Enacted as part of the Patient Protection and Affordable Care Act in March of 2010, the Elder Justice Act represents the most comprehensive federal elder abuse prevention law to date, calling national attention to the millions of vulnerable older Americans who are victims of abuse, neglect, and exploitation. The Elder Abuse Prevention Interventions demonstration, authorized by the Elder Justice Act and funded by the Administration on Aging (AoA), U.S. Department of Health and Human Services (HHS) in FY 2013, provided funding to five state grantees to test interventions designed to prevent elder abuse, neglect, and exploitation. The HHS Office of the Assistant Secretary for Planning and Evaluation has contracted with NORC at the University of Chicago to design and conduct an evaluation of the interventions being tested through this demonstration. The purpose of the evaluation is to study the development and implementation of the state grantees' elder abuse interventions and report findings on the characteristics of victims and perpetrators of elder abuse or those at-risk, the use of prevention services, and outcomes.

The states participating in the demonstration and evaluation are: Alaska Division of Senior and Disabilities Services; New York State Office for the Aging; University of Southern California; University of Texas Health Science Center at Houston; and Texas Department of Family and Protective Services and WellMed Charitable Foundation. This Research Brief is one of five summarizing the tested interventions and findings to date.

Take AIM against Elder Abuse:
The Abuse Intervention-Prevention Model
University of Southern California, Keck School of Medicine

OVERVIEW

The University of Southern California, Keck School of Medicine,[1] in partnership with the California Department of Aging, California Department of Social Services, Legal Aid Society of Orange County, and the Orange County Elder Abuse Forensic Center is piloting a multidimensional intervention called the Abuse Intervention Model (AIM) that is targeted at preventing elder abuse among adults with dementia.

This project is designed to pilot test a multi-component model for primary and secondary prevention of abuse of people with dementia. It involves early assessment of vulnerability to elder abuse and early tailored/targeted interventions for the person with dementia and/or their caregiver.

KEY FINDINGS TO DATE [2]

Theoretical/Clinical Basis of Prevention Intervention

Adults with dementia are at higher risk for abuse than other groups of older adults. The responsibilities and challenges of providing care present multiple pathways for caregivers to become abusive.

Research in child abuse, domestic violence, and intimate partner violence has demonstrated 1) the importance of embedding prevention programs within the social context, targeting family members as well as victims; and 2) tailoring prevention strategies to the unique characteristics and needs of the individual situation.

Prevention Intervention

Focusing on care-recipient caregiver dyads in which one member has dementia, the project 1) administers a risk assessment; 2) links dyads to existing services in the community and facilitates access; and 3) administers a follow-up assessment.

Outcomes

The intended short term outcomes of the project are: 1) identification of high risk of abuse at early stages; 2) enhanced caregiver coping skills and confidence; 3) reduced behavioral manifestations (e.g., agitation); 4) increased knowledge of disease process; and 5) increased access to social resources.

The intermediate outcome is a decrease in the number of cases at or exceeding multi-domain risk threshold. The longer-term outcome is to reduce the risk of elder abuse and neglect among adults with dementia in a way that is reproducible and scalable.

INFRASTRUCTURE

AIM operates out of the Department of Family Medicine at the University of Southern California. AIM partners with a number of sites to identify and recruit participants, including an outpatient geriatrics practice, an Adult Protective Services agency, and an Alzheimer's disease research center at the University of California, Irvine, a local Alzheimer's Association, multiple adult day care programs, and numerous other community-based agencies in Orange County, CA.

The project facilitates links to existing services, such as geropsychiatry, Savvy Caregiver course, in-home caregiver agencies, Caregiver Resource Center, Friendly Visitor program, caregiver support groups, legal aid, and family counseling.

ELDER ABUSE

Over 225,000 Californians are victims each year, but experts believe the problem to be much larger.[3] The full scope is limited due to the problem's hidden and complex nature.

People with dementia and those over 85 are at even greater risk of elder abuse than the general adult population.[4]

INTERVENTION

Target Population

The target population is older adults with dementia at risk for abuse and their primary caregivers. As of July 2015, 75 dyads have been enrolled in the program.

AIM Prevention Intervention

The prevention intervention includes baseline and follow-up risk assessments, targeted referrals for services, and home visits over the course of three months. Using a social-ecological perspective[5] to describe abuse risk and protective factors,[6] AIM focuses on the dyadic care relationship and socio-cultural and /environmental contextual factors. The structure of the intervention allows for multiple disciplines to intervene simultaneously at multiple risk points.

Visit 1 - Recruitment, Risk Assessment (90 minutes): Working with recruitment sites, the project coordinator identifies and recruits participants. The coordinator and interviewer meet with the care recipient and caregiver (the dyad) and interview each member separately during a home visit. The team assesses decision-making capacity, obtains informed consent, and administers the risk assessment.

For an adult with dementia, the domains assessed are aggression, resistance to care, and activities of daily living (ADL) dependency. Risk domains assessed for the caregiver are anxiety, depression, and perceived burden. Contextual factors, such as limited social support, financial strain, and relationship quality, are also assessed.

