"Elder Abuse: A Pharmacist's Role"

Special thanks to Leslie Vitin, PharmD

"Elder Abuse: A Pharmacist's Role" is presented in the Special Population Module in Therapeutics at USC for third-year students. Using the scenarios provided, it would also be appropriate for presenting to community pharmacists. By tailoring the scenarios, it could easily be adapted for presenting to clinical pharmacists.

Learning Objectives:

- Understand the etiology of Elder Abuse to increase awareness
- Distinguish between the categories of Abuse
- Identify signs/symptoms of Elder Abuse as a health professional and mandatory reporter
- Review the steps of reporting when abuse is suspected

The materials available for the workshop "Elder Abuse: A Pharmacist's Role" include:

- Powerpoint slides
- Lecture Notes
- Test and Answer Key
- Handouts

Instructor Preparations

Information to obtain prior to making presentations:

- Relevant statutes if you are not in California
- Contact information for reporting agencies in your area (Adult Protective Services, Long-Term Care Ombudsman, Law Enforcement, Licensing & Certification) {see slides__}
- Sample copies of the Report of Suspected Elder or Dependent Adult Abuse which can be downloaded from
- http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf
- Know the reporting procedures at your training clinic(s)
- Recognize that many learners are survivors of interpersonal violence or know someone who is a survivor and that others may find the content personally difficult. Make available accessible, non-discriminatory counseling and mentoring programs.

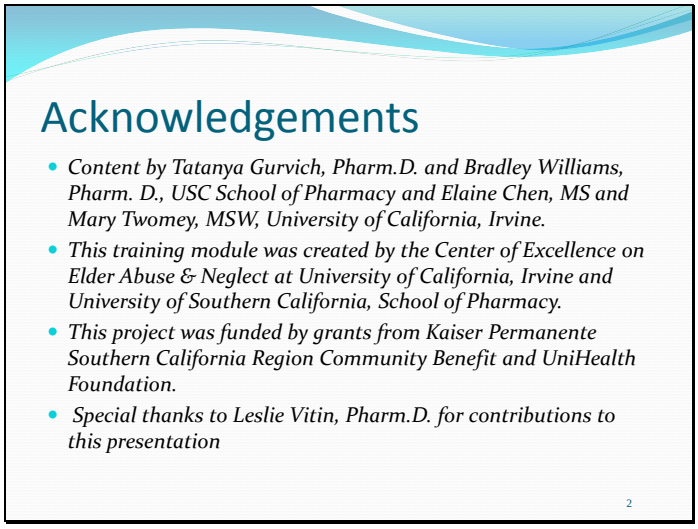
Presentation Notes

Slide 1

Note to Instructor:
This slide-based lecture was designed for a one-hour workshop for third-year pharmacy students. This presentation could also be used to train community pharmacists.

Visit www.centeronelderabuse.org/Kaiser_Pharmacy.asp to download a copy

Slide 2



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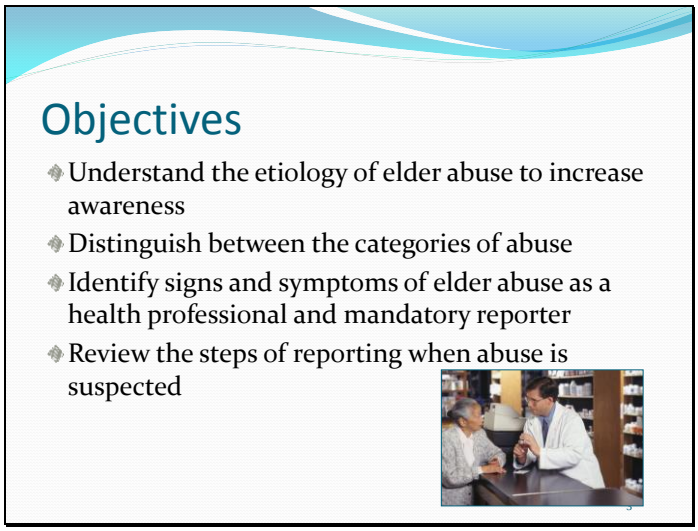
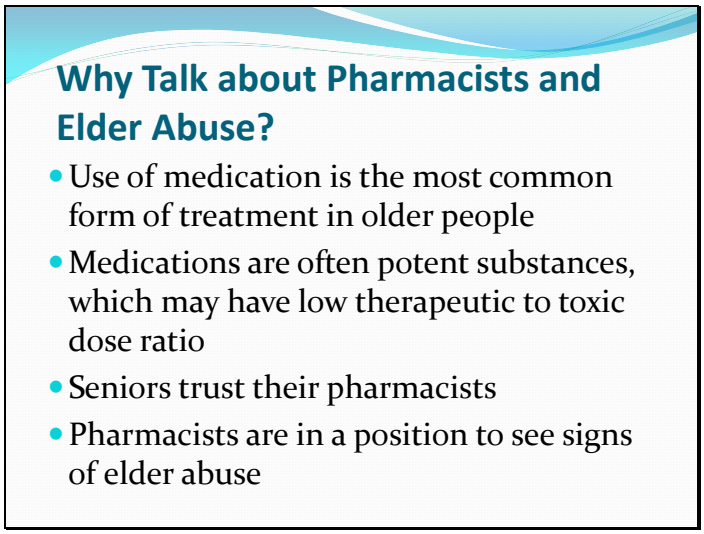


In the course of this workshop, you will:
*Understand the etiology of Elder Abuse to increase awareness
*Distinguish between the categories of Abuse
*Identify signs and symptoms of Elder Abuse as a health professional and mandatory reporter
*Review the steps of reporting when abuse is suspected

Slide 4



Older adults use more medicines than other age groups, and are at increased risk of serious adverse drug events
for a number of reasons (e.g., age-related physiological changes, use of multiple medicines, drug interactions, inappropriate prescribing and monitoring of drug therapy).

In addition, most older adults live with at least one chronic condition, take multiple medicines, have more than
one prescribing healthcare provider and use at least one pharmacy.
(Source: *MUST for Seniors™,* www.mustforseniors.org NCPIE 2007. National Council on Patient Information and Education – NCPIE)

Pharmacists will have many elderly patients. And, they are trusted by those patients. Pharmacists are in a unique position to see signs of possible abuse of medications whether done by the senior him or herself or by a possible abuser.

Knowing the signs of elder/dependent adult abuse and knowing how to report suspected abuse are important skills for all pharmacists.

Slide 5

Where do Pharmacists Fit in?

- **Mandated Reporters: Health Care providers**
  - Any setting/scope of practice:
  - Clinical Pharmacists in ANY setting
  - Community Dispensing Pharmacists
  - Pharmacists Consultants

Pharmacists are mandated reporters, in any setting on scope of practice.

This includes clinical pharmacists, community dispensing pharmacists, and pharmacist consultants.

We'll talk about how to make a report a little later.

Slide 6

Mandated Reporters

- Full or intermittent responsibility of care or custody of an elder or dependent adult with or without compensation
- **Health practitioners**, clergy members, care custodians, employees of county adult protective services agencies, local law enforcement agencies, and employees of financial institutions

Who is a mandated reporter?
Anyone with full or intermittent responsibility of care or custody of an elder or dependent adult with or without compensation

This includes:
Health practitioners, clergy members, care custodians, employees of county adult protective services agencies, local law enforcement agencies, and employees of financial institutions
Anyone can make a voluntary (non-mandatory) report as well.

Slide 7

From Request for Renewal of California Pharmacist License

Under California law each person licensed by the Board of Pharmacy is a **"mandated reporter"** for both child and elder abuse or neglect purposes.

