

Elder Abuse Prevention Ontario
Learning Pod Session

RISE

*A Conceptual Model of Integrated and
Restorative Elder Abuse Intervention*

David Burnes, PhD

Associate Professor

Canada Research Chair in Older Adult

Mistreatment Prevention

University of Toronto

Factor-Inwentash Faculty of Social Work

Email: david.burnes@utoronto.ca

Today's Presentation

Overview:

- Background and rationale
- Development of RISE
- Conceptual frameworks guiding RISE
- RISE model
- Preliminary evaluation findings
- Importance of research & evaluation
- Next Steps – Implementation in Toronto

Scope of EA

One-Year Period Prevalence (Population-Based Studies)

- Canada: 8.2% - 10.0% (Burnes, 2021; McDonald, 2018)
- North America: 9.5% (Pillemer, Burnes, Riffin, & Lachs, 2016)

Approximately **1 out of every 10** adults aged 60 or older experiences some form of EM each year in Canada

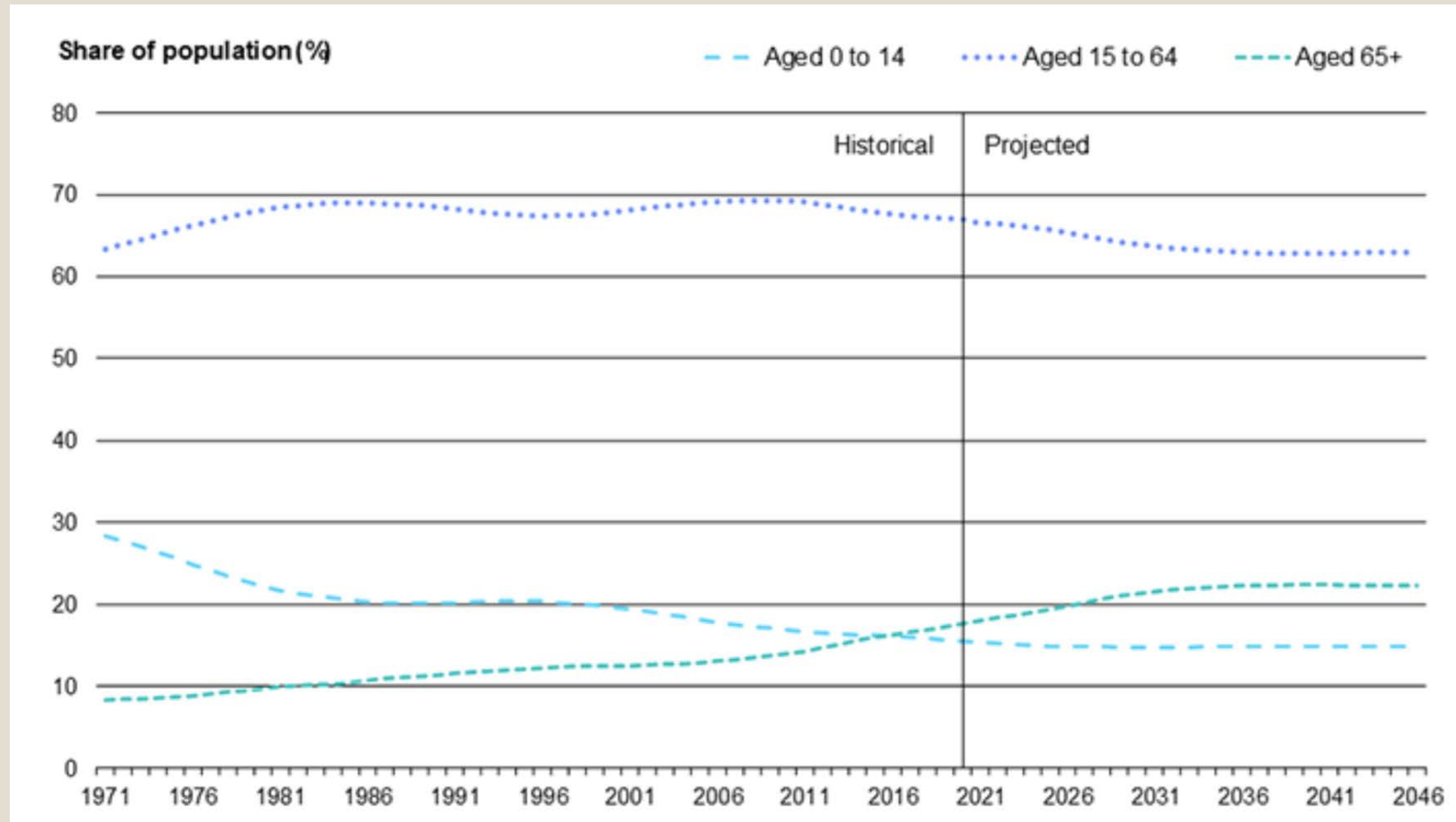
- ~881,670 older adults
 - ~236,600 - Ontario

Exclusions:

- Under-reporting among elders
- Excludes cognitive impairment
- Excludes older adults in institutional settings

