

***The Archstone Elder
Abuse and Neglect
Initiative Educational
Projects***

*The 18th Annual NAPSA Conference
“Protecting Adults and Embracing Change”
September 7, 2007*

**Presented by:
Laura Giles
Betty F. Malks
Lori Delagrammatikas**

**Contributions by:
Melanie Gironda and Karen Lefever**

Presentation Objectives

- Introduce the Archstone Foundation
- Present 4 innovative education projects:
 - ◆ Highlight best practices
 - ◆ Identify lessons learned
 - ◆ Demonstrate training activities
- Create synergy within the APS community around education issues:
 - ◆ Helping you develop an education action plan
 - ◆ Answer questions to help you replicate these projects

Replication:

Developing an Action Plan

During the presentation, please take notes on your Action Plan Form:

- Identify Issues/Barriers
- Strategy
- How can this strategy be implemented at your agency?
- Who needs to be involved?
- How will impact (or results) be measured?

Elder Abuse and Neglect Initiative



Laura Giles, MSG
Program Officer
Archstone Foundation

Archstone Foundation

Vision

The Archstone Foundation is committed to helping and improving the health of elders.

Archstone Foundation

Mission Statement

The Archstone Foundation
contributes to preparing society
for the growing needs of an
aging population.

Funding Areas

- Elder abuse
- Fall prevention
- End-of-life issues
- Responsive grantmaking
(addressing emerging needs)

EAN Initiative

Phase I

January 2006 – December 2007

- ◆ Education and Training
- ◆ Multidisciplinary Team Development
- ◆ Forensic Centers
- ◆ Financial Protection Projects
- ◆ Systems Analysis
- ◆ Convening and Technical Assistance
- ◆ Evaluation

Total Phase I Investment: \$3.7 million

Year One

Accomplishments

- Screened 2,339 older adults for elder abuse and neglect; 153 cases required intensive victim assessments;
- Assisted law enforcement in referring elder abuse offenders to local District Attorney Offices resulting in over 20 elder abuse prosecutions;
- Preserved \$7,125,000 in assets;
- Trained a total of 2,568 mandated reporters regarding elder abuse detection, assessment, intervention, and prosecution;
- Recruited over 275 volunteers to assist with project activities; and
- Secured \$365,000 in additional resources to support project efforts.

Five-Year Evaluation

Domains

1. Interventions, the delivery of direct services, and the development of model programs;
2. Systems change;
3. Policy changes;
4. Fiscal impact of the Initiative; and
5. Synergy and collaboration.

Phase II

- January 2008 – January 2010
- Continuation of Phase I Projects
 - ◆ Education and Training
 - ◆ Multidisciplinary Team Development
 - ◆ Forensic Centers
 - ◆ Financial Protection Projects
 - ◆ Systems Analysis & Change
 - ◆ Convening and Technical Assistance
 - ◆ Evaluation

Contact Information

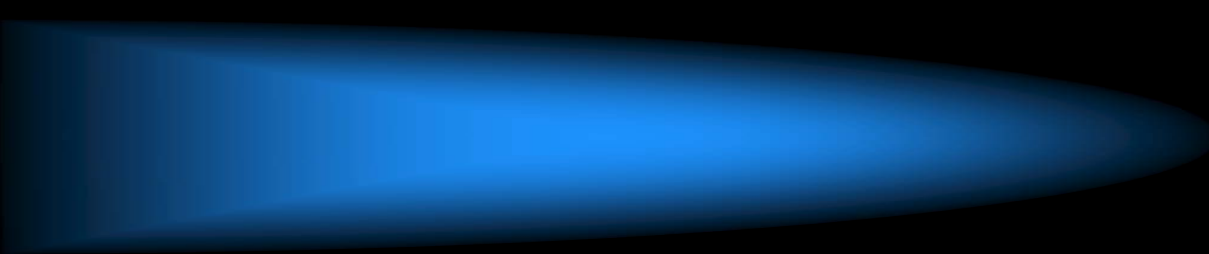
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The Educational Projects

- Enhancing the Capacity of a Diverse Faith Community to Address Elder Abuse
- Increasing Dental Health Professionals' Awareness of Elder Abuse and Neglect
- Elder Abuse and Neglect Prevention Training and Education Program
- Project MASTER (Multi-disciplinary Adult Services Training and Evaluation for Results)

*Enhancing the Capacity of
a Diverse Faith Community
to Address Elder Abuse*



Betty F. Malks, Director
Department of Aging and Adult Services
Santa Clara County