Pharmacists are mandated reporters for both child and elder abuse or neglect purposes.

Created by the Center of Excellence on Elder Abuse & Neglect at University of California, Irvine and University of Southern California, School of Pharmacy. Funded by grants from Kaiser Permanente Southern California Region Community Benefit and UniHealth Foundation. Visit www.centeronelderabuse.org to download a copy

Slide 8

You must report elder abuse

California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency [generally law enforcement, state, and/ or county adult protective services agencies, etc…] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/ or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

That means if you observe, know of or reasonably suspect abuse or neglect, you must contact a reporting agency and let them know.

Slide 9

Medication Abuse

Medication abuse occurs when medication is overused, underused or misused, resulting in harm to an older person

The medication may or may not have been prescribed for the older person

The abuse occurs within a relationship of implied trust

Slide 10

Overuse and Underuse

Medication overuse occurs where medication is used for the correct indication but is given in higher doses than indicated

Medication underuse occurs where medication is used for the correct indication but is given in lower doses than indicated, or is withheld

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Slide 11

Medication Abuse

Medication misuse occurs where:

- incorrect medication is given
- medication is given for the wrong reason or is used for a different purpose to its indication

Slide 12

An "Elder" is…

Varies from state to state but generally is someone 65 years and older;

ALSO, don't forget:

"Dependent adult" is 18-64 years AND

"who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age."

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Slide 13

Types of Abuse

- **Physical Abuse**
- **Financial Abuse**
- **Emotional Abuse**
- **Sexual Abuse**
- **Neglect**
- **Self-Neglect**

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Content - There are 7 types of reportable abuse in California
Note new additions based on new law SB 2199 - Self-Neglect, Abandonment, Abduction.
The 8th type of abuse, emotional/psychological abuse, is clinically recognized but not mandatory to report. Of course, it can still be reported even though it's not covered by the mandated reporting laws.

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Slide 14

How common is elder abuse?

It's a good question, but a hard one to answer.

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Slide 15

Why is it hard to answer?

- Reluctance to admit
  - Shame
  - Fear of losing independence
  - Fear of being moved
- Unlike kids, older adults can quietly disappear from society without much inquiry
- May be too incapacitated to report
- Signs of abuse may be missed/mistaken for "usual aging"

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Slide 16

FOR EVERY REPORT OF ABUSE....

At least 5 GO UNREPORTED

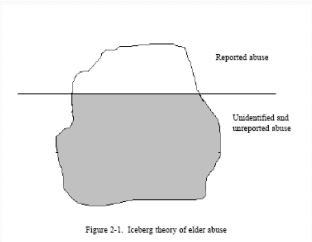

Figure 2-1. Iceberg theory of elder abuse

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This finding is very important in understanding just how large the problem of elder abuse is. There are likely many victims of abuse being seen in clinics and ER's without having it recognized.

The National Elder Abuse Incidence Study , 1998, The National Center on Elder Abuse at The American Public Human Services Association* in Collaboration with Westat, Inc.

Slide 17

Best available estimates on prevalence:

- Between 1 and 2 million Americans age 65 or older have been injured, exploited or otherwise mistreated by someone on whom they depended for care or protection. (2003)
- Between 2 and 10 percent of older adults 65+ are victims of some form of abuse or neglect. (2004)

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Bonnie & Wallace, Eds, *ELDER MISTREATMENT: Abuse, Neglect, and Exploitation in an Aging America,* National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect, (2003), Preface.

M. Lachs & K. Pillemer, Elder abuse, *Lancet*, *364* (2004), 1192-1263.

Slide 18

National Elder Mistreatment Study

- **11% of older adults (they studied people without dementia between 60 and 85 years)** reported at least one form of mistreatment in the past year (excluding financial abuse).
- Most common types of past-year mistreatment:
  - Current potential neglect: 5.1%
  - Emotional mistreatment: 4.6%
  - Current financial exploitation by family: 5.2%

(Acierno, 2009)

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The overall aim of this project was to conduct a national epidemiological study to determine prevalence and risk factors for elder mistreatment in community residing older adults.

Past-year prevalence were as follows:
Current potential neglect: 5.1%
Emotional mistreatment: 4.6%
Current financial exploitation by family: 5.2%
Physical mistreatment: 1.6%
Sexual mistreatment: 0.6%
Lifetime financial exploitation by a stranger was also obtained: 6.5%

Note that they excluded from this study older adults over 85 years and those with dementia—which are also the groups MOST AT RISK (according to other studies).

NATIONAL INSTITUTE OF JUSTICE, *Ron Acierno Ph.D.; Melba Hernandez-Tejada M.S.; Wendy Muzzy B.S.; Kenneth Steve M.S.*

Slide 19

Now let's look at what is happening to the numbers of seniors in the United States.

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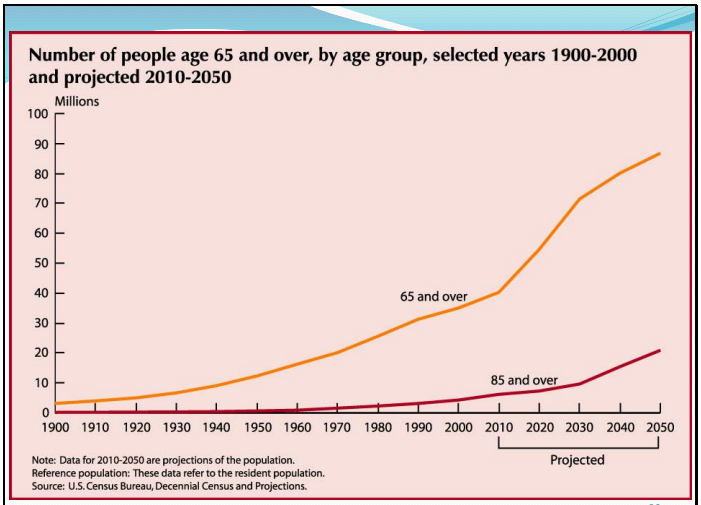
Slide 20



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Slide 21

Why does elder abuse happen?

- Greed
- Ageism
- Payback
- Entitlement
- Power and control
- Resentment
- Ignorance/Untrained/Undertrained
- Untreated mental illness/substance abuse
- Caregiver stress

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Why is elder abuse happening?

- Greed – love of money is the root of all evil
- Ageism—"She's old anyway and doesn't matter that much." "I won't worry about her since won't be around that much longer."
- Payback for past treatment – "she was a terrible mother, so now it is my turn to be terrible to her"
- Entitlement – "It's going to be my money anyway; I'll get it now rather than later"
- Power and control--domestic violence model

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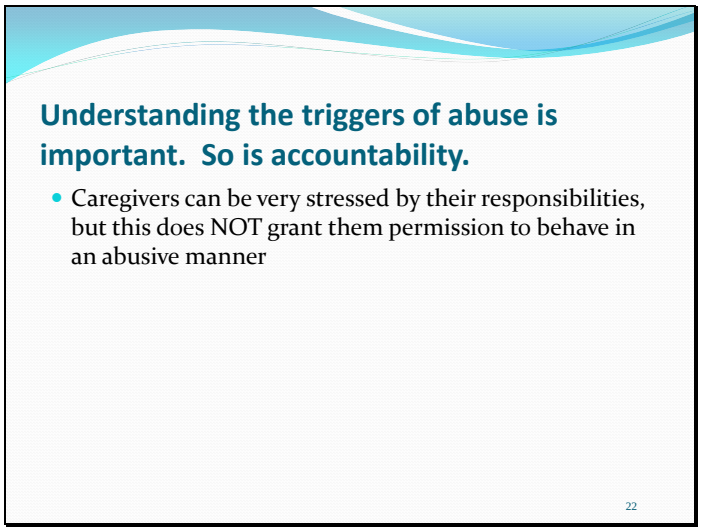
- Resentment—studies of caregivers found that those who felt burden and resentment were likelier to engage in abusive behaviors
- Ignorance about care needs, care provision, resources
- Mental illness--caregiver w. untreated schizophrenia, addictions
- Stress– Caregiver stress is a very real phenomenon, but many caregivers handle stress without resorting to abusive tactics. We can't say simply that caregiver stress causes abuse.

