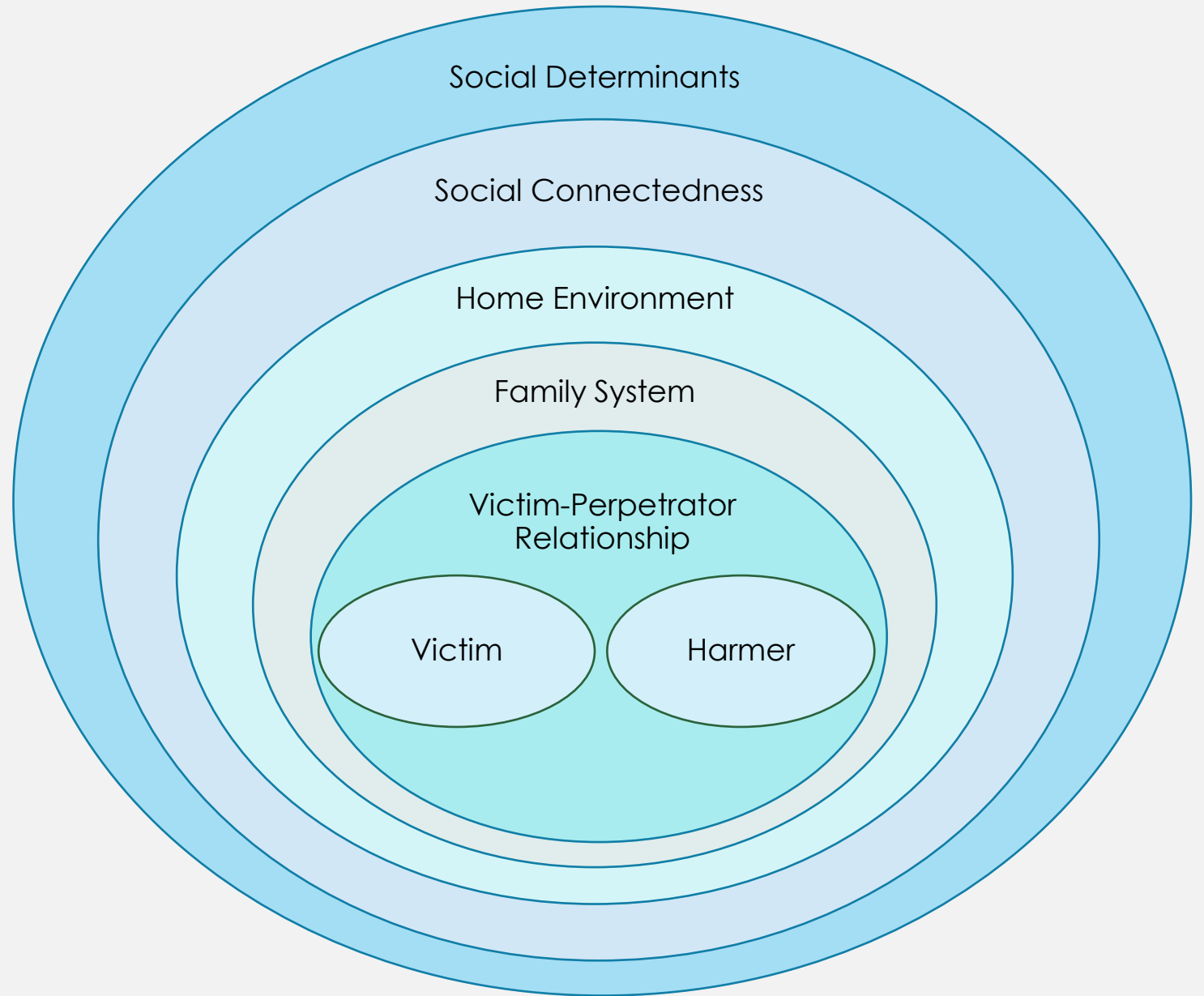


Developed based on extensive consultations from the ground up as a stakeholder-driven, conceptually based, defined model of integrated evidenced-based modalities

