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Community-Based Recommendations for the Kalamazoo County Elder Abuse Prevention Task Force

A report prepared by the
WMU Center for Gerontology
for the
Kalamazoo County Elder Abuse Prevention Task Force

*With assistance from students in the Spring 2014
Gerontology 3500 course: Issues in Aging-Service Learning*

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Kalamazoo County Elder Abuse Task Force,

A Western Michigan University gerontology class created a project which was composed of interviews with those who are in contact with vulnerable older adults, led by Janet S. Hahn, Ph.D. The students created a questionnaire based on occupation, knowledge and training on elder abuse, and if the professional had ever witnessed elder abuse personally without giving any identifiers.

The interviewees were recruited through the students' personal contacts or willing participants from the Kalamazoo Area Professionals Focused on Aging organization. The interviews were geared at gaining recommendations from those in the field and also any improvements they suggest.

After the twenty-four interviews were completed, students were given a chance to make their own recommendations. The data were analyzed and compiled by the Center for Gerontology's Graduate Assistant, Jeana Brown.

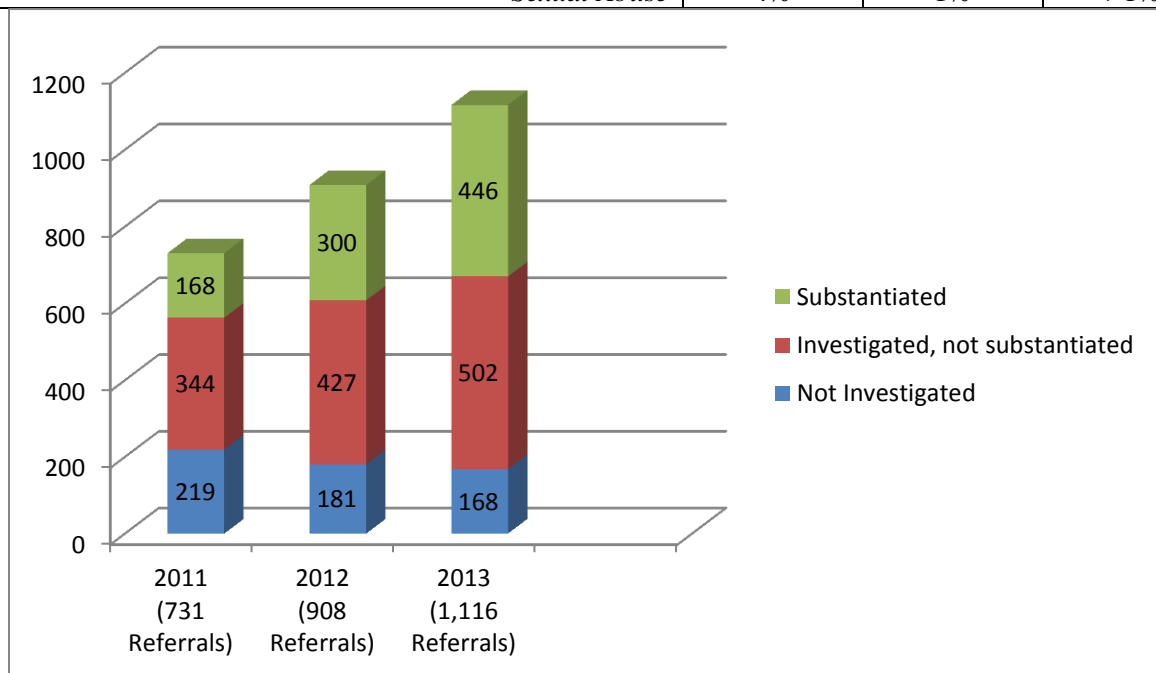
An analysis of recommendations and training suggestions by professional field are included in this report. Recommendations from the students after completing the interviews are also included.