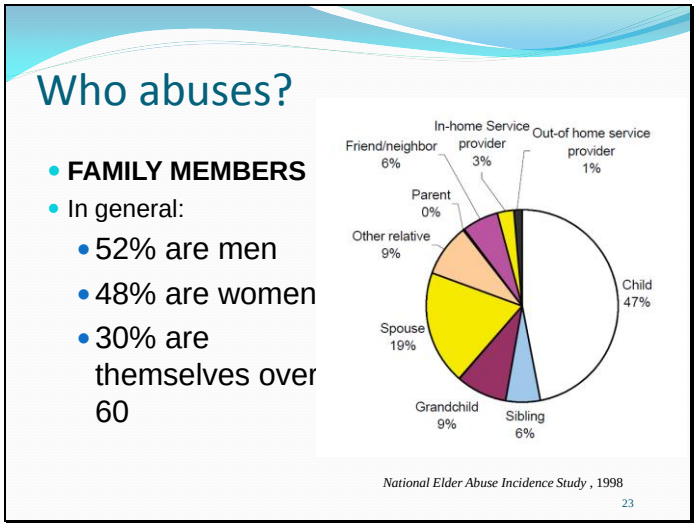
Slide 22



Caregivers can be very stressed by their responsibilities, but this does NOT grant them permission to behave in an abusive manner.

This is why we need mandatory reporters: so that people are held accountable for their actions. Once abuse or neglect is identified, then it can be reported and stopped. Once the need is made clear, service providers can help the elder or dependent adult, and his or her family.

Slide 23



Majority of abusers are family members:

Nearly 50% are adult offspring

About 20% are spouses/partners

In general:

52% are men

48% are women

30% are themselves over 60

The National Elder Abuse Incidence Study, 1998, The National Center on Elder Abuse at The American Public

Slide 24

Abuse: Caregiver Characteristics

- Depressive symptoms
- Inadequately treated mental health and/or substance abuse problems
- Feel stressed, burdened, and/or resentful

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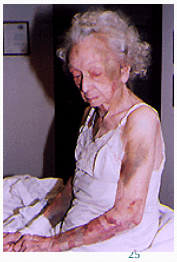
Slide 25

Abuse: Victim Characteristics

- Over 80 years of age
- Dementia
- Female gender (2/3 of reports)
- Verbally aggressive
- Physically aggressive



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Slide 26

High Risk Caregiving Situations

- People with inadequately treated mental health and/or substance abuse problems are more likely to be abusive
- People who feel stressed/burdened/resentful are more likely to be abusive
- Providing care for an older adult who is physically combative and/or verbally abusive

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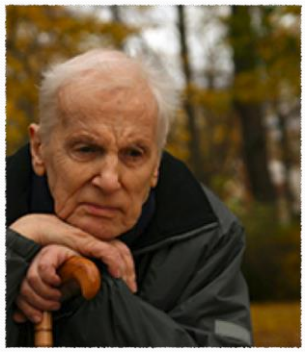
Slide 27

Types of Reportable Abuse

- Physical/Sexual
- Financial
- Abduction
- Abandonment
- Isolation
- Mental Suffering
- Neglect/Self-Neglect



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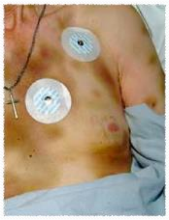
The types of reportable abuse are:
*Physical
*Financial
*Abduction
*Abandonment
*Isolation
*Mental Suffering
*Neglect/Self-Neglect

In the next few slides we will talk about definitions and examples of these different types.

Slide 28

Physical/Sexual Abuse

- Physical pain, injury, impairment
- Inappropriate use of drugs
- Inappropriate use of restraints
- Sexual abuse
- Unexplained venereal disease or genital infections
- Genital or anal pain, itching, bruising, or bleeding



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Physical abuse includes:

- *Assault/battery* (such as beating, slapping, pushing, kicking) causing pain or injury
- *Inappropriate use of drugs*—we'll go into this in a minute.
- *Inappropriate use of restraints* (physical and chemical)
- *Sexual abuse is* often overlooked due to stereotypes. Red flags include unexplained STDs and genital or anal pain or injuries.

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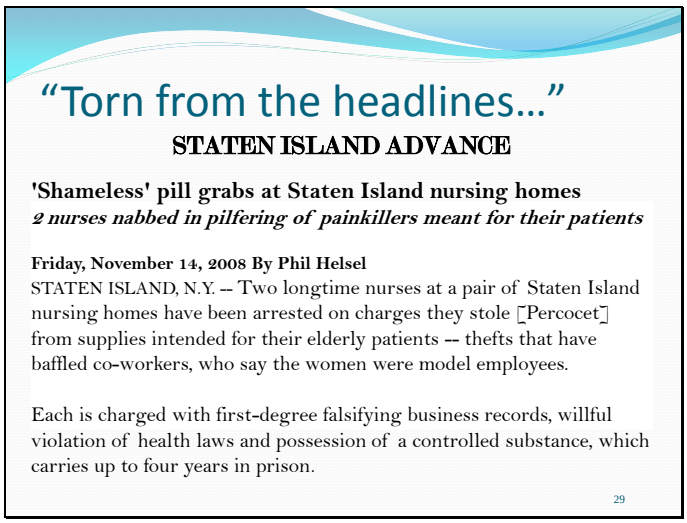
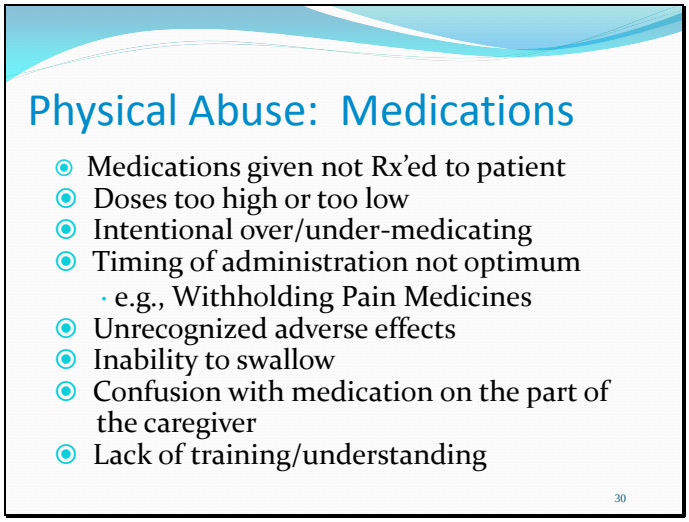
Slide 29



Abuse by Medications frequently involves theft or watering-down of controlled substances prescribed to the patient.