Following the initial home visit, the assessments are analyzed by the research team. They develop a risk assessment profile and identify appropriate referral sources in the community for assistance.

Visit 2 - Review of Profile, Service Referrals (60 minutes): At the second home visit, the coordinator reviews the risk assessment profile for the care recipient and caregiver, and walks them through recommended referrals and the process of obtaining services. Each elder abuse risk factor on the AIM Assessment Battery is mapped to an appropriate treatment, training, or concrete service (as shown in the *Elder Abuse Risk Factors and Toolkit of Existing Interventions* at right).

For example, if the elder has difficulty with ADLs, referral to an in-home caregiver agency may be recommended. If the adult with dementia is resistant to care, the caregiver may be referred to the local Savvy Caregiver Plus program (sponsored by the Alzheimer's Association), an evidence-based training designed to increase knowledge of disease progression, build confidence, and develop practical skills and strategies to improve and support care. If the elder is aggressive or the caregiver is experiencing anxiety or depression, or feels over-burdened, referrals for appropriate therapeutic care or services are provided. Services are also available to address limited social support (e.g., weekly home and telephone visitations) or legal aid (e.g., benefits, financial and advanced care planning).

Participation in referred services occurs over the course of the three month intervention, with the time commitment ranging from 1 to 12 hours per month. To protect confidentiality, the service provision agencies do not provide AIM with information on whether the dyad has contacted the agency or used services.

Visit 3 Service Use, 3 month Follow-up Risk Assessment (90 minutes): AIM meets with the dyad during a third and final home visit to re-assess decision making capacity, administer the follow-up risk assessment, and assess service use. While the structure of the intervention requires three 'formal' visits with the dyad, contact may continue throughout the process as the coordinator links the dyad to service agencies and facilitates data collection.

IMPLEMENTATION

A university-community partnership, AIM project staff liaison with community members, referral sources, and service providers in Orange County. While the project team moved to USC, the location of the intervention program has stayed in Orange County to capitalize on the resources and relationships established there, which has facilitated AIM implementation.

Key to early implementation of AIM is its partnership with the Orange County Elder Abuse Forensic Center (EAFC), which seeks to better understand and treat elder abuse through fostering collaboration across service agencies. The EAFC includes nine organizations:

■ University of California Irvine School of Medicine
■ Adult Protective Services
■ Office of the District Attorney
■ Sheriff's Department
■ Public Administrator/Public Guardian
■ Community Service Programs
■ Long-Term Care Ombudsman
■ Older Adult Services
■ Human Options

Team members are familiar with the quality of community resources and the procedures through which older adults can gain access. This "on the ground" knowledge is essential to implementation.

LESSONS LEARNED

With established knowledge of community resources and their accessibility, the AIM model can be replicated and adapted to other communities. Most amenable to replication is the targeted, multi-disciplinary approach to identifying appropriate resources for the dyad.

An important consideration for implementing the intervention in another community is to have resources to fund the assessment process and the time it takes to link the care recipient and caregiver dyads to the appropriate services. A university-community partnership, translating research into practice, serves as a promising model.

> **Elder Abuse Risk Factors and Toolkit of Existing Interventions**
>
> **Adults with Dementia**
> 1. Aggression *(Geropsychiatry)*
> 2. Resistance to care *(Savvy Caregiver Plus Course)*
> 3. ADL Dependency *(In-home Caregiver Agency)*
>
> **Caregiver**
> 4. Anxiety *(Problem-Solving Therapy)*
> 5. Depression *(Individual Counseling)*
> 6. Perceived Burden *(Friendly Visitor Program)*
>
> **Context**
> 7. Limited Social Support *(Caregiver Support Group)*
> 8. Financial Strain *(Legal Aid)*
> 9. Relationship Quality *(Family Counseling)*

FOR MORE INFORMATION CONTACT

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[1] The project relocated from the Department of Family Medicine at the University of California, Irvine School of Medicine in 2014.
[2] The findings to date are derived from a two-day site visit to UT Health in December 2014 to learn about planning, infrastructure and implementation of the prevention intervention and progress to date. Key informant interviews were conducted with the USC research team (PI and Co-PIs), the project coordinator, field interviewer, and two community service providers. NORC observed an EAFC meeting. Program documents and protocols were reviewed. NORC thanks the AIM team for hosting the visit. All outcome data collected will be analyzed in mid-2015 when the intervention phase ends.
[3] http://ssa.ocgov.com/abuse/
[4] Cooper, C., Selwood, A., Blanchard, M., Walker, Z., Blizard, R., & Livingston, G. (2009). Abuse of people with dementia by family carers: representative cross sectional survey. *BMJ, 338*, b155. Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W. (2010). Screening for abuse and neglect of people with dementia. *J Am Geriatr Soc, 58*(3), 493-500.
[5] Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International Encyclopedia of Education* (2nd Ed., Vol. 3, pp. 1643– 1647). Oxford, England: Pergamon Press.
[6] Doll, L. S., Saul, J. R., & Elder, R. W. (Eds.). (2007). *Injury and Violence Prevention Interventions: An Overview.* New York: Springer.