Conceptual Frameworks Guiding RISE

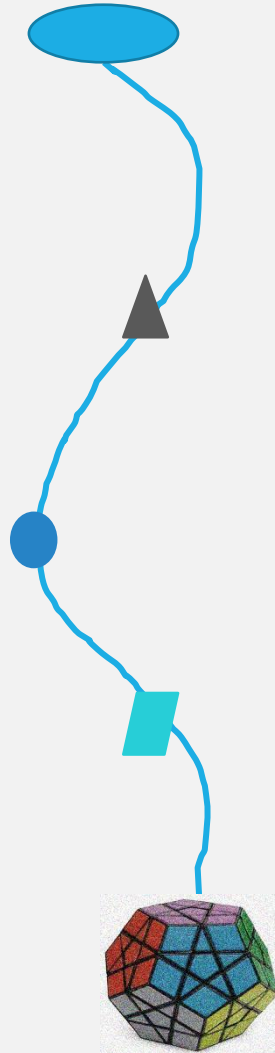


Ecological- Systems Perspective

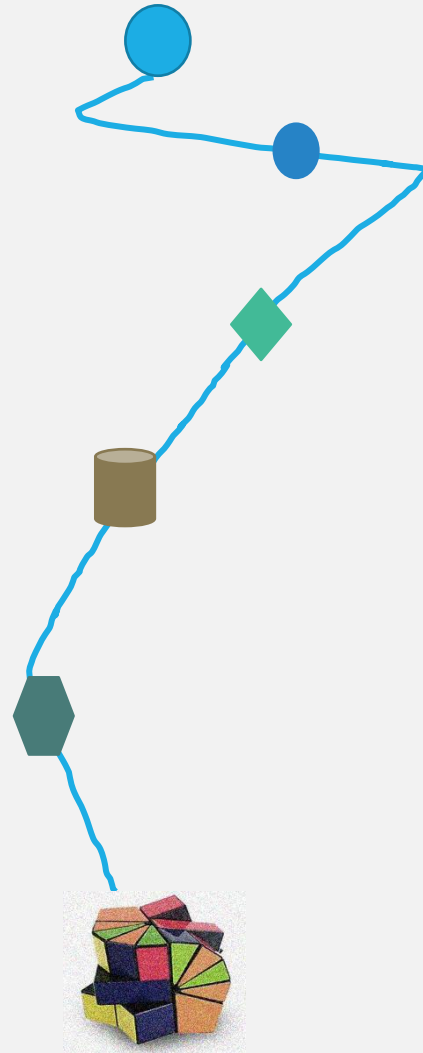


Client-Centered Perspective

Case 1



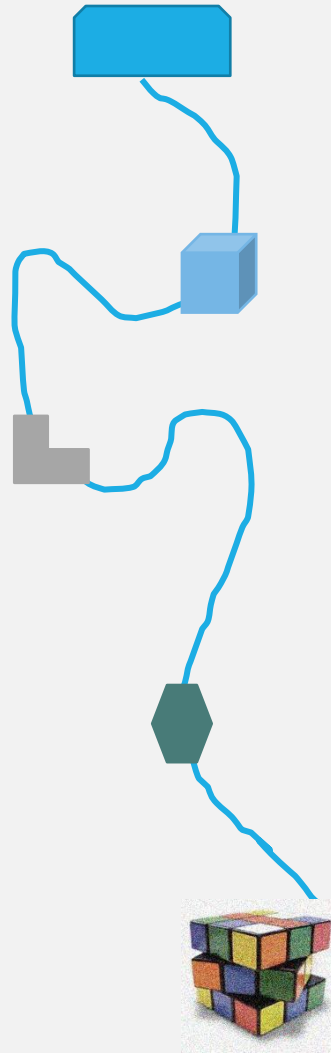
Case 2



Case 3



Case 4



Relational Perspective Critical



Engagement & Empowerment Client - Advocate Relationship

- Humility, curiosity & client goals central to success
- Only 15% EA Vs seek help; most refuse or drop out
- Creative engagement

Relationship Restoration Client - "Harmer" Relationship

- Want help for others
- Fear loss of control
- Want restoration not punishment for harmers

Strengthening Social Support Client - Community Relationship

- Social support protective
- Informal & formal
- Shared responsibility
- More sustainable outcomes

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, alleged harmer and concerned others)

Empower choice — ***Supported Decision-Making***

(Assist people with cognitive impairments to achieve *their* goals)

Engagement and Goal-Setting

The RISE Model

Figure 1:
A conceptual model of integrated and restorative elder abuse intervention.

The Gerontologist
 cite as: *Gerontologist*, 2022, Vol. XX, No. XX, 1–8
<https://doi.org/10.1093/geront/gnac083>
 Advance Access publication June 15, 2022