Slide 30



Abuse by medications may take many forms:

- Overuse, such as using benzodiazepenes simply to keep a patient quiet.
- Underuse, such as withholding of meds that help improve a Parkinson's patient's mobility
- Misuse (medications given are not prescribed for patient's treatment) such as use of unprescribed psychotropics to make a patient more docile.
- Other problems include failure to recognize adverse effects or patient's inability to swallow.
- Another common issue is caregiver's lack of understanding about use and administration of meds.

Slide 31

Financial Abuse

- Fear, vague answers, anxiety when asked about personal finances
- Disparity between assets and appearance/ general condition
- Failure to purchase medicines, medical assistive devices, seek medical care or follow medical regimens
- Recent new acquaintance or people moving in with victim

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Financial abuse is the illegal or improper exploitation of funds or other resources, including theft, extortion, and fraud.
Adults are free to make bad financial decisions if they have the cognitive capacity.

We're trying to stop theft, trickery, threats, or taking advantage of a person's diminished financial decision-making capacity.

Signs include:

- Fear, vague answer, anxiety when asked about personal finances
- Disparity between assets and appearance /general condition
- Failure to purchase medicines, medical assistive devices, seek medical care or follow medical regimens
- Recent new acquaintance or people moving in with victim

Slide 32

Abandonment

Desertion of a vulnerable adult by anyone who has assumed the responsibility for care or custody of that person

Abduction

Removal from this state and restraint from returning to this state when the person lacks capacity to consent to this removal.

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Abandonment—you can see that the caregiver role is a key element

Abduction—the patient's decision-making capacity to consent to removal is very important here

Slide 33

Isolation

- The act of systematic exclusion of a victim from all real outside contact

S:/ 1/14/09 Mrs. K feels isolated, family members do not speak to her when she is home. Excluded from family activities, outings. Friends not allowed to visit. Pt does not participate in any outside activity.

Daughter via phone -- C/O increased difficulty to care for patient. Pt refuses PO meds and food, appears depressed

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Unlike kids, older adults can fade away from society's view. If kids are missing from school, systems are in place to recognize and respond to this. Too often, there's no such safety net for elders. People will assume, "Oh, I guess the old person is sick."

Sometimes, the elder or dependent adult is too incapacitated to report the abuse they're experiencing.

Signs of abuse are sometimes missed or mistaken for usual aging.

In some cases, a caregiver who is financially or physically abusing or neglecting the vulnerable adult will also keep away all potential witnesses of the mistreatment. They might lie to the patient and claim that no one else cares about them.

Slide 34

Mental Suffering

- Intentional infliction of mental anguish/suffering by use of threat, intimidation, humiliation, or other abusive conduct

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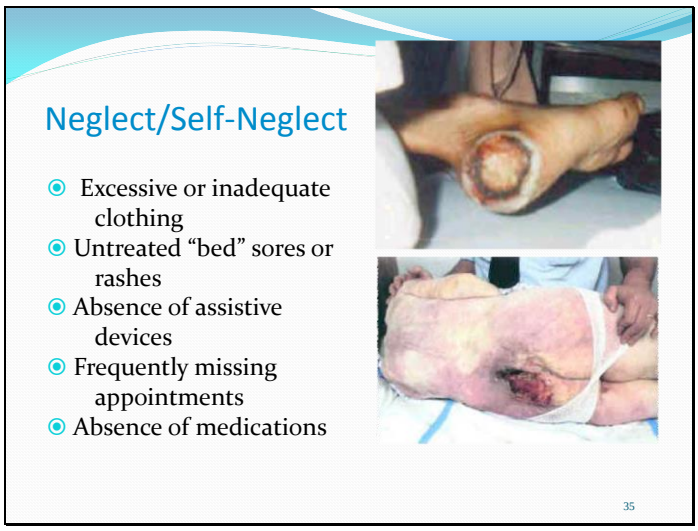
Mental suffering, or psychological abuse, is the intentional infliction of mental anguish/suffering by use of threat, intimidation, humiliation, or other abusive conduct.

This can take the form of verbal harassment, threats, or other intimidating behavior.

Often, psychological abuse is a red flag for additional types of co-occuring abuse. For example, it's easier to steal from someone if you dehumanize them.

Slide 35



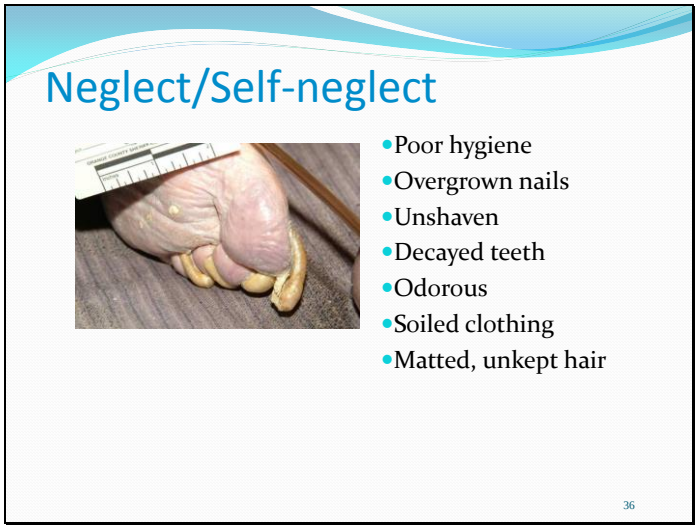
Neglect- failure of caregiver to provide appropriate care when the vulnerable adult is not able to provide their own basic necessities such as food, clothing, shelter, medical treatment, or personal care.

A neglected person might be forced to lie in their own feces for hours or days. She might be malnourished and dehydrated when she can't feed herself. She might have long untended fingernails and toenails, matted hair. If she's unable to move on her own and no one repositions her, she might get bedsores (also known as pressure ulcers) due to tissue death. In some cases, when left untreated these can go all the way down to the bone.

Signs include:

- Excessive or inadequate clothing
- Untreated "bed" sores or rashes
- Absence of assistive devices
- Frequently missing appointments
- Absence of medications

Slide 36



Here are some other signs of neglect or self-neglect.

Again, if it's possible to get information about any care provision roles/agreements, this will help investigators to differentiate between neglect or self-neglect.

Slide 37

Effects of Abuse on Health

- Increased Mortality
- Abused adults are 300% more likely to die than non-abused adults
  - Lachs et al. 1998, Dong et al. 2009
- Poorer physical outcomes (probable)
  - Anetzberger 2004; American Medical Association 1990; Lindbloom et al. 2007
    - Increased pain
    - Exacerbation of existing conditions
    - Welts, wounds, injuries
    - Increased susceptibility to infection

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Slide 38

Effects of Abuse on Finances

- Restitution often not forthcoming or too late
- No time to rebuild assets
- Loss of choices for older adult; loss of independence
- Reliance on others for financial support
- Intergenerational transfer of wealth impacted
- More quickly spending down to Medicaid

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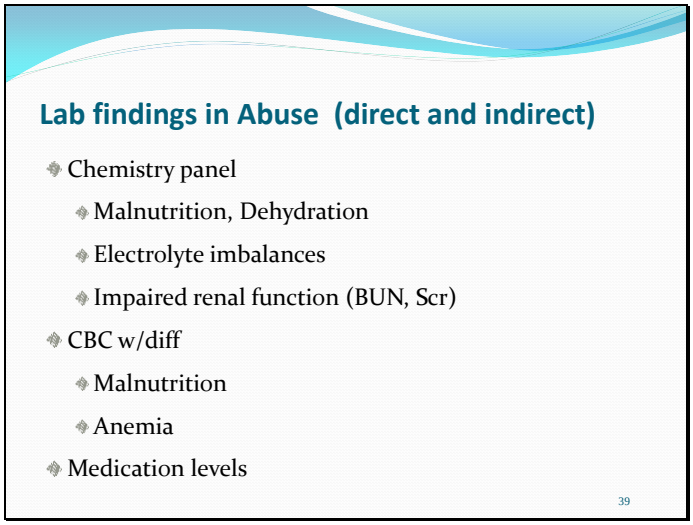
Intergenerational wealth isssues
As far back as 1990, *Fortune* magazine talked about "the biggest intergenerational transfer of wealth in US history," in which middle-class Americans will "for the first time, inherit significant assets en masse." By 1999, the Boston College Social Welfare Research Institute had estimated an eye-popping total: that a wealth transfer of more than $41 trillion will occur by 2052.

