Elder Abuse: The Role of the Psychiatrist

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Disclosures

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Brief Definitions

Emotional/Psychological Abuse
• *Willful* infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct, including, but not limited to, frightening or isolating an adult.

Financial Exploitation
• *Improper use or wrongful taking* of an adult’s funds, property or resources by another individual, including, but not limited to: fraud, false pretense, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers or denial of access to assets.
Neglect- Active or Passive

• **Active neglect** is the willful failure of a caregiver to fulfill caretaking functions and responsibilities assumed by the caregiver, including: willful deprivation of food, water, heat, clean clothing or bedding, medicine or other health related devices or services.

• **Passive Neglect** - Non-willful failure to fulfill caregivers functions because of inadequate knowledge, infirmity or disputing the value of prescribed services.

Physical Abuse

• Non-accidental use of force that results in bodily injury, pain or impairment, including, but not limited to: being slapped, burned, cut, bruised or improperly physically restrained.
Brief Definitions

**Sexual Abuse**
- *Non-consensual sexual contact of any kind, including but not limited to: forcing sexual contact or forcing sex with a third party.*

**Abandonment**
- Desertion of an elder that is likely to endanger his/her health and welfare

**Self-Neglect**
- An adult’s inability to perform essential self-care tasks
## Table 2. Bivariate Risk of Nursing Home Placement Given Elder Protective Service Contact ($n = 2,769$)

<table>
<thead>
<tr>
<th>Group</th>
<th>$n$</th>
<th>$n$ (%)</th>
<th>$p$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified elder mistreatment</td>
<td>44</td>
<td>23 (52.3)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Verified self-neglect</td>
<td>120</td>
<td>83 (69.2)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>No APS contact</td>
<td>2,605</td>
<td>829 (31.8)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** Excludes 38 subjects with only nonverified complaints and five subjects who could not be matched to the Connecticut Long-Term Care Registry. $p$-value is based on chi-square comparison of each Adult Protective Services (APS) group to those with no APS contact.
Mortality

3 x more likely to die in 3 years

After 13 years:
Abused = 9%
Not abused = 41%

Lachs, 1998
Epidemiology

Prevalence
US = 2-14%
WHO = 4-6%

Figure ES-1. Iceberg theory showing NEAIS identified unreported abuse and neglect, excluding self-neglect.
Under the Radar: New York State Elder Abuse Prevalence Study (2007-2010)
Incidence Rates

Any abuse = 76 per 1,000 older adults
Non-financial = 46.2 per 1,000 older adults
Financial Exploitation = 41 per 1,000 older adults

141 per 1,000 older adults experienced elder abuse since turning 60

Incidence:
Abuse 2008-2009 = 260,000
Cancer 2014 = 109,277
<table>
<thead>
<tr>
<th></th>
<th>Documented Rate per 1,000</th>
<th>Self-reported Rate per 1,000</th>
<th>Ratio of Self-Reported to Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State - All forms of abuse</td>
<td>3.24</td>
<td>76.0</td>
<td>23.5</td>
</tr>
<tr>
<td>Financial</td>
<td>.96</td>
<td>42.1</td>
<td>43.9</td>
</tr>
<tr>
<td>Physical and Sexual</td>
<td>1.13*</td>
<td>22.4*</td>
<td>19.8</td>
</tr>
<tr>
<td>Neglect</td>
<td>.32</td>
<td>18.3</td>
<td>57.2</td>
</tr>
<tr>
<td>Emotional</td>
<td>1.37</td>
<td>16.4</td>
<td>12.0</td>
</tr>
</tbody>
</table>

*The Documented Case rate includes physical abuse cases only. Physical and sexual abuse data were combined in the Self-Reported Study. The sexual abuse rate for the Documented Case Study was 0.03 per 1,000.
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Partner</td>
<td>26.0%</td>
</tr>
<tr>
<td>Own Adult Children</td>
<td>39.7%</td>
</tr>
<tr>
<td>Son-in-law/Daughter-in-law</td>
<td>2.0%</td>
</tr>
<tr>
<td>Grandchild</td>
<td>9.5%</td>
</tr>
<tr>
<td>Friends/Neighbours</td>
<td>3.5%</td>
</tr>
<tr>
<td>Paid Home Assistant</td>
<td>0.65%</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>13.1%</td>
</tr>
<tr>
<td>Other non-relatives</td>
<td>5.6%</td>
</tr>
</tbody>
</table>
For every one case of elder abuse that comes to the attention of a responsible entity... 1

another twenty three cases never come to light. 23

Source: NYS Elder Abuse Prevalence Study; Weill Cornell Medical College, NYC Department for the Aging; Lifespan; (2011)
One major recommendation:

- Utilize federal Elder Justice Act and state elder abuse resources and education resources to establish and promote cross-system collaboration and multidisciplinary teams at the local level.

NYS 2010 Elder Abuse Summit Final Report, nyselderabuse.org
Elder Abuse Prevention Interventions (EAPI)

Funded under 2012 Prevention and Public Health Fund (PPHF)

One of five EAPI projects funded nationally

AoA/ACL oversight – *program implementation*

ASPE oversight – *project evaluation*
Enhanced Multidisciplinary Teams

The E-MDTs are composed of professionals from various disciplines whose primary focus is to investigate, intervene, and prevent financial exploitation of older adults.