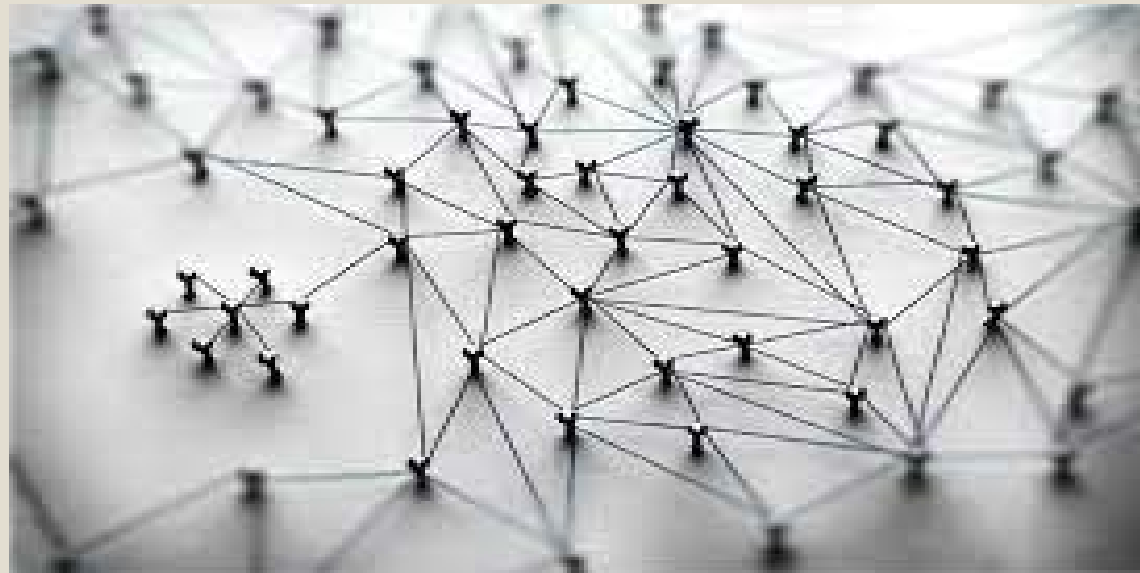
Ontario

An Historical Transition in Population Age Demographics



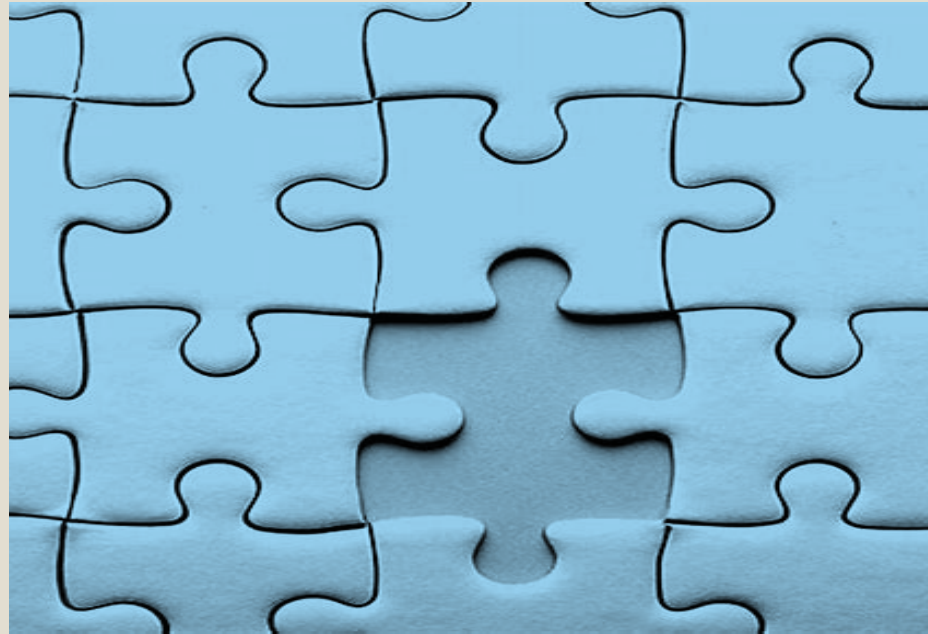
What Does This Mean for the Issue of EA?

In the absence of effective prevention interventions, the absolute scope of EA and number of cases will expand in proportion with projected older adult population growth – ***a pressing need for community-based EA response program***



EA Response Intervention Knowledge Gap

Our understanding of effective EA response interventions represents the largest knowledge gap in the field.



Recent Reviews

Ayalon, L., Lev, S., Green, O., & Nevo, U. (2016). A systematic review and meta-analysis of interventions designed to prevent or stop elder maltreatment. *Age and ageing*, afv193

Baker, P. R., Francis, D. P., Hairi, N. N., Othman, S., & Choo, W. Y. (2016). *Interventions for preventing abuse in the elderly*. Retrieved from The Cochrane Library: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010321.pub2/pdf/abstract>

Fearing, G., Sheppard, C. L., McDonald, L., Beaulieu, M., & Hitzig, S. L. (2017). A systematic review on community-based interventions for elder abuse and neglect. *Journal of elder abuse & neglect*, 29(2-3), 102-133.