GOALS: Vision and Plan

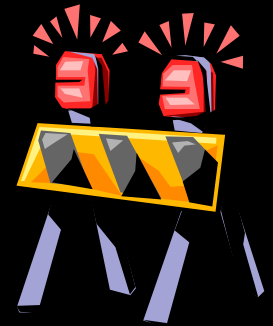
- Increase Clergy's Awareness of Elder Abuse
- Enhance Early Intervention by Clergy
- Enhance Faith Community's Response Capacity
- Accommodate Clergy Concerns in County's Approach to Clergy Reports of Elder Abuse
- Increase APS Reports (from clergy, in particular)
- Reduce Frequency of Elder Abuse
- Research and Dissemination

TARGET AUDIENCES

(Direct and Indirect)

- Clergy (diverse and broadly defined)
- Lay Leaders in Faith Communities
- Religious Communities (e.g. congregants, members)
- Seminaries (i.e. curriculum)
- Aging Service Providers
- Adult Protective Services (APS)
- County and State

Intervention Barriers: Lessons Learned



- Clergy are busy; self report that their time is very limited
- Lack of understanding of Elder Abuse and its many forms
- Clergy's mistrust of government
- Faith Community's reluctance to become involved to avoid any negative publicity with the concern of taking action that could worsen the situation
- The "Shame Factor." Do we want to highlight this problem in our community? Should we keep this quiet?
- Role Conflict: Maintaining confidentiality is essential in the work of clergy
- Embarrassment & fear that airing issue will bring dishonor to their faith

Strategies for Achieving Desired Outcomes

- **Increase Faith Community Response**
 - Assess perceived need for intervention
 - Emphasize communal obligation and community response
 - Begin education process of Clergy and Laity
- **Enhance Faith Community Infrastructure**
 - Target lay leaders
 - Making a “Faith Community” into one that is “Elder Abuse Compassionate.”
 - Make Elder Abuse a topic of concern of the community

Strategies for Achieving Desired Outcomes (con't)

- Training Materials for Faith Communities
 - Develop faith-specific materials and brochures in multiple languages
 - Materials need to be brief and concise – e.g. tip sheets, posters, business cards, and website
 - Materials will include: How can clergy and communities respond? When and how to report? Protecting my role as a clergy/community leader. Protecting my community and supporting families who are caring for elders.

Strategies for Achieving Desired Outcomes- con't

- Elder Abuse Related Training Activities (achieved and ongoing)
 - Lead Elder Abuse trainings-in particular, a “Train-the-Trainer” model
 - K.I.S.S. (Keep It Simple & Safe). Develop trainings that are accessible (e.g. on-line) and non-threatening

Accomplishments:



- Adult Protective Services (APS) is emphasizing a Triage model providing confidential consulting & information and referral for Clergy on community resources, etc.
- Ongoing facilitation of Project Advisory Board meetings to promote faith community participation
- Promoting outreach within the faith communities

Accomplishments (Cont.):

- Conducting focus groups among clergy, church leaders, & congregants
- Developed religiously, culturally, and linguistically appropriate training materials for use with targeted churches & faith groups
- Per Project Advisory Board, resource materials are brief and direct; they are in tip sheet format not workbooks or manuals and include business cards and posters
- A website has been created for clergy to access resource information when needed

Accomplishments (Cont.):

- A community organizer & skilled trainer/facilitator have been assisting the Project Coordinator in outreach activities involving activists within a range of faith communities
- Developing a general “Elder Abuse 101” curriculum for specific faith communities with help from the Project Advisory Board
- Convening Clergy Summit for 11/15/07
- Additional Funding Granted from Santa Clara County Department of Mental Health for increased outreach & sustainability

*Increasing Dental Health
Professionals' Awareness
of Elder Abuse and Neglect*



Melanie W. Gironda, MSW, PhD

Karen Lefever, PhD

Division of Public Health & Community Dentistry

UCLA School of Dentistry

Why Dentists?

- Mandated reporters
- Least likely to report of all health professionals
- EAN not on their radar
 - ◆ focus has been on pediatrics



Project Goals

- Assess baseline EAN knowledge
- Increase dentists' awareness of their responsibility as mandated reporters
- Develop behavioral skills to intervene effectively with patients, caregivers, etc.
- Raise awareness and understanding of the dentist's role in an MDT

Project Activities

- Surveyed faculty and students on knowledge and attitudes about EAN
- Conducted focus groups with faculty and students
- Develop content material on EAN
- Piloted content modules in 5 courses



Surveys



- Data from faculty in Dental School Departments of:
 - ◆ Restorative, Removable and Fixed Prosthodontics, Periodontics, Oral and Maxillofacial Surgery, Endodontics, Hospital Dentistry, Oral Medicine
- Data from 228 (61%) dental students in 4 class cohorts

Faculty Focus Groups

- “That wouldn’t be a problem in my practice because I have a very high end practice”
- “I don’t know how dentists would be aware of financial abuse”
- “Who would I call, and what would they do”?
- Dentists get their information about EAN from TV shows (i.e. 20/20, Night Line)
- Faculty openly admitted their limited knowledge of how and where to get help with an EAN case.