Western Michigan University Center for Gerontology

Background

**Kalamazoo County Adult Protective Services
The Kalamazoo County Department of Human Services**

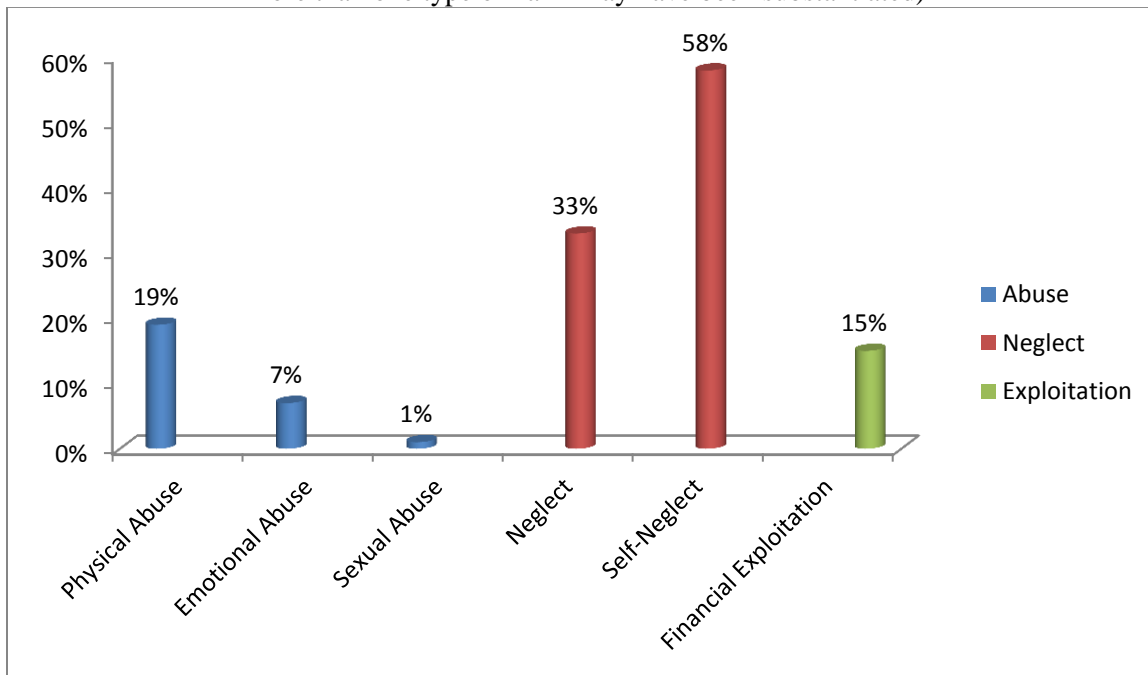
		FY 2012	FY 2013
APS Referrals	731	908	1116
APS Investigations	47%	47%	45%
APS Substantiated Investigations	23%	33%	40%
Substantiated Harm Types			
<i>Emotional Abuse</i>	9%	12%	7%
<i>Financial Exploitation</i>	23%	15%	15%
<i>Neglect</i>	42%	35%	33%
<i>Physical Abuse</i>	22%	8%	19%
<i>Self-Neglect</i>	73%	73%	58%
<i>Sexual Abuse</i>	4%	1%	>1%



Types of Substantiated Harm in Kalamazoo County in FY 2013

(Numbers are percentage of cases.)

More than one type of harm may have been substantiated)



Interview Project

Elder abuse is an umbrella term for physical abuse, emotional abuse, neglect by caregivers, self-neglect, and financial exploitation. State and local resources vary greatly in the level of resources available to investigate suspected abuse and support victims. In 2013 the Kalamazoo County Task Force on Elder Abuse Prevention was formed, with the Principal Investigator, Dr. Hahn, as a member. In order to enrich the decision-making process of this Task Force, we seek more information about the experiences of those who have suspected abuse. We will primarily focus on those in Kalamazoo County, but we may also interview those from other areas to learn about a variety of approaches to elder abuse.

The purpose of this study was to learn about the experience of those who have observed or suspected incidents of elder abuse, neglect or exploitation. This study was completed to aid in creating more awareness and possibly change in the manner the Kalamazoo Elder Abuse Task Force disseminates information and influences resource allocation. Each student investigators conducted two open ended, in-person or telephone interviews with individuals who are in contact with older adults. The individuals in contact were health care professionals, mandatory reporters in civil services, caregivers, friends or family members. Respondents were recruited through word of mouth, places of employment contacts, and by an email send to the Kalamazoo Area Professionals Focused on Aging mailing list by the principal investigator.

Results

Examples of Training Experiences and Recommendations **Based on professional field**

- Nursing(Registered Nurse, private duty, licensed practical nurse, certified nursing assistant)
 - Create more accessible training for recognizing and reporting elder abuse. Training could be advertised by providing transportation, food, and beverages.
 - Assisted living already provides annual training on elder abuse and neglect; this includes annual in-services on elder justice act and dementia training with elder abuse components.
 - Hope in future to have more affordable memory care units and assisted living facilities.
 - Training on elder abuse, should be accessible to all different socioeconomic classes. “Dementia does not discriminate.”
 - With more training have people understand things from the patient’s point of view. Many are scared or confused
 - If allegations of elder abuse are by an employee and there is evidence to back it up, the employee is fired. (Many employees do not report because they do not want to get in trouble or fired)
 - Suggests education on advance directives at an earlier age and educating elderly on what is mental and physical abuse to prompt them to take action by getting authority involved.
 - Need organization to help elders get back on their feet after suffering from abuse
 - Training use to be mandated by the state for those who work with the elderly.
 - Needs more education about abuse, harsher penalties for committing abuse, and money set aside for guardianship program, assisted living, and adult foster care for elderly.
 - Use of nursinghomealert.com
 - Urges those who work with elders to participate in organizations like the Commission on Aging and Coalition against vulnerable adult abuse
 - Completes continuing education modules on elder abuse
 - Train staff and tellers at banks about signs of elder financial exploitation
- Management (pharmacist consultant, home health agency management , case manager, director of nursing, service coordinator)
 - Nursing home offers Continuing Education classes
 - Increasing education in the community is important, nursing home has 1-800 number posted at the elevator
 - Required to take courses specific to elder abuse for home health agencies. Seminars were offered through Medicare for identifying elder abuse and patient advocacy.
 - Known area resources are temporary shelters, food bank, adult protective services, hospitals, police, counseling, social worker, and sheriff department
 - Information on Guardian Finance and Advocacy and they come to the senior’s homes to help with their finances
 - Director of nursing boot-camp where it is talked about
 - Many people do not take elder abuse seriously because of dementia or other mental disability but everything must be investigated.
 - Knowledge of elder law in Michigan