Marshall, K., Herbst, J., Girod, C., & Annor, F. (2020). Do interventions to prevent or stop abuse and neglect among older adults work? A systematic review of reviews. *Journal of elder abuse & neglect*, 32(5), 409-433.

O'Donnell, D., Phelan, A., & Fealy, G. (2015). Interventions and Services which Address Elder Abuse: An integrated Review. *National Centre for the Protection of Older People, University College, Dublin*.

Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: global situation, risk factors, and prevention strategies. *The Gerontologist*, 56(Suppl_2), S194-S205.

Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., ... & National Collaboratory to Address Elder Mistreatment Project Team. (2019). Review of programs to combat elder mistreatment: focus on hospitals and level of resources needed. *Journal of the American Geriatrics Society*, 67(6), 1286-1294.

Same Message Over and Over

*We have no evidence-based EA interventions to address
this growing problem*

RISE

Attempting to Address Gap



RISE Intervention Development

Goal attainment
scaling pilot
study with APS

Consultations
with APS
caseworkers and
supervisors

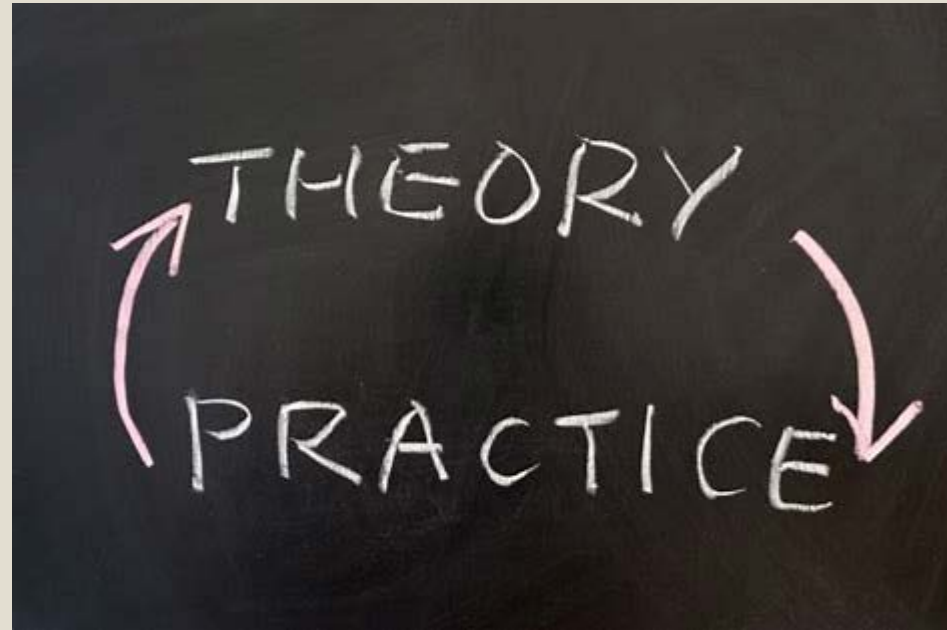
Key stakeholder
meeting in 2017

Review of
literature and
theory

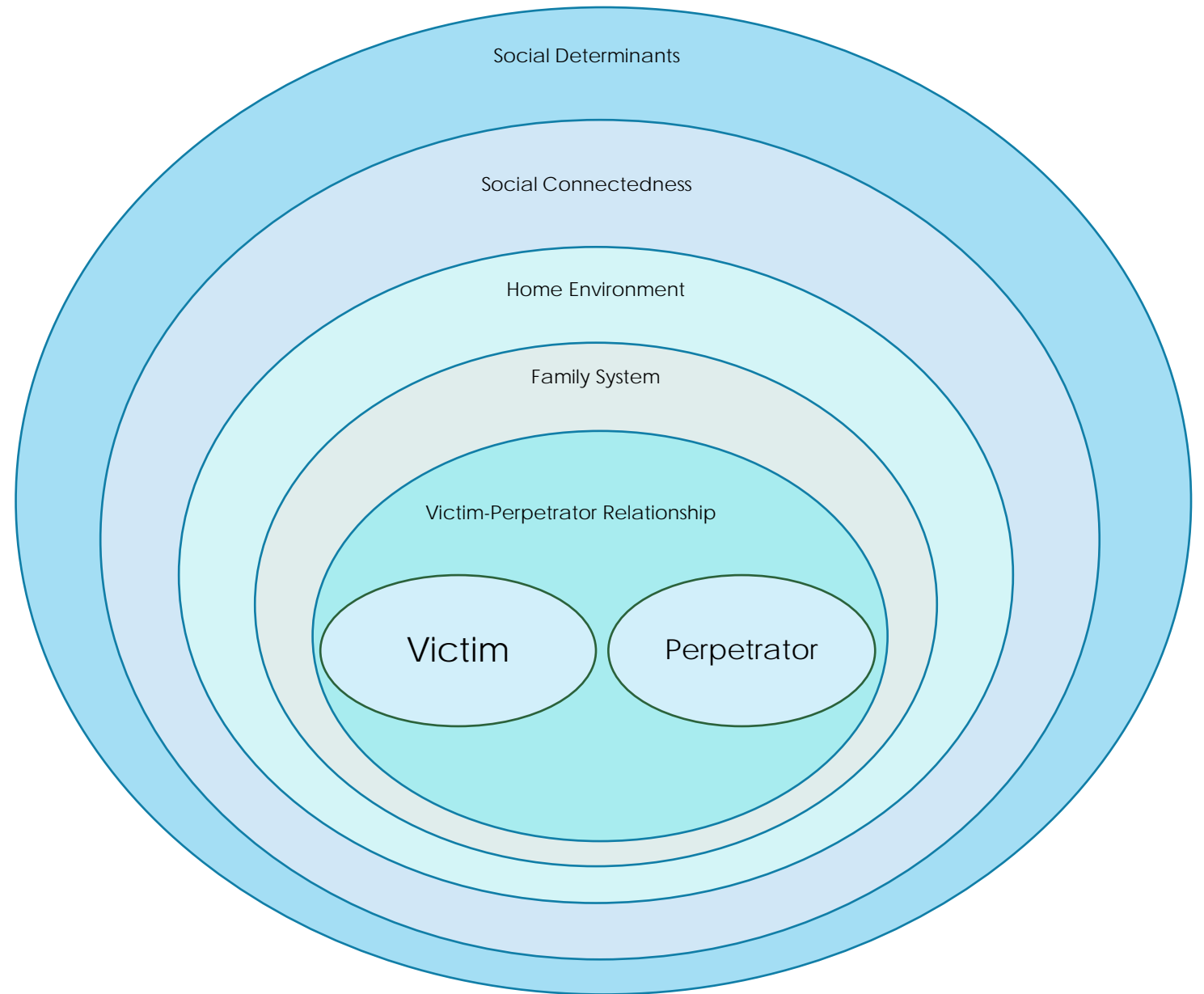
Design model
using evidenced-
based modalities

Developed based on extensive consultations from the ground up as a stakeholder-driven, conceptually based, defined model of integrated evidenced-based modalities