Forum

RISE: A Conceptual Model of Integrated and Restorative Elder Abuse Intervention

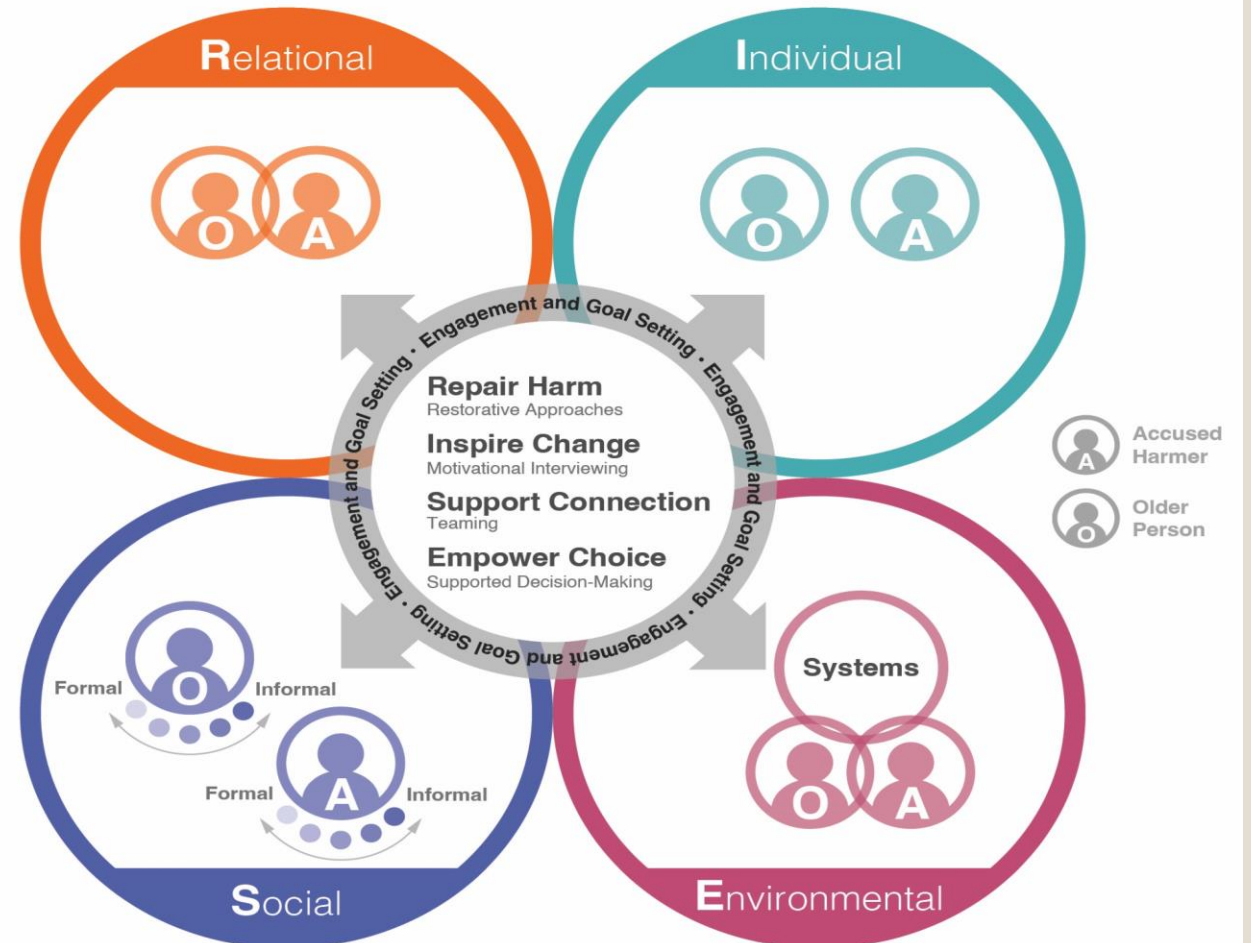
David Burnes, PhD,^{1,*} Marie-Therese Connolly, JD,² Erin Salvo, JD,³ Patricia F. Kimball, MS,⁴ Geoff Rogers, BA,⁵ and Stuart Lewis, MD, FACP⁶

<https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnac083/6608975>

The RISE Model

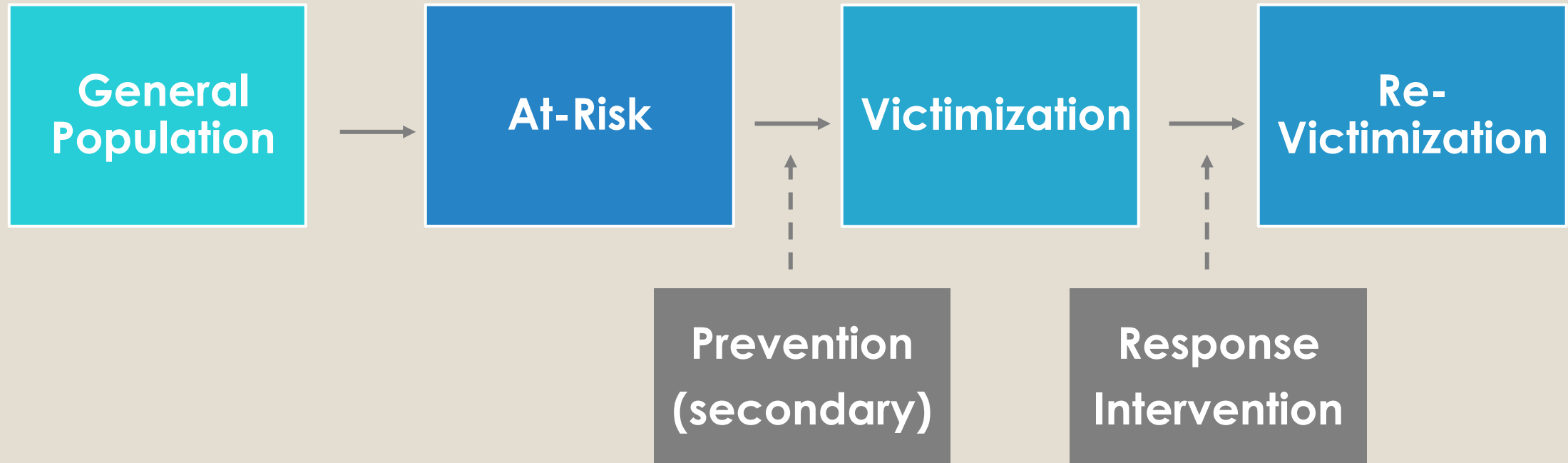
Repair Harm **I**nspire Change **S**upport Connection **E**mpower Choice