- “Adult protective services would help the cause, but within the health system there really isn’t any support.
- Believe the knowledge and education on elder abuse cannot be once learned; the topic is ever changing with circumstances and events.
- Caregivers need to learn how to deal with stress, so they do get frustrated so easily with those whom they are caring for.
- Urges those who work with elders to participate in organizations like the Commission on Aging and Coalition against vulnerable adult abuse
- Social Workers
 - Task force could require a workshop or classes that wish to work with elders
 - Adult Protective Services could monitor differently
 - Those working with elders need mental health training, training the children of older adults.
 - Adult day cares could use social models instead of medical model
 - Has attended workshops for those to with to work with elders
 - Education, family thinks they deserve money
 - Medicare has made cut on mental health counseling which included segments on elder abuse.
 - Could have training offered for elder abuse at Western Michigan University for professionals in the area
 - State of Michigan requirement for abuse training (Western Michigan had training in courses requirements)
 - Wishes reporters could know outcomes for their emotional well-being
 - Common barriers to reporting, elder refuse help or they have severe dementia and do not know they need help
 - Routine in house training on what abuse of the elderly encompasses: neglect, physical, emotional, sexual abuse, and exploitation
 - Needs more places to provide in-home respite services for caretakers
 - Training on what constitutes as financial exploitation
 - Attended APS seminars
- Hands- on providers (direct care staff, Occupational Therapists)
 - Received in-services on elder abuse (how to report, how to deal with, and how to recognize
 - More training on common signs, bruising, pulling away when touched, jerking, “Don’t call this person they may get upset”, and “ Don’t call that aide, they hate it when I wet myself.”
 - People need to know of community resources and not just at their place of work
 - Need organization to help elders get back on their feet after suffering from abuse
 - In reference to knowing who to report to “Similar to a fire, drill, you just know and you do it. You have to be able to react because otherwise you’ll get so caught up in the moment that you won’t have time to look it up.”
 - Was given video on elder abuse and detecting elder abuse, in training for job
 - Facilities and entities dealing with older adults should offer education on abuse, how to recognize, and prevent it.
 - Community needs to be informed on how real abuse is
 - Was trained on signs and symptoms to record during basic observations (behaviors such as hesitant, depressed, crying, and fearful)

Notes for Elder Abuse Task Force

- Registered Nurse, assisted living
 - Create more accessible training for recognizing and reporting elder abuse. Training could be advertised by providing transportation, food, and beverages.
 - Assisted living already provides annual training on elder abuse and neglect; this includes annual in-services on elder justice act and dementia training with elder abuse components.
 - Believes there is a lack of education in the community, increase education in dementia
 - The most common types observed is neglect/ self-neglect (unintentional- cognitively cannot take care of self)
 - Hope in future to have more affordable memory care units and assisted living facilities.
 - Training on elder abuse should be accessible to all different socioeconomic classes. “Dementia does not discriminate.”
- Occupational Therapist, previously employed at an assisted living and nursing home
 - Received in-services on elder abuse (how to report, how to deal with, and how to recognize
 - Believes family financial abuse occurs most frequently, wants family member to move home even though they may not be well enough.
 - To prevent abuse get the county involved, delegate money, and pay more attention
 - People need to know of community resources and not just at their place of work
 - More training on common signs, bruising, pulling away when touched, jerking, “Don’t call this person they may get upset”, and “ Don’t call that aide, they hate it when I wet myself.”
- Social Worker
 - Task force could require a workshop or classes that wish to work with elders
 - Adult Protective Services could monitor differently
 - Those working with elders need mental health training, training the children of older adults.
 - Adult day cares could use social models instead of medical model
- Certified Nursing Assistant, dementia care facility
 - With more training have people understand things from the patient’s point of view. Many are scared or confused
 - If allegations of elder abuse are by an employee and there is evidence to back it up, the employee is fired. (Many employees do not report because they do not want to get in trouble or fired)
- Pharmacist Consultant, nursing home
 - Many older adults in the nursing homes have bedsores or suffer from dehydration
 - Nursing home offers Continuing Education classes
 - Increasing education in the community is important, nursing home has 1-800 number posted at the elevator
 - Neglect, self- neglect is most common
- Direct Care Worker, adult foster care home from those with mental disabilities
 - Need organization to help elders get back on their feet after suffering from abuse
- Private duty nurse aid
 - Mostly see financial exploitation
 - Suggests education on advance directives at an earlier age and educating elderly on what is mental and physical abuse to prompt them to take action by getting authority involved.
- Occupational Therapist, adult day care and hospital