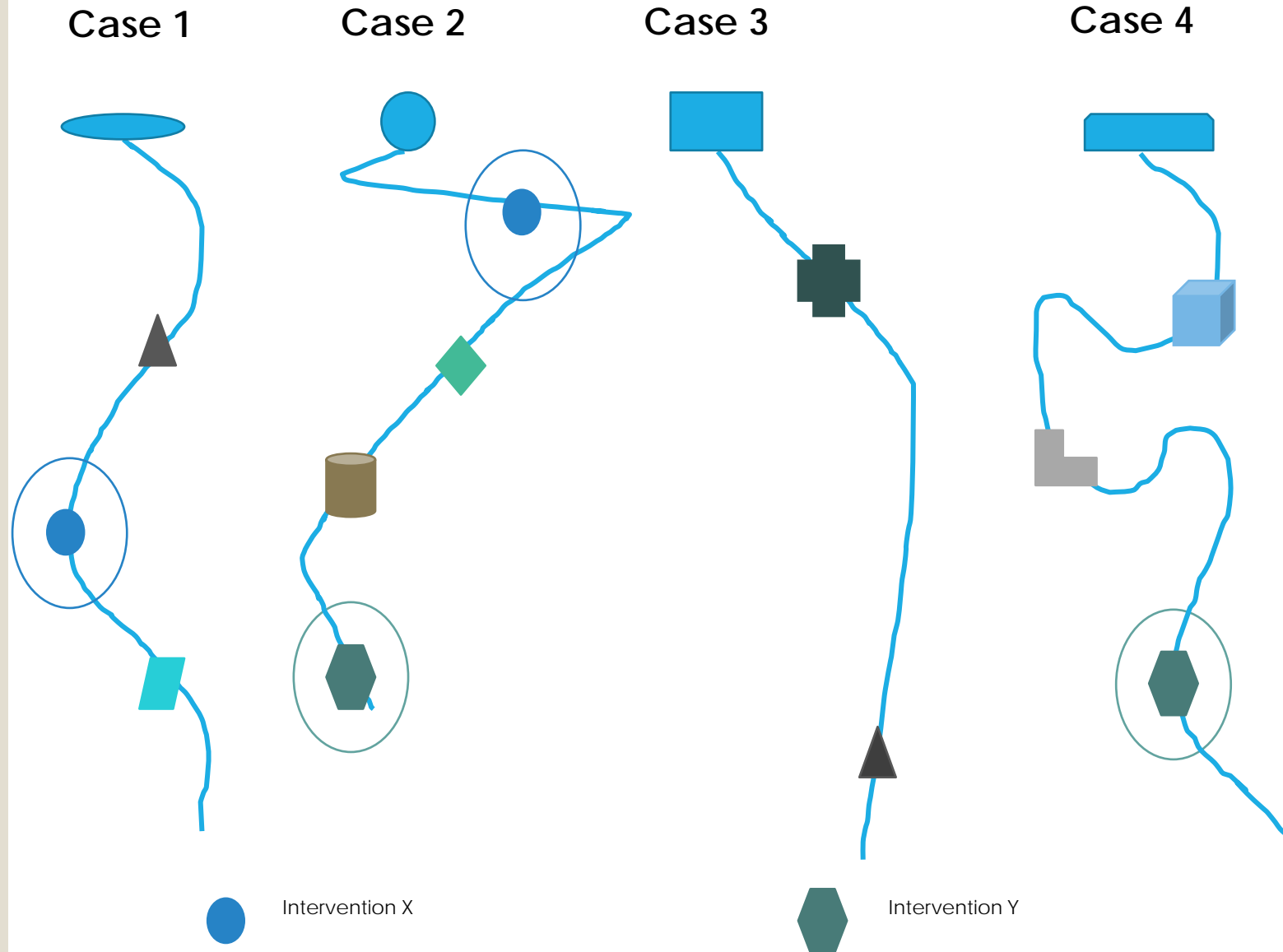
Conceptual Frameworks Guiding RISE



Ecological- Systems Perspective

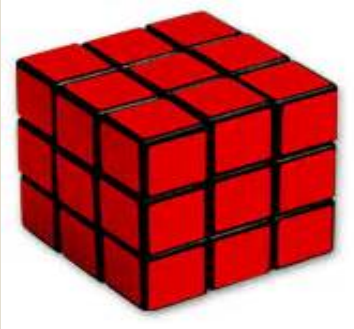


Client-Centered Perspective

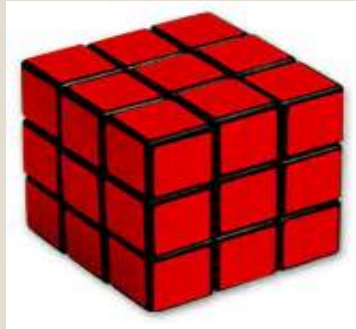


Multifarious Case Outcomes/Success

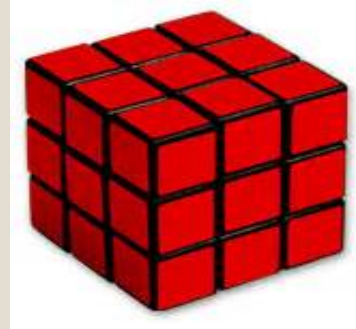
Case 1



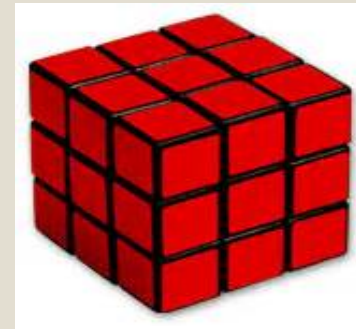
Case 2



Case 3



Case 4



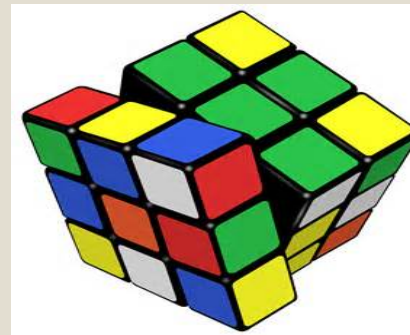
Case 1



Case 2



Case 3



Case 4



Engagement and Relationship Building

- Client engagement represents a major barrier to EA interventions
- Majority of EA victims are reluctant, not eager to engage with formal support systems
- Only 15% of EA victims living in the community report their mistreatment to formal systems (Burnes et al., 2019)
- Service refusal and drop-out are major problems among older adults who do interface with support services