The reality, according to one new survey, is that when people do receive an inheritance, it's typically well under $100,000. And most people will receive no inheritance at all. But even as the pool of wealth has risen, the cost of retirement has been rising. Longer life spans, coupled with the rising cost of medical care, mean that many older Americans will use their wealth rather than pass it on to children. Instead of inheriting wealth the children wind up having to spend considerable wealth taking care of their

parents,“. Last year, only 31 percent of workers between ages 45 and 54 had more than $100,000 in retirement savings, according to the Employee Benefit Research Institute in Washington. An equal number had less than $10,000 saved.

Slide 39



Lab findings may be helpful in determining whether or not abuse occurred. Here’s a quick listing of the most common types of lab tests used in this context. Note that lab findings can indicate overuse OR underuse of medications.

Slide 40

Here’s a sample scenario. Please read these three bullet points.

Why might this raise concern?

{Facilitate a brief discussion. Answers should include:
• Might not be addressing patient’s healthcare needs
• Might be putting patient’s well-being at risk
• How are they selecting the refills that they buy? Cost? Medical need? Value for recreational use?}

Slide 41

Opportunities for Pharmacists to Identify Potential Abuse

- While doing a routine review of a patient profile, you notice the following:
  - Certain medications are refilled exactly on time (e.g., narcotics)
  - Others haven't been refilled for months
  - Need to contract MD/Pt

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Here's a slightly different scenario.

Why might this raise concern?

{Facilitate a brief discussion. Answers should include:
• Might not be addressing patient's healthcare needs
• Might be putting patient's well-being at risk
• Is the patient's pain being treated or are the meds obtained for sale or recreational use?}

Slide 42

Video Scenario One

- "I'm here to pick up for Jane Appleby"--Mrs. Appleby (Training Pharmacists about Elder Abuse)
- http://www.youtube.com/watch?v=nmb9vKsvNys

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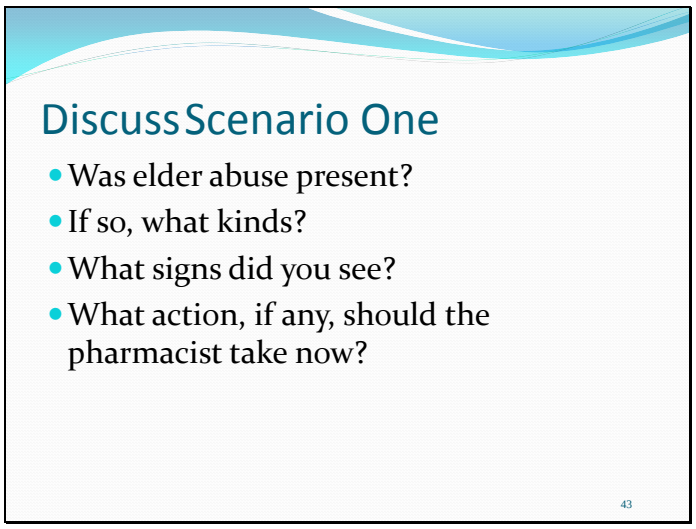
{Instructor Notes: Test these links in advance to ensure that they will play smoothly on your computer. It might enhance the flow if you already have these open in your browser and minimized until you are ready to show them.

Review the discussion questions in advance; it might be helpful to refresh your memory about related cases you've experienced, and your organization's procedures and resources for responding.

For written descriptions of these and other scenarios, visit www.centeronelderabuse.org/Kaiser_Pharmacy.asp}

"I'm here to pick up for Jane Appleby"--Mrs. Appleby (Training Pharmacists about Elder Abuse) http://www.youtube.com/watch?v=nmb9vKsvNys

Slide 43



Was elder abuse present? Yes
If so, what kinds?
- Financial abuse (caregiver is using the elder's money for her own benefit)
- Neglect (caregiver leaves behind medicines that the elder needs)
- Emotional abuse (caregiver is rude to the elder, doesn't listen to her and calls her "slow")
- Abuse by undermedication, indicated by the aide's failure to obtain the needed blood pressure meds, might qualify as both physical abuse and neglect.
- The aide's rough treatment is suspicious for physical abuse.

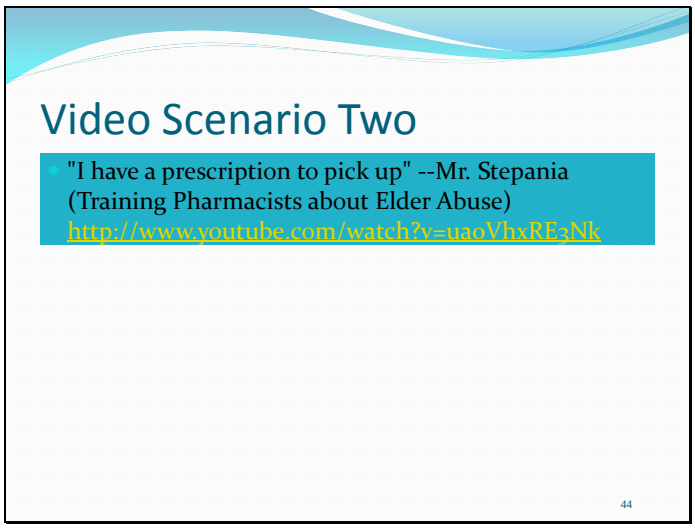
Supplemental question: Suppose you saw bruises on the older woman's arms. What characteristics of the bruises would you note? What else would you like to know? (Size, shape, location, how many, ask the patient and caregiver about them and assess their responses, presence and characteristics of other injuries.)

Based on these observations, the pharmacist could call Adult Protective Services to report suspected financial abuse and neglect of the elder.

Emotional abuse is not a mandated report in the state of California, but it certainly can be mentioned to APS

If another caregiver (e.g., family member, Home Healthcare Agency supervisor) is known to the pharmacist, he might call to share his concerns.

Slide 44



"I have a prescription to pick up" -- Mr. Stepania (Training Pharmacists about Elder Abuse) http://www.youtube.com/watch?v=ua0VhxRE3Nk

{For written descriptions of these and other scenarios, visit www.centeronelderabuse.org/Kaiser_Pharmacy.asp}

Slide 45

Was elder abuse present? Yes

If so, what kinds?
At this point it's not clear whether it's neglect or self-neglect. We don't know yet if the son has assumed a caregiver role. We don't know if the patient usually has capacity for self-care and had a recent change. Either neglect or self-neglect would be a reasonable conclusion.
It's okay to make a report even if you're not completely sure which kind of abuse/neglect it is.