A Conceptual Model of Integrated and Restorative Elder Abuse Intervention



Prevention Framework

- Older adults experiencing EASN
- At-risk of EASN with potential for escalation without proper supports in place



Maine

Project Background

- **2018 – 2021: Two-county pilot (data collection)**
U.S. Health and Human Services,
Administration for Community Living
(90EJSG0031-01-00)
- **2021 – 2023: RISE expanded to entire state (16 counties)**
- **July 2023: RISE incorporated into permanent Maine State annual budget**



RISE in Maine

First 4 Years (2019-2023)

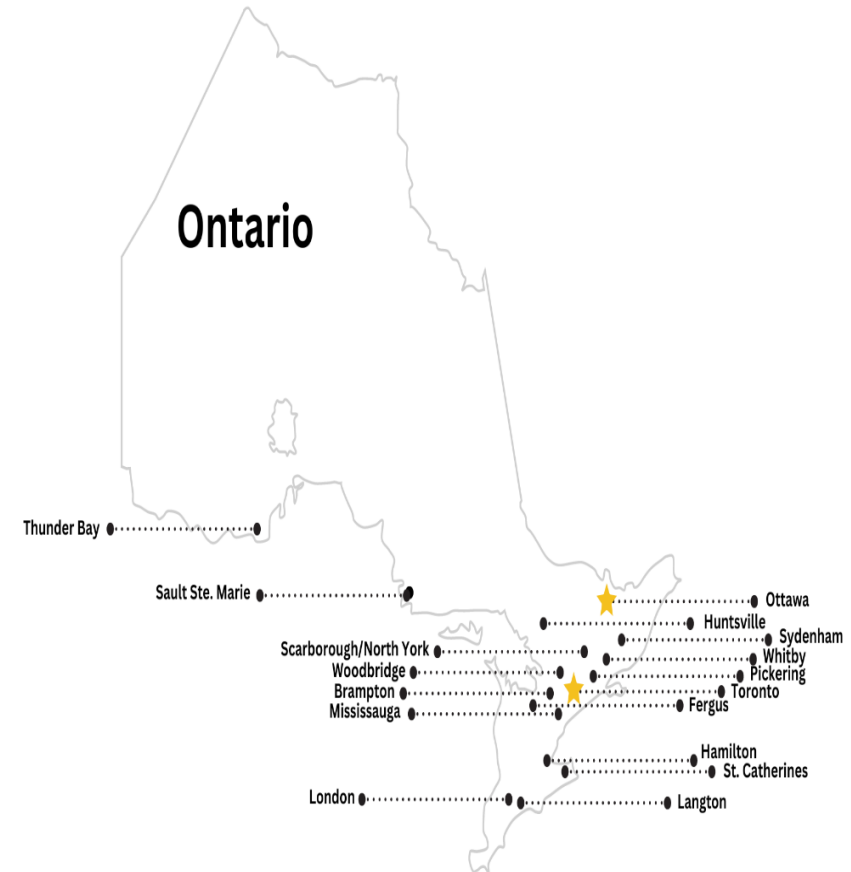
- More than 750 cases since July 2019
- Average client age - 75
- Women (59.8%), Men (40.2%)
- 2 Supervisors, 8 Advocates
- Average caseload 20 cases
- Rural & Urban settings



RISE in Ontario

Three-Year Project

- **Approx. 35 cases since October 2023**
- **Average client age - 74**
- **Women (73.1%), Men (26.9%)**
- **1 Supervisors, 2 Advocates**
- **Increasing caseloads**
- **Rural & Urban settings**



A Community-Based Elder Mistreatment Response Framework in Ontario

Centralized
telephone number
for initial
consultation and
screening

Direct response
and prevention
intervention



Randomized Control Trial

Random Assignment

EAPO Consultation



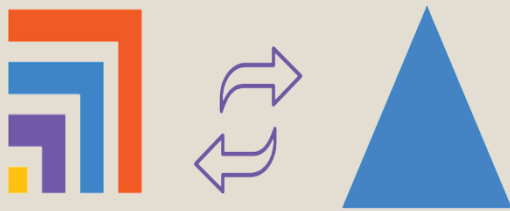
EAPO Consultation + RISE



EASN & Psychosocial Outcomes

RISE Implementation Models

RISE/APS
Complimentary
Partnership



(Maine, NH)