Qualitative Interviews with EA Victims

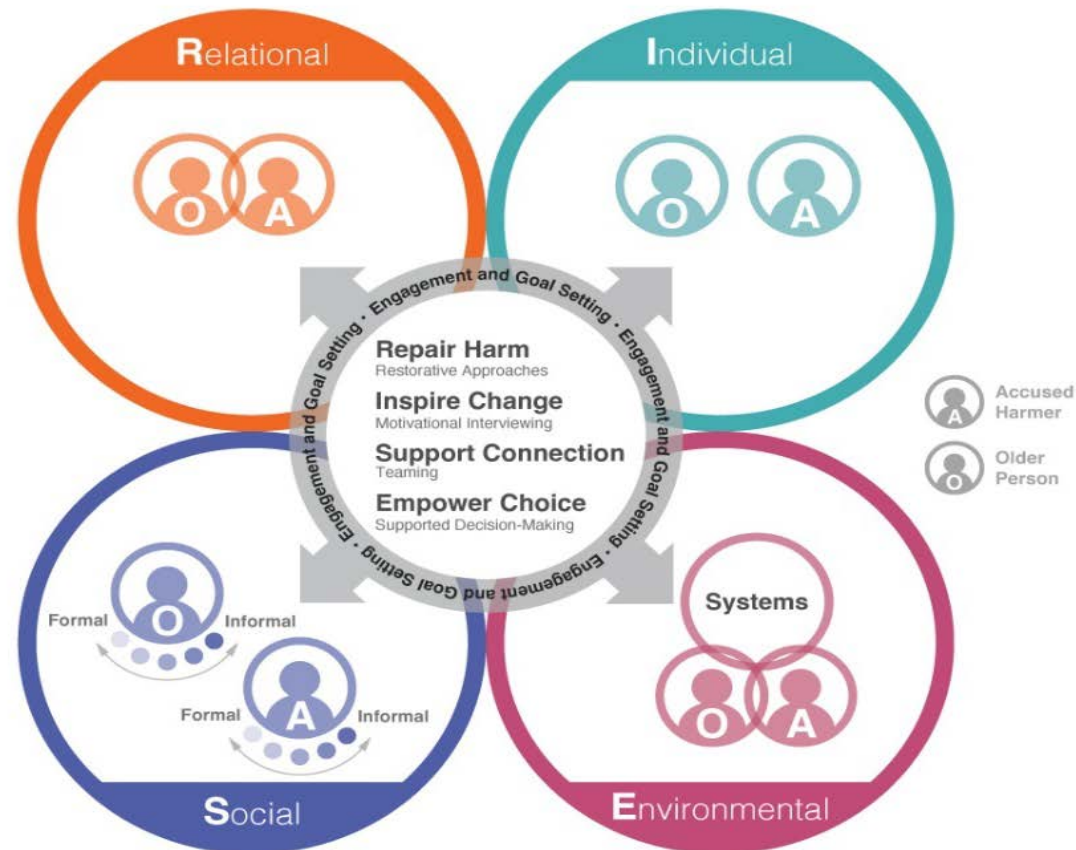
- Shame, guilt, and embarrassment
- Stigma or distrust in involvement with public systems
- Fears about what might happen to themselves (e.g., loss of autonomy or caregivers, nursing home placement)
- Fears about consequences for perpetrator (e.g., homeless, prosecution, incarceration)
- Fears of severing (family) relationships and reputational risk

Quality of client-practitioner relationship predicts successful case outcomes in other relevant social service domains

The **RISE** Model

Repair Harm **I**nspire Change **S**upport Connection **E**mpower Choice

A Conceptual Model of Integrated and Restorative Elder Abuse Intervention



Burnes et al., 2022a

RISE Core Methodologies

Repair harm — ***Restorative approach/Restorative Justice***
(Reduce harm & work toward transformational change)

Inspire change — ***Motivational Interviewing***
(Help people feel that change is possible)

Support connection — ***Teaming***
(Strengthen & forge informal and formal social supports around client, alleged harmer and concerned others)

Empower choice — ***Supported Decision-Making***
(Assist people with cognitive impairments to achieve *their* goals)