- Veteran's Hospital has cameras and social workers on staff
- Barrier of being a federal agency, reporting outside of VA can be difficult because the federal government prefers to be involved.
- In reference to knowing who to report to "Similar to a fire, drill, you just know and you do it. You have to be able to react because otherwise you'll get so caught up in the moment that you won't have time to look it up."
- Home health agency Management
 - Required to take courses specific to elder abuse for home health agencies. Seminars were offered through Medicare for identifying elder abuse and patient advocacy.
 - Known area resources are temporary shelters, food bank, adult protective services, hospitals, police, counseling, social worker, and sheriff department
- Social Worker, social service agency
 - Has attended workshops for those to with to work with elders
 - Most common form seen in financial abuse
 - Education, family thinks they deserve money
 - Medicare has made cut on mental health counseling which included segments on elder abuse.
 - Could have training offered for elder abuse at Western Michigan University for professionals in the area
- Retired LPN, volunteers at adult foster care
 - Training use to be mandated by the state for those who work with the elderly.
 - Needs more education about abuse, harsher penalties for committing abuse, and money set aside for guardianship program, assisted living, and adult foster care for elderly.
- Social Worker, skilled nursing facility
 - State of Michigan requirement for abuse training (Western Michigan had training in courses requirements)
 - Other professionals in the medical field need training too
 - Financial abuse is more common than physical
 - Wishes reporters could know outcomes for their emotional well-being
- Clinical Social Worker, owner of mental health agency and home health agency
 - Classes and certifications
 - Common barriers to reporting, elder refuse help or they have severe dementia and do not know they need help
- Licensed social Worker, with elderly population
 - Routine in house training on what abuse of the elderly encompasses: neglect, physical, emotional, sexual abuse, and exploitation
 - Needs more places to provide in-home respite services for caretakers
 - Training on what constitutes as financial exploitation
- Case manager, subsidized apartment housing for older adults
 - Company she works for is national church residencies and has online video training that teaches them about elder care and how to do APS reports
 - In the aging process people become vulnerable and cannot protect themselves anymore, we need to do our part in preventing abuse
 - Information on Guardian Finance and Advocacy and they come to the senior's homes to help with their finances
- RN, Case Manager at hospice
 - Bigger penalties for abusers
 - Use of nursinghomealert.com
 - Report anything you suspect
- Director of Nursing

- Director of nursing boot-camp where it is talked about
 - Many people do not take elder abuse seriously because of dementia or other mental disability but everything must be investigated.
- Older Adult advocate
 - Knowledge of elder law in Michigan
 - “Adult protective services would help the cause, but within the health system there really isn’t any support.
- Service coordinator of senior living community
 - Believe the knowledge and education on elder abuse cannot be once learned; the topic is ever changing with circumstances and events.
 - Caregivers need to learn how to deal with stress, so they do get frustrated so easily with those whom they are caring for.
- RN, home care business owner
 - Urges those who work with elders to participate in organizations like the Commission on Aging and Coalition against vulnerable adult abuse
- OT, at hospital
 - Was trained on signs and symptoms to record during basic observations (behaviors such as hesitant, depressed, crying, and fearful)
- CNA, assisted living
 - Was given video on elder abuse and detecting elder abuse, in training for job
 - Facilities and entities dealing with older adults should offer education on abuse, how to recognize, and prevent it.
 - Community needs to be informed on how real abuse is
- RN
 - Completes continuing education modules on elder abuse
 - Train staff and tellers at banks about signs of elder financial exploitation
- MSW, cancer center
 - Attended APS seminars.

Recommendations from Students to the Elder Abuse Task Force

- Create more accessible training for recognizing and reporting. Should advertise and make more attractive with food, beverages, and transportation.
- Increase education on elder abuse
- Education on advance directives at younger ages
- Increase family supports for being reporters
- Business cards for reporting procedures and phone number for reporting made available at locations where older adults frequent.
- Screening for caregivers
- Require workshops for those who work with older adults
- Support groups for victims.