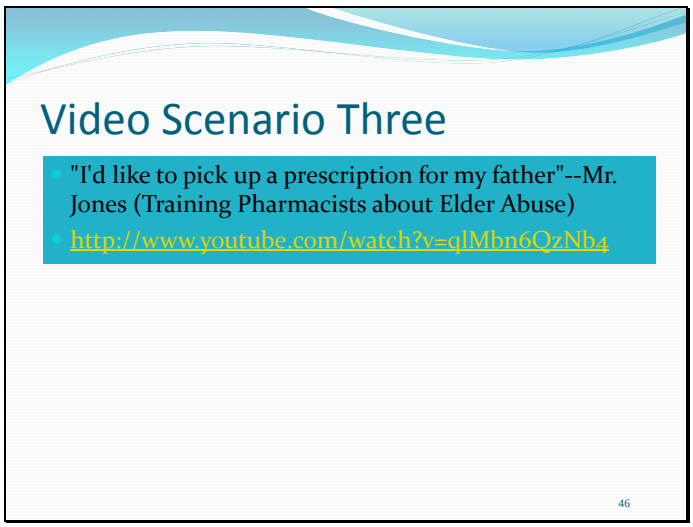
Based on these observations, the pharmacist could call Adult Protective Services to report suspected self-neglect or neglect.

However, if the pharmacist has the patient's permission to call his son, the pharmacist can also talk to the son and explain that his father needs help managing his medications and the consequences if that help is not forthcoming. Self-neglect/neglect by others is a mandated report in California.

The pharmacist could call the patient's physician to share his concerns.

Supplemental question: Have you ever been in a situation where you felt it wasn't safe to let a patient try to get home on their own?

Slide 46



"I'd like to pick up a Rx for my father"--Mr. Jones (Training Pharmacists about Elder Abuse) http://www.youtube.com/watch?v=qlMbn6QzNb4

Note: Could also be a clinical pharmacist talking with patient at clinic.

**Update:* Darvocet is no longer being produced due to its lack of efficacy, so for training purposes you can replace any mention of Darvocet with a more appropriate example such as Vicodin.

{For written descriptions of these and other scenarios, visit www.centeronelderabuse.org/Kaiser_Pharmacy.asp}

Slide 47

Was elder abuse present? Yes, or enough to suspect mistreatment
If so, what kinds?
Financial abuse (caregiver is using or selling something that belongs to the elder)
Neglect (caregiver is not giving the elder medications which he needs for pain)

When controlled substances are being used, be on the lookout for substance abuse by the patient, the patient's caregiver, or both.

Based on these observations, the pharmacist could call Adult Protective Services to report suspected financial abuse and neglect of the elder.

Remember: it is not your job to substantiate the abuse; it is your job to detect and report it.

Supplemental questions: What additional information would you want to know?
(E.g., is the father's money being used to pay for the Darvocet? How is the Darvocet being used? Is the patient's pain adequately treated?)

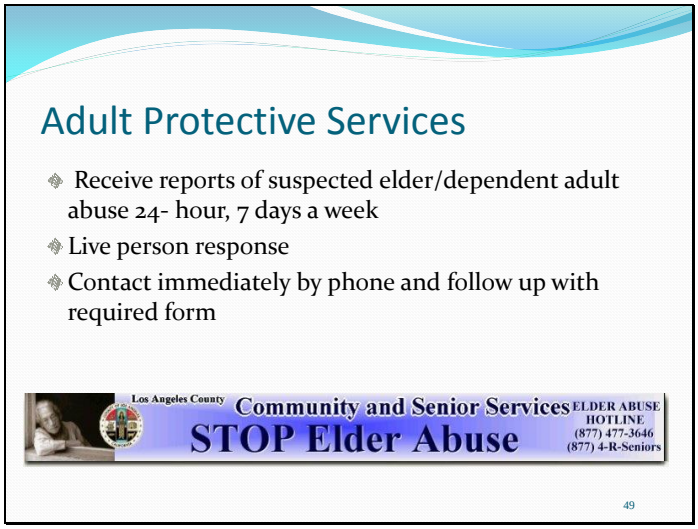
How could you get more information?
(Call the patient's physician and express concerns about (a) the use of Darvocet and (b) undertreated pain)

Slide 48

The main reporting agency is Adult Protective Services. Social services workers from APS investigate all at-risk situations involving elderly and dependent adults living in the community.

County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes and hotels or hospitals and health clinics when the abuser is not at staff member. (The Licensing & Certification program of the California Department of Health Services handles cases of abuse by a member of a hospital or health clinic.)

Slide 49



APS has a 24-Hr Reporting Hotline in each jurisdiction in California.
Each county has its own APS reporting line. The information is available online (http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm) or anywhere in California you can call the Aging Info & Referral Line at 1-800-510-2020 to reach your local APS office.

County APS staff evaluates abuse cases and arranges for services such as advocacy, counseling, money management, out-of-home placement, or conservatorship. Reports of abuse that occur in a nursing home, a board and care home, a residential facility for the elderly, or at a long term care facility are the responsibility of the Ombudsman's office which is administered by the California Department of Aging.

Slide 50

Reports should include:

- Name of Reporter
- Name and age of victim
- Present location of victim
- Names and addresses of family members or any other person responsible for the victim's care, if known
- Date of the incident
- ANY other information, including information that led the Reporter to suspect abuse, requested by the agency receiving the referral

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These are the kinds of information needed for your report. As you can see, this is very basic information.

The Report of Suspected Elder or Dependent Adult Abuse is a one-page form which shows all the kinds of information needed. It is available on Resources page from centeronelderabuse.org

Slide 51

What to include in your report

- The best information includes descriptions of things you
  - Saw
  - Heard
  - Smelled
  - Felt (temperature, moisture)
  - Were told

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Slide 52

Abuse suspected

1. Make verbal report by phone as soon as possible to Adult Protective Services. In Orange County, call (800)-451-5155
2. Download California and complete state form SOC 341 from www.centeronelderabuse.org click "Resources"
3. Further instructions given by APS.
4. DOCUMENT suspected abuse in chart notes, computerized system

Confidentiality: Reporting party is not disclosed to victim, their family, or the alleged abuser

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{Instructor: to find reporting agency contact information for your area, visit http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm}

When abuse is suspected, report it.

- Abuse does NOT need to be confirmed
- Telephone when practically possible
- Complete the formal written report [in California: SOC 341], mail or fax within 2 working days
- Your confidentiality is protected.

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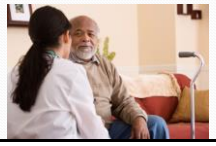
The reporting party's identity is not disclosed to the victim, their family, or to the alleged abuser.

Slide 53

Adult Protective Services: Investigation

- APS responds immediately or within 10 calendar days.
- APS Social worker makes contact with the possible victim, suspected abuser to determine:
  - Type of abuse
  - Duration/frequency of abuse
  - Identity of suspected abuser
  - Will abuse continue if intervention is not made?



Based on the information you report, Adult Protective Services staff will determine how quickly to respond.

The APS Social Worker will make contact with the potential victim, alleged abuser, and others in order to assess the situation.