Engagement and Goal-Setting

Engagement and Goal-Setting

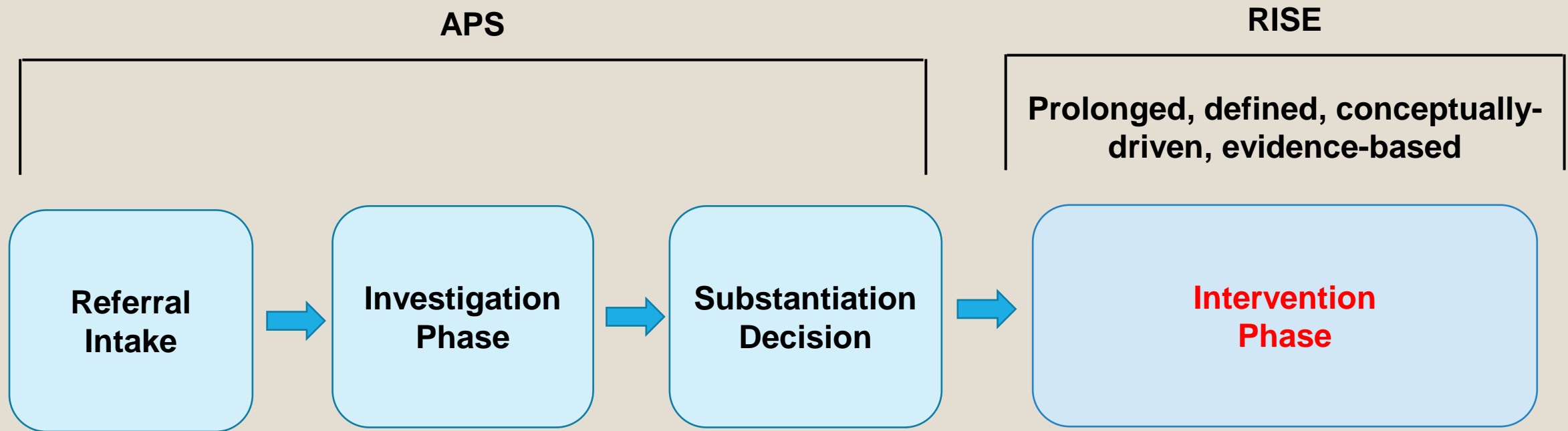
Engagement

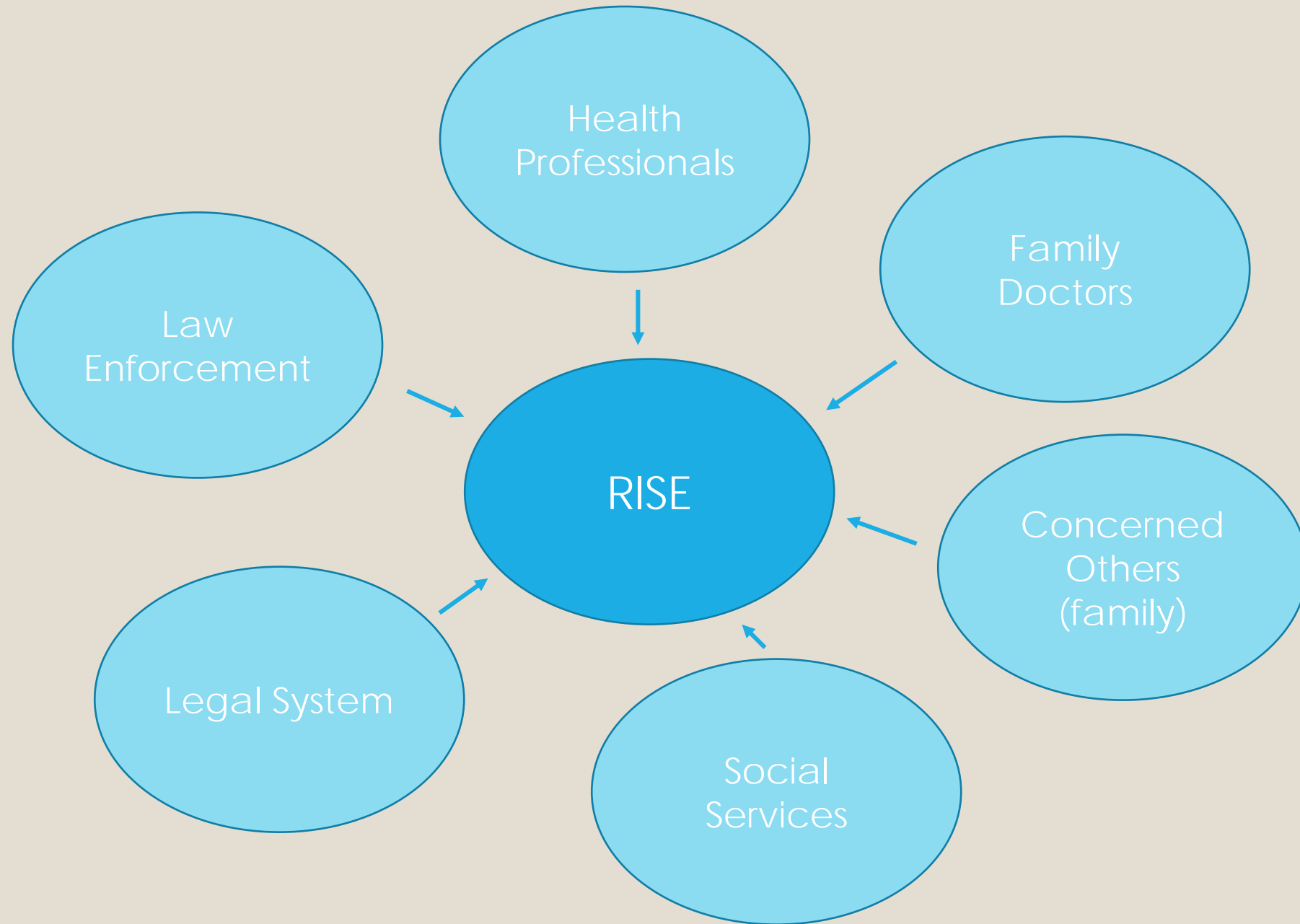
- Advocates trained in client-centered practice orientation and evidenced-based “creative engagement” techniques emphasizing enhanced listening, observation, and improvisation/adaptation skills
- RISE Advocate role is intentionally housed within and administered through a community-based organization
- Selection of model core components that facilitate engagement and relationship building

Goal Attainment Scaling (GAS)

- Formal goal setting can be effective way of facilitating behavioral change
- GAS is a structured, client-centered, collaborative goal-setting process demonstrating feasibility in EA intervention
- Goals are set in relation to victim, perpetrator, relationship, and surrounding teaming informal/formal supporters

Addressing System Service Gap





Experiences from Maine

Context:

- Over 450 cases since July 2019
- Average client age - 75 years
- Women (59.8%), men (40.2%)
- 1 Supervisor, 3 Team Leaders, 9 Advocates