Student Focus Groups



- Students lack knowledge and real life experience with elders
- Knowledge primarily stereotypic and heavily influenced by mass media
- Students need an accurate benchmark for interpreting behavior of elderly patients and caregivers

How we built the curriculum

- Identified existing course appropriate for EAN content:
- Selected a modular approach versus a single course
 - ◆ Ethics (Y1)
 - ◆ Culture & Health (Y3)
 - ◆ Behavioral Science (Y2)
 - ◆ Health Policy (Y3)
 - ◆ Health Regulation (Y3)
- Develop a module appropriate to the content of each course

Faculty Buy-In

- Introduced “Aging across life course” and bio-psycho-social model to Faculty at Annual Retreat
- Presented sample modules



Implementation of Modules

- Ethics: 1st year students
 - ◆ Case study, small groups (n=10)
- Behavioral Science: 2nd year
 - ◆ Role play, small groups (n=10)
- Health Policy: 3rd year
 - ◆ Policy analysis presentation, groups (n=15)
- Regulation of Dental Practice: 3rd year
 - ◆ Lecture with activity, large group (n=100)
- Culture & Health: 4th year
 - ◆ Clinical case discussion, small groups (n=10)

Replicating this project

- Deal with skepticism that an already overloaded curriculum can't handle additional content
 - ◆ Used modular approach
- Materials designed for the busy professional must be:
 - ◆ Straightforward
 - ◆ Concise
 - ◆ Clear cut



Replicating project (con't)

- Address factors that limit student motivation to consider oral health in a broader context:
 - ◆ Link EAN content to students' clinical experiences
 - ◆ Emphasize dentist's role as part of a larger team of care providers that are influential in constructing health policy for their patients

Visibility



Project MASTER

*(Multi-disciplinary Adult Services
Training and Evaluation for Results)*



Lori Delagrammatikas
Project Coordinator
SDSU School of Social Work
Academy for Professional Excellence

Project Objective

Project MASTER is a demonstration project to research, develop, pilot, deliver and evaluate a multi-disciplinary competency based advanced curriculum for APS workers.

Projective Goal

Project MASTER's overarching goal is the professionalization of the Adult Services workforce. Adult Protective Services workers deserve the support of a systematic and effective training curriculum that will give them the knowledge and tools they need to become masters in their profession.

Project Activities

- Developed a formal infrastructure.
- Recruited a Curriculum Advisory Committee.
- Determined the advanced training needs of APS workers through key informant interviews with county administrators and training need questionnaires administered to over 200 APS workers.

Needs Assessment Results

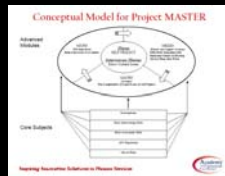
Top 12 Training Needs in So. California

(included focus groups with county managers)

- Safety and Self Determination
- Dealing with challenging behaviors/ gaining client cooperation
- Financial Abuse
- Family Dynamics
- Cultural Sensitivity to APS issues
- Documentation/Testifying in Court
- Ethics in Elder Abuse
- Interviewing uncooperative people
- The Multi-Disciplinary Team's (MDTs) role in client assessment
- Representing APS to the community
- Caseload management issues
- Assessing mental functioning

Project Activities (con't)

- Conducted a literature review on self neglect
- Developed a conceptual model that brings together the micro, mezzo and macro aspects of a specific theme/ type of APS case. (*See handout*)



Project Activities (con't)

- Contracted with nationally known experts to develop a draft curriculum centered on self neglect cases.
- Contracted with nationally known subject matter experts with APS credibility.

Curriculum Development

Topics	Curriculum Developers	Trainers
Biopsychosocial Assessments	 Susan Castano	Irving Hellman
Effectively Engaging with Reluctant Clients to Develop Service Plans that Work	 Patrick Arbore	 Patrick Arbore
The Complexities of Legal Issues in Identifying Self Neglect	 Lisa Nerenberg	 Candace Heisler

Evaluation method

- Developed an evaluation methodology use a pre and post test vignette. (*see handout*)

Next Steps:

- Will be pursuing additional funding to establish infrastructure for a statewide APS Training Academy.

Barriers

- Lack of a core curriculum in California.
- Lack of research, about the legal requirements of APS when dealing with self neglecting clients.
- Lack of a pool of local APS trainers.
- Caseload sizes make it difficult for workers to get to training.

Now it's your turn!



Debriefing your Action Plan

- Questions?
- Report out your ideas about training.
- Brain storm additional ideas as a group.