RISE *Within* APS
Partnership



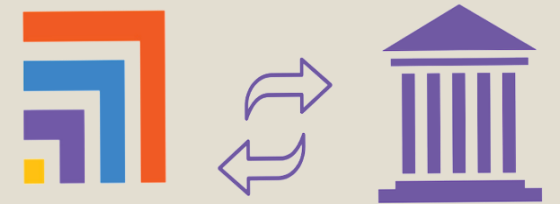
(Montana)

RISE *Stand Alone*
in Community



(Ontario)

RISE/CJ
Complimentary
Partnership



(Seattle)

RISE Evaluation Findings

Evidence for RISE regarding:

- Feasibility
- Acceptability
 - *Client views*
 - *APS worker views*
- Improvement on several important outcomes
 - *Recurrence of APS investigations in complex cases*
- Advocate-client relationship alliance

Feasibility (Engagement and Retention)

- Only 6% of clients referred to RISE decline services following initial attempts at client engagement
 - 94% acceptance of services
- Among clients who accept services with RISE, only 4.5% drop out prematurely
 - 95.5% voluntary retention

Acceptability (Program Satisfaction)

Among active RISE clients:

- 76.6% reported that the program had met “most” or “almost all” needs
- 89.2% reported being “mostly” or “very” satisfied with program services
- 78.3% reported “definitely” coming back to the program if they needed help again

Client-Centered Advocate-Client Alliance

When asked about their working relationship with advocates, RISE clients:

- 81.4% of active clients report that collaborative agreement with their advocate occurs “much” or “all of the time”
- 88.4% of clients believe that advocates respect their choices “much” or “all of the time”

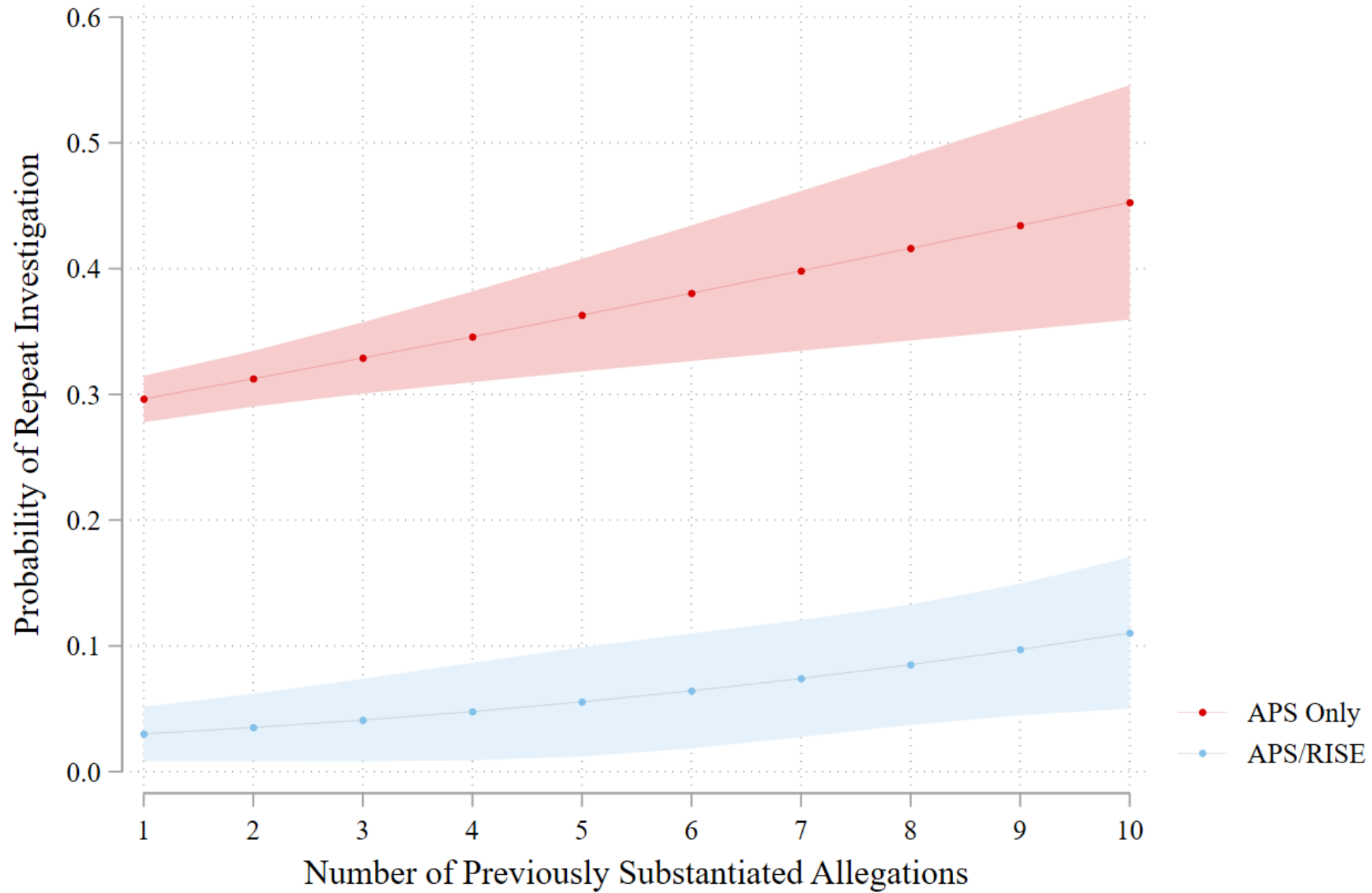
Support for “unlearning” typical approaches