What makes them “Enhanced”?

Focus specifically on cases of financial exploitation

Access to a forensic accountant

Access to a geriatric psychiatrist, when locally available
Original
Enhanced
Multidisciplinary Team Counties
Composition of an E-MDT

Core Team Members:
• E-MDT Coordinator
• Adult Protective Services
• Office for the Aging
• Law enforcement
• District Attorney’s Office
• Civil legal service provider
• Forensic Accountant
• Geriatric Psychiatrist/Medical provider

Additional Team Members:
• EA Prevention Services
• Bank/Credit Unions
• Financial Advisors
• DHS Fraud Investigation Unit
• County Attorney’s Office/NYC HRA Office of Legal Affairs
• Community Guardian
• Other community agencies
## Case Review: Start to Finish

<table>
<thead>
<tr>
<th>Prior to Meeting</th>
<th>During Meeting</th>
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</thead>
<tbody>
<tr>
<td>• Referral</td>
<td>• Case Presentation</td>
</tr>
<tr>
<td>• Intake</td>
<td>• Case Discussion</td>
</tr>
<tr>
<td>• Notification</td>
<td>• Potential Recommendations Identified</td>
</tr>
<tr>
<td></td>
<td>• Summary of Recommendations</td>
</tr>
<tr>
<td>Post Meeting</td>
<td>• Follow-up</td>
</tr>
<tr>
<td></td>
<td>• Report Back to E-MDT</td>
</tr>
</tbody>
</table>
Role of the Geriatric Psychiatrist

Chart Review
Explanation of medications
Explains available medical history on a case
Differential diagnosis

Action Items:
• Case consultations
• Medical and capacity evaluations
• Ongoing mental health treatment
Dementia ≠ Incompetent

Unable to make decisions

Able to make medical decisions

Fully capacitated

Able to assign a substitute decision maker

Able to appreciate the differences between clinical care and clinical research
Role of the Geriatric Psychiatrist

Education of team members

• Dementia ≠ Incompetent
• Cognitive Impairment
• Mental Health
• Types of Capacity

Court testimony

Alerts team when clients are hospitalized - helps to bridge the medical gap
Personal Challenges and Rewards

• Depositions
• Testifying
• Educating Law Enforcement and Social Services
• Connection to the community
• Identifying vulnerable older adults
• Connection to treatment
• Working with a dedicated team
Capacity Assessments in Financial Exploitation

- Discovery of other types of abuse
- Discovery of other deficits
- Discovery of other care needs
- Recommendations for potentially reversible causes
- Possible diagnoses and differential diagnoses
- Possible treatment referrals
- May reassure DA that the older adult can be a credible witness (or not)
- Recs for other interventions (eg. Rep Payee)
Some Outcomes

N = 221 cases – Finger Lakes and Manhattan: 4/2013 – 12/2015

Mean age: 80.9 years

66% female; 34% male

Financially-related interventions: 30% of cases (freeze accounts, cancel credit card, etc.)

200 referrals for professional services:

- 13% to Forensic Accountant
- 12% for mental health evaluations
- 11% for law enforcement involvement
More Outcomes

Reduction in exploitation of assets: 81.5% of cases

End to exploitation: 68.9%

Assets protected: 50%

Assets restored: 71.4%

Restitution:

- Finger Lakes: Court ordered or agreed upon restitution to date: $1,000,000+ with $167,000 repaid to victims through 2016.
Sustainability and Expansion

Funding to continue project from NYS legislature

Commitment of VOCA funds by NYS Office of Victim Services

Funding from City Council for E-MDTs in NYC

Starting teams - coalitions

Barriers
  • Geography of NY
  • Rural/Urban/Suburban

Lack of availability of gero-psych specialists throughout the state
Case Example 1

Victim: 95 year old woman

Suspected Perpetrator: Personal Care Aide

E-MDT Referral: Food stamp card used to purchase $593 in groceries at Walmart

SLUMS = 8/30

GDS = 8/15
Case Example 1

After presentation to the team:

- Referral for assessment to me
- Referral to Sheriff’s Office Investigator

Results:

- Deposition
- $593 agreed reimbursed to victim
- Treatment for depression and dementia
Case Example 2

Victim: 84 year old married male
Suspected Perpetrator: Bank Branch Manager

- Drastic changes in victim’s behavior
- Involvement/relationship with branch manager
- Victim’s desire to stop nutrition and medication for wife
- Appears to be coached when making financial changes/decisions
- Sexual advances towards staff
Case Example 2

After presentation to the team:
• Referral for assessment to me
• Family member petitioned for guardianship
• Ombudsman involvement for victim’s spouse in facility
• Referral to Adult Protective Services
• Collaboration with victim’s PCP

Results:
• Temporary guardian of property granted to victim’s daughter
• $29,000 returned with a Note and Mortgage for the remaining $71,000
Elder Abuse Prevention Interventions (EAPI) Initiative in New York State

Policies and Procedures: Enhanced Multi-Disciplinary Teams

SUPPLEMENT

Role and Responsibilities of Geriatric Psychiatrists or Geropsychiatrists

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June 15th

World Elder Abuse Awareness Day

My World... Your World... Our World... Free of Elder Abuse
Medicine of the Highest Order