Slide 54

APS gathers information

- Victim's strengths and limitations
- Victim's medical conditions, medications involved, providers being seen
- Gather statements from health care providers

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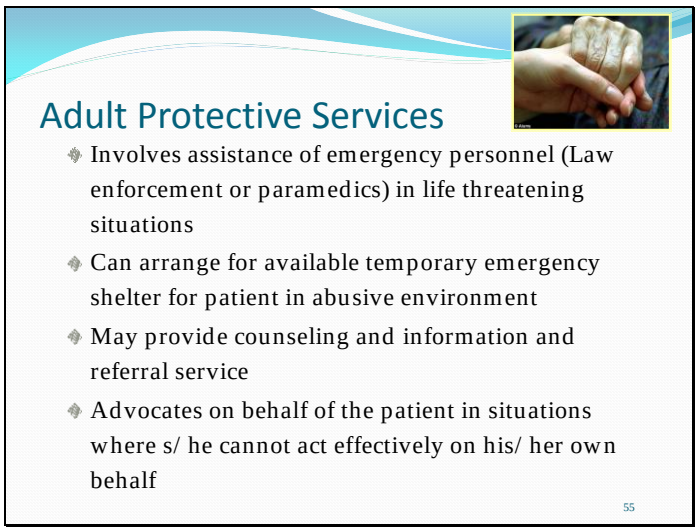
APS will gather information about the alleged victim's physical and cognitive condition and vulnerabilities. When requested as part of an abuse investigation, relevant patient information can be shared by health care providers with no fear of HIPAA.

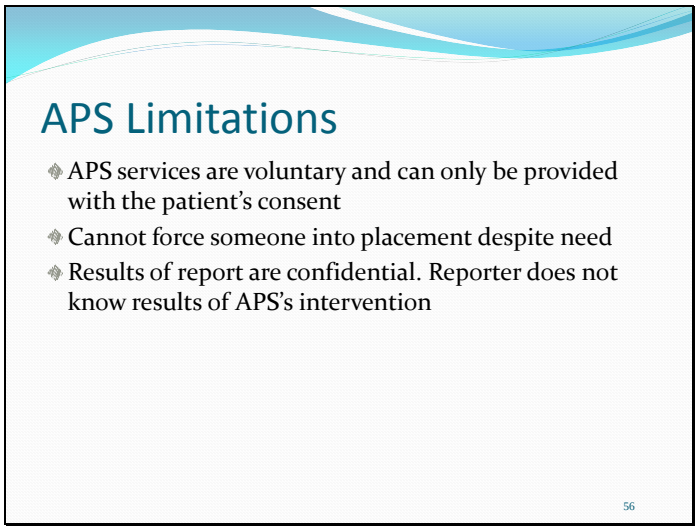
Slide 55



APS workers are trained to respond quickly if the alleged victim is in an emergency situation.

APS workers will try to determine what resources are needed by the alleged victim and family and provide information and referrals.

Slide 56

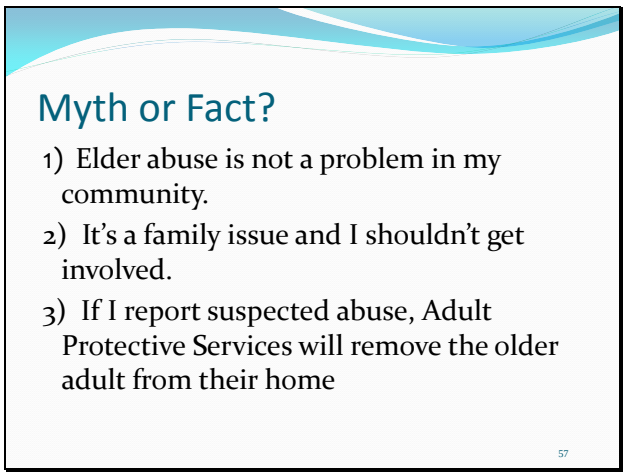


Unless there's an immediate threat of bodily harm or the elder or dependent adult lacks the capacity to decide, APS can't provide help without the client's consent.

Unlike Child Protective Services, APS can't remove a client from her situation against her will.

Information that APS can share is restricted. They can't disclose the identity of the person who made the report. They also can't tell you the result of their investigation unless they need to on behalf of the client's well-being.

Slide 57



{Facilitate a discussion about these claims. Why do people often hold these beliefs?}

Slide 58

All of these are MYTHS or misconceptions.

MYTH 1: Elder abuse is not a problem in my community.
Elder abuse affects people from all socio-economic groups, cultures, and ethnicities. Studies show that **between 2 and 10%** of the nation's older adult population experiences abuse, neglect, exploitation or self-neglect each year. The few studies **comparing different cultural groups' perceptions of elder abuse** found significant variations between groups in the **identification and perceived seriousness of psychological, physical, and financial elder abuse and neglect**. It's important to consider how people define elder abuse, and how cultural norms may affect willingness to report or cooperate with interventions.

MYTH 2: It's a family issue and I shouldn't get involved.
Families are often ill-equipped to identify and address elder abuse, so it's critical for community members to notice and help elders at risk for mistreatment. **For every case of suspected elder abuse that is reported to authorities, five cases go unreported**. Many older victims' needs are not being addressed by health, legal, and social services systems. While the effectiveness of interventions needs to be thoroughly studied, systems won't even have a chance to help unless mistreatment is reported.

MYTH 3: If I report suspected abuse, Adult Protective Services will remove the older adult from their home.
If there is no serious threat of immediate harm, Adult Protective Services workers will not remove a non-consenting adult from their residence. Unlike when child abuse is suspected, in elder/adult abuse cases the social worker presumes the client has decision-making capacity. Unless a court adjudicates otherwise, they must accept the client's choices.

> *Guiding Value: Every action taken by Adult Protective Services must **balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.***
> —National Adult Protective Services Association. Code of Ethics

Slide 59

Questions?

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{Be prepared for students to share cases they have heard about. Be ready to give examples of policies and procedures around elder abuse and neglect reporting in clinics, community pharmacies, nursing facilities, etc. You might also want to reiterate the local reporting agencies and go over a sample reporting form.}

Slide 60

Post-test Questions

1) Elder abuse is caused by:
   a) Caregiver stress
   b) Power & control
   c) Greed
   d) Ageism
   e) All of the above
2) Dementia increases the chance of someone becoming a victim of elder abuse. True or False?
3) To report elder abuse taking place in the community, a pharmacist must report it to _____

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Slide 61

Post-test questions

4) Pharmacists may see signs of elder abuse when
   a) consulting with an elderly patient at the pharmacy counter
   b) doing a routine review of a patient's file
   c) talking with a caregiver
   d) observing a caregiver and a dependent adult together in the pharmacy
   e) all of the above

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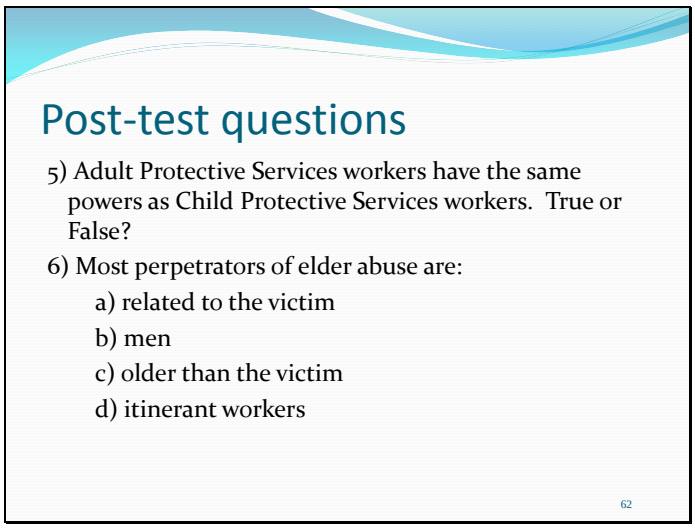
Slide 62



Key Resources

American Geriatrics Society Clinical Practice Guideline: Pharmacological Management of Persistent Pain in Older Persons (2009). http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2009/

Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. J Am Geriatr Soc. 2005 Aug;53(8):1339-43.