Case Recurrence (Recidivism)

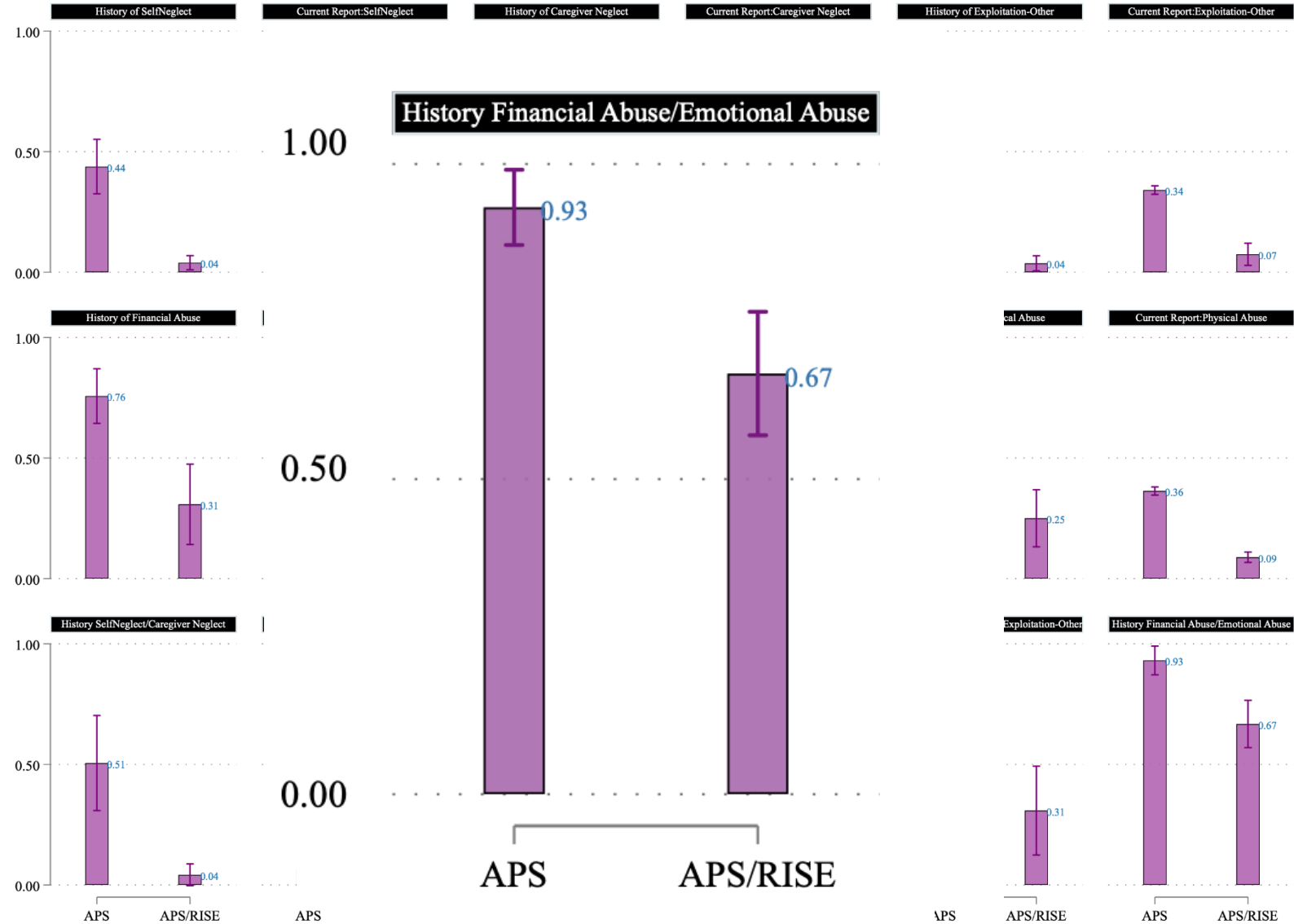
Reduced Case Recurrence by 50%

Comparing cases exposed to RISE to those that did not receive intervention:

- Adjusting for the fact that cases in the APS/RISE partnership were more complex/severe, cases exposed to RISE showed a significantly lower likelihood of re-referral (recidivism) back into the APS system compared to cases that were not exposed ($p < 0.001$)



Probability of a Repeat APS Investigation by Historical Subtype or Current Substantiated Allegation

