

Person-Centered Approaches to Elder Abuse Interventions

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The National Center on Elder Abuse



The National Center on Elder Abuse (NCEA) provides up-to-date information regarding policy, research, training, best practices, news and resources on elder abuse, neglect and exploitation for policy makers, professionals in the elder justice field and the public.



About the NCEA





Education

Through training, education, and a comprehensive resource repository, we inform professionals and the public of the facts of elder abuse, prevention tools, and intervention strategies

Research

We synthesize, disseminate, and translate the latest research in the field to inform practitioners and professionals about evidence-based practices to prevent and respond to abuse

Collaboration

We work with community, state, and national elder justice organizations to design and deliver resources to support elder rights, autonomy, and wellness

Presenters



Kathi Church, MA, LMHC, NCC, Case Manager, Case Management Program @Aging and Disability Services, AAA for Seattle and King County

Kathi has been a case manager with the City of Seattle's Aging and Disability Services' (ADS) Case Management Program since January 2003 providing advocacy and social work services to individuals 60 years and older. She specializes in elder abuse, combining expertise in the fields of aging and abuse. A state-licensed and nationally certified mental health counselor, she received a Master's in Psychology at the University of Colorado and provides consultation in elder abuse cases within ADS, ADS subcontract agencies and with other community agencies in King County.



Polly Madson Cox, LCSW, Program Supervisor @Elder Abuse Institute of Maine (EAIME)

Polly has been part of the social service field for 25+ years and has extensive experience, working across multiple settings providing services to older individuals. She received her Bachelor's Degree in Social Work from the University of Maine, and her Master's Degree in Social Work from Washington University in St. Louis specializing in gerontology. At EAIME, Polly works in the Elder Service Connections program with a unique approach to honoring older adults' decisions.



Presenters



Miles McNeeley, LCSW, is the Director of the Elder Abuse Prevention Program @WISE & Healthy Aging Miles McNeeley, LCSW, is the Director of the Elder Abuse Prevention Program at WISE & Healthy Aging. He oversees operations of the Holistic Elder Abuse Response Team (HEART) including case management, therapy, and outreach. He is a Licensed Clinical Social Worker and trained in Eye Movement Desensitization and Reprocessing (EMDR), an evidence based therapeutic modality used for treating symptoms related to post traumatic stress. Mr. McNeeley is a member of various elder abuse prevention workgroups and coalitions in LA County.



Kristen Misener, Program Development Director @Human Development Commission Kristen serves as Human Development Commission's Program Development Director. She is responsible for the planning and development of agency programs and services. Kristen also oversees the agency's Victim Services Department, which includes its domestic/sexual violence and elder abuse programs. She has over 20 years of experience working with vulnerable populations particularly with older adults. She holds an interdisciplinary Health Policy Studies degree with a concentration in Health Behavior and Education from University of Michigan.



Presenters



Tracey Siebert-Konopko, LMSW, Assistant Director of Education, Training, and Research Initiatives, Upstate Elder Abuse Center @Lifespan of Greater Rochester

Tracey Siebert-Konopko, LMSW has worked with survivors of elder abuse for over a decade. In addition to direct case management, Ms. Siebert-Konopko is the coordinator for the Monroe County Elder Fatality Review Team and the Assistant Director of the Upstate Elder Abuse Center at Lifespan for Education, Training, and Research Initiatives. Ms. Siebert-Konopko received her bachelor's degree in Psychology from SUNY Brockport in 2006, and earned her master's degree in Social Work from the Greater Rochester Collaborative Program in 2008, where she completed specialized course work and a field practicum focusing on the development of social work competencies for work with older adults.



Julia Margaret Martinez, PhD, Research Associate of Family Medicine @Keck School of Medicine, University of Southern California

Dr. Martinez is a research staff at the University of Southern California's Keck School of Medicine, of the Department of Family Medicine, and earned her PhD at USC's School of Gerontology in 2019. Ms. Martinez's research has focused on studying the process and outputs of elder abuse Multidisciplinary teams, and person-centered approaches of elder abuse interventions. She has studied the Service Advocate program, an enhancement of the Los Angeles County Forensic Center. Dr. Martinez's research focus is mixed methods, applied research to integrate service provider and stakeholder learning into ongoing program adaptation and evolution. Before earning her PhD, Dr. Martinez worked at Ventura County Behavioral Health's Quality Improvement department and collaborated on the evaluation of the integration of Child Welfare Services with Behavioral Health.



Housekeeping Items

- All attendees will enter the meeting in listen-only mode.
- Please utilize the Q&A function to submit questions to panelists.
- To enable the Live Transcript feature, click the c button.
- Recording & presentation materials will be made available via the National Center on Elder Abuse.
- Your feedback matters! After we conclude today's webinar, please follow the link to complete our survey.



Why use person-centered care?

- Consequences of removing older person's control over their life
 - Health declines
 - Reduced emotional well-being
- Benefits of facilitating choice and control
 - Engagement
 - Longevity
 - Reduced pain
 - Memory
- Older adults, even if cognitively impaired, can be given opportunities to make choices about their lives
 - Perceived and assisted control

Person-Centered Care, Defined

- The American Geriatrics Society¹
 - Care where "individuals' values and preferences are <u>elicited</u> and once expressed, <u>guide all aspects of their health care</u>, supporting their realistic health and life goals."
 - Includes elements supportive to this approach and challenges within the predominant service paradigm
- The Adult Protective Services Ethical Guidelines²
 - "services that <u>considers</u> an adult's needs, goals, preferences, cultural traditions, family situation, and values. Services and supports are <u>delivered from the perspective of the individual</u> <u>receiving the care</u>, and, when appropriate, his or her family."

Importance of Specificity

- Guidance for practice
- Identifies necessary competencies
- Program design and service processes
- Program evaluation (fidelity markers, appropriate outcomes)

Person-Centeredness in Elder Justice

- What does it look like?
- What supports do person-centered service providers need?
- What program structures support person-centered care?
- What are the boundaries of person-centered care?
- How do we define success?

Panelist Program Services

- Most are non-profit organizations
- Inclusive eligibility criteria
- Longer case spans
- Flexibility in the forms of assistance

Tip Sheet:

Tips and Tools for Person-Centered Care in Elder Abuse

Tips and Tools for Person-Centered Care in Elder Abuse

Person-centered approaches emphasize individual autonomy and choice in decision-making. These considerations guide provider responses to best support a client's reasonable life goals. Embedding person-centered care within practice has the potential to improve outcomes for victims of elder abuse.



What does person-centered mean?

- The client's choice is central and guides the service plan
- · Client preferences and values are elicited, and their needs are prioritized
- Providers support client-centered goals, rather than promote their own perceptions of client needs and appropriate solutions

What do person-centered approaches look like?

- · Exercising compassion and empathy to identify and facilitate client preferences
- Refraining from paternalistic biases or directive approaches
- · Organizational policies that flexibly support the client's self-identified best interests
- · Recurring check-ins that solicit client concerns and preferred resolutions

What are some helpful communication strategies for a person-centered approach?

- Establish client rapport through respect, humility, and honesty
- . Listen to what the client wants, ask questions, and understand their goals
- Invite clients to engage in selecting their services and supports
- Be transparent: tell the client what your role is, what you can and can't do, and don't make promises that can't be supported
- Exercise patience: recognize that clients may not be able or ready to voice their needs or identify their options
- · Adopt a person-centered framework in all client interactions



NCEA

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