National Center on Elder Abuse, U.S. Administration on Aging. State Directory of Resources. http://ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/State_Resources.aspx

State Bar of California. What Should I Know About Elder Abuse? http://www.calbar.ca.gov/Public/Pamphlets/ElderAbuse.aspx

Wiglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. J Am Geriatr Soc. 2009 Jul;57(7):1191-6.

Wiglesworth A, Mosqueda L, Mulnard R, Liao S, Gibbs L, Fitzgerald W. Screening for abuse and neglect of people with dementia. J Am Geriatr Soc. 2010 Mar;58(3):493-500.

Pre- and Post-Test Answer Key

1) e; 2) True; 3) Adult Protective Services; 4) e; 5) False; 6) a

Pre- and Post-Test

1) Elder abuse is caused by:
    a) Caregiver stress
    b) Power & control
    c) Greed
    d) Ageism
    e) All of the above

2) Dementia increases the chance of someone becoming a victim of elder abuse. True or False?

3) To report elder abuse taking place in the community, a pharmacist must report it to _____

4) Pharmacists may see signs of elder abuse when
    a) consulting with an elderly patient at the pharmacy counter
    b) doing a routine review of a patient's file
    c) talking with a caregiver
    d) observing a caregiver and a dependent adult together in the pharmacy
    e) all of the above

5) Adult Protective Services workers have the same powers as Child Protective Services workers. True or False?

6) Most perpetrators of elder abuse are:
    a) related to the victim
    b) men
    c) older than the victim
    d) itinerant workers

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Reaching Important Gatekeepers: Training Pharmacists about Elder Abuse

The mature older woman cared for by her adult grandchild… the elderly man looked after by his wife… the senior who smiles at you from her wheelchair while her caregiver runs errands… Any of them may need medications, and any of them may be vulnerable to elder abuse and neglect.

Pharmacists are important gatekeepers who can watch for older patients' safety issues in addition to their pharmaceutical needs. Studies show that between 2 and 10% of the nation's older adult population experiences abuse, neglect, exploitation or self-neglect each year.[1] Suspicious signs and behaviors, as well as overuse, underuse, and misuse of medications, can alert pharmacists to situations in which the safety of an older patient is at risk.

Thank you for your interest in training pharmacy students to identify and respond to suspected elder abuse and neglect.

It is our hope that through educating pharmacy students about elder abuse, more cases of mistreatment will be recognized, reported and stopped.

Included in the training package are sample modules which can be incorporated into existing courses for pharmacy students:

- A brief overview of elder abuse
- California laws pertaining to reporting of abuse presented in didactic and case-based formats
- A one-hour lecture for third-year students further describing types and signs of abuse and how our systems respond
- Ideas for learning opportunities with agencies that investigate elder abuse and neglect
- Written and video-based scenarios for discussion

[1] Bonnie, R. J., & Wallace, R. B. (Eds.). (2003). Elder mistreatment: Abuse, neglect and exploitation in an aging America. Washington, DC: National Academies Press.

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Instructor materials for this multi-faceted curriculum for pharmacy schools include:

- Learning objectives
- Powerpoint slides
- Handouts
- Multiple-choice test questions
- Key resources for further information
- Scenarios (written and on video)

The hidden problem of elder abuse

As seniors become frail, they become isolated from regular interactions with their social support system. Pharmacists may be the only non-caregiver contacts outside the home.

- *Pharmacists are **mandated elder abuse reporters** in some states, and always have professional responsibility to protect the public welfare.*
- ***When refills are requested pharmacists have an excellent, and often missed opportunity, to interact with patients and spot risk factors**, which may indicate abuse.*
- ***Medications become instruments of abuse** when they are used to over or under medicate patients, withheld due to cost, or stolen.*
- *A **drug regimen review** can reveal such red flags.*

"Reaching Important Gatekeepers: Training Pharmacists about Elder Abuse" was created by

- Tatyana Gurvich, Pharm D, University of Southern California School of Pharmacy/University of California, Irvine School of Medicine, Program in Geriatrics/and Glendale Adventist FPRP
- Mary S. Twomey, MSW, University of California, Irvine Center of Excellence on Elder Abuse & Neglect
- Elaine A. Chen, MS, University of California, Irvine Center of Excellence on Elder Abuse & Neglect
- Bradley R. Williams, Pharm D, CGP, University of Southern California School of Pharmacy/University of California, Irvine School of Medicine, Program in Geriatrics
- Laura Mosqueda, MD, FAAFP, AGSF, University of California, Irvine School of Medicine, Department of Family Medicine, Program in Geriatrics, and Center of Excellence on Elder Abuse & Neglect

Please share your feedback on these modules by participating in a very short survey at www.surveymonkey.com/s/pharm-ea

If you have questions/comments about these training modules, please contact Elaine Chen or Mary Twomey by email centeronelderabuse@uci.edu or phone 714-456-5530.

Funded by grants from Kaiser Permanente Southern California Region Community Benefit and UniHealth Foundation. Visit www.centeronelderabuse.org to download a copy

Key Points Handout

- The main types of reportable elder abuse and neglect in California are:
  - Physical Abuse, including sexual abuse and abuse by medications
  - Financial Abuse
  - Psychological Abuse
  - Neglect
  - Self-Neglect
  - Abandonment, Abduction, and Isolation are also reportable types of abuse.

- In California, elder abuse protections apply to:
  - Those 65 years of age and older
  - Those 18-64 years of age who have a disability
  - Anyone who is a patient in a 24-hour care facility such as a hospital

- If you suspect elder abuse or neglect, report it to the appropriate agency (Adult Protective Services or Long-Term Care Ombudsman, and/or police).
  - Document in chart notes
  - Document in Report of Suspected Elder/Dependent Adult Abuse
  - Call and make a verbal report to Adult Protective Services, LTC Ombudsman or police
  - Fax or mail the written Report of Suspected Elder/Dependent Adult Abuse within two working days

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Red Flags of Elder Abuse

Does someone you care about display any warning signs of mistreatment?

Physical Abuse

- Inadequately explained fractures, bruises, welts, cuts, sores & burns
- Untreated pressure "bed" sores
- Underuse, overuse, or misuse of medications

Neglect

- Lack of basic hygiene
- Lack of adequate food
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Lack of clean appropriate clothing
- Demented person left unsupervised
- Bed bound person left without care
- Home cluttered, filthy, in disrepair, or having fire & safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Hoarding

Financial Abuse

- Lack of amenities victim could afford
- Elder "voluntarily" giving inappropriate financial reimbursement for needed care and companionship
- Caregiver has control of elder's money but is failing to provide for elder's needs
- Caretaker "living off" elder
- Elder has signed property transfers (Power of Attorney, new will, etc.) when unable to comprehend the transaction

Psychological Abuse

- Caregiver isolates elder (doesn't let anyone into the home or speak to the elder)
- Caregiver is aggressive, controlling, addicted, or uncaring

Reporting Suspected Elder Abuse

For a referral to the appropriate agency, call the national Eldercare Locator, a public service of the U.S. Administration on Aging at (**1-800-677-1116**). In case of emergency, call your local police station or **911**.

This handout may be downloaded in English, Spanish, Tagalog, Chinese, and Vietnamese—visit www.centeronelderabuse.org.

CENTER OF EXCELLENCE ON ELDER ABUSE AND NEGLECT
UNIVERSITY of CALIFORNIA, IRVINE

To promote aging with dignity and eliminate aging in fear

(714) 456-5530 www.centeronelderabuse.org

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