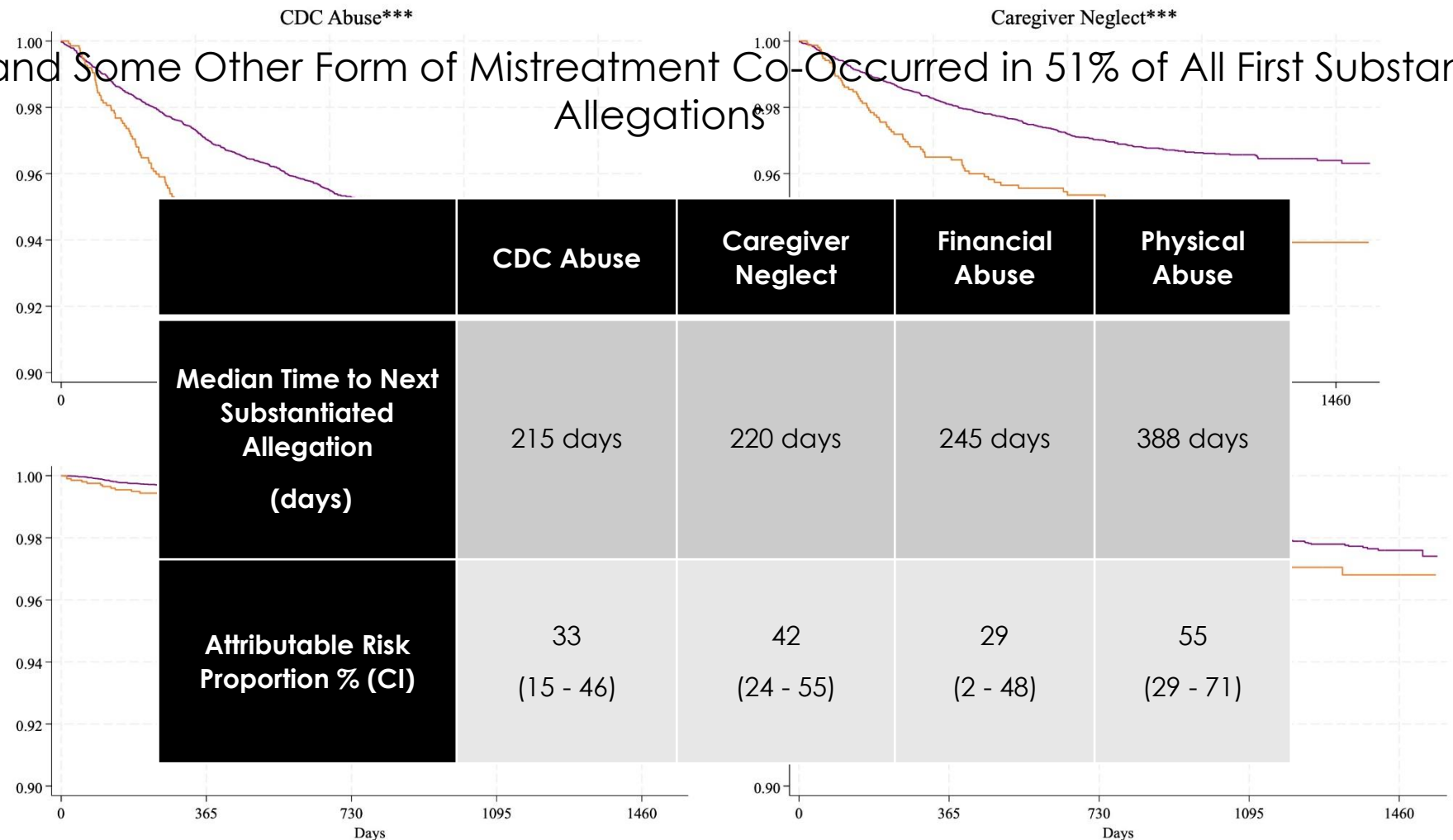


Self-Neglect Co-Occurs and is a Risk Factor for Adult Maltreatment

(N=17,933)

Substantiated Self-Neglect Preceded 38% of all Substantiated Elder Mistreatment

Self-Neglect and Some Other Form of Mistreatment Co-Occurred in 51% of All First Substantiated Allegations



Qualitative Evaluation from APS Practitioners

- Complements existing APS system by addressing needs or providing services outside APS scope – allows APS focus on immediate client safety while RISE advocates work on longer-term, underlying needs toward sustainable change
- Opportunity for case collaboration, mutual support, different perspectives
- Flexibility to work with sub-threshold cases toward prevention
- Perception that partnership with RISE reduces repeat referrals
- Capacity to integrate others into case intervention (e.g., perpetrators, family members, concerned others)
- Partnership contributed to APS caseworker psycho-emotional well-being
- Enhanced opportunities for client engagement and relationship building – enhance openness to change
- Empowering clients and taking a client-centered approach

RISE Research and Evaluation Articles

- Burnes, D., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022a). RISE: An integrated model of elder abuse intervention. *The Gerontologist*, 63, 966-973. <https://doi.org/10.1093/geront/gnac083>
- Burnes, D., Connolly, MT., Hamilton, R., & Lachs, M.S. (2018). The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention. *Journal of Elder Abuse & Neglect*, 30, 209-222. doi:10.1080/08946566.2018.1454864
- Burnes, D., MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022b). Qualitative evaluation of the “RISE” elder abuse intervention model in partnership with Adult Protective Services: Addressing a service system gap. *Journal of Elder Abuse & Neglect*, 45, 329-348. Advance online publication. <https://doi.org/10.1080/08946566.2022.2140321>
- MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S., & Burnes, D. (2023, in press). Use of Motivational Interviewing in the Context of Elder Abuse Intervention: The RISE Project. *Journal of Family Violence*.
- MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S., & Burnes, D. (2022, in press). Use of Teaming in the Context of Elder Abuse Intervention: The RISE Project. *Journal of Elder Abuse and Neglect*
- Lewis, S. Connolly, MT., Salvo, E. Kimball, P., Rogers, G., MacNeil, A., & Burnes, D. (2023). Effect of an Elder Abuse and Self-Neglect Intervention on Repeat Investigations by Adult Protective Services: RISE Project. *Journal of American Geriatrics Society*, 71, 3403-3412. <https://doi.org/10.1111/jgs.18506>

Acknowledgements



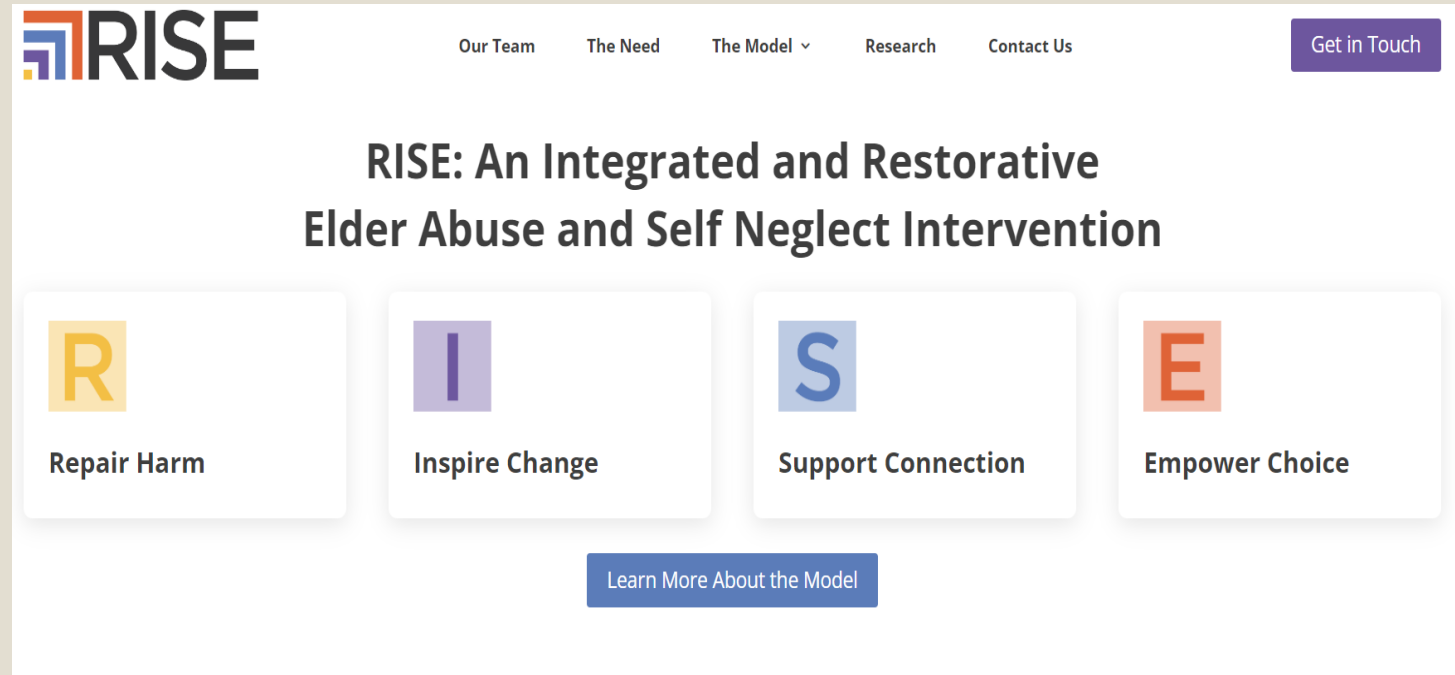
Public Health Agency of Canada

Funding

- U.S. Health and Human Services, **Administration for Community Living** (90EJSG0031-01-00)
- U.S. Health and Human Services, **Administration for Community Living** (90EJIG0033-01-00)
- U.S. Health and Human Services, **Administration for Community Living**, Covid Response and Relief Supplemental Appropriations Act – Grants to Enhance State Adult Protective Services
- **Public Health Agency of Canada** (2223-HQ-000382)

Website and Social Media

risecollaborative.org



Follow Us



@risecollab



RiseCollaborative