Advocates

- Average caseload 20-25
- Rural & Urban settings

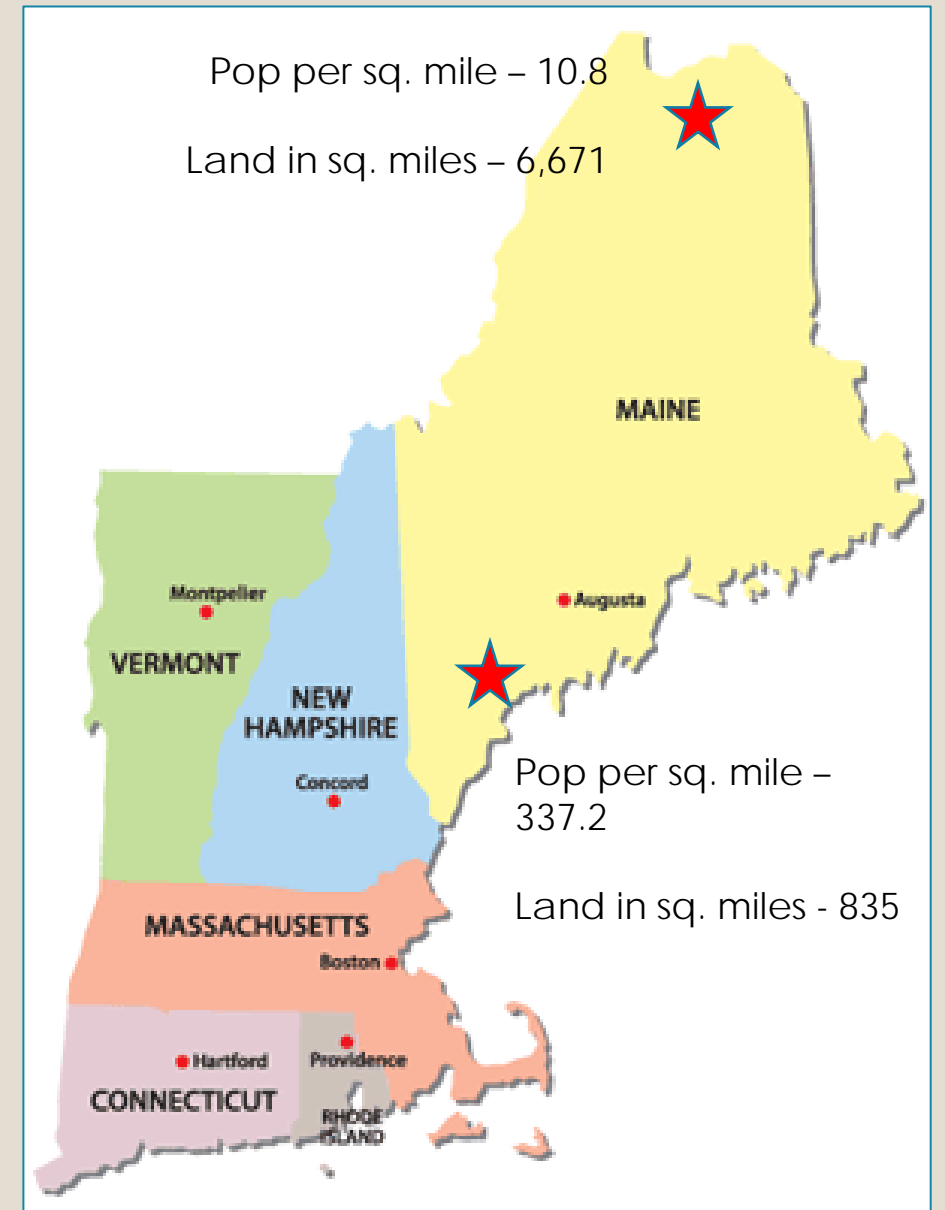


Elder Abuse
Institute of Maine



**Elder Service
Connections**

A program of EAIME



Preliminary Findings

Evaluation findings demonstrate preliminary evidence for RISE in regard to:

- Feasibility
- Acceptability
- Improvement on several important outcomes

Feasibility

- Only 6% of clients referred to RISE decline services following initial attempts at client engagement
- Among clients who accept services with RISE, only 4.5% drop out prematurely

Acceptability

Among active RISE older adult clients:

- 76.6% reported that the program had met “most” or “almost all” needs
- 89.2% reported being “mostly” or “very” satisfied with program services
- 78.3% reported “definitely” coming back to the program if they needed help again

Recidivism

Using APS records and comparing cases referred to RISE versus those at APS not referred to RISE:

- Adjusting for the fact that cases referred to RISE were more complex/severe than other APS (non-referred) cases, cases exposed to RISE showed a significantly lower likelihood of re-referral (recidivism) back into the APS system compared to APS cases that did not receive RISE ($p < 0.001$)

Psychosocial Outcomes

The following proportions of RISE clients reported that outcomes had changed “somewhat” or “a lot” better since starting their work with RISE:

- Personal stress (58.7%)
- Personal worry (56.5%)
- Quality of life (68.9%)
- Self-efficacy to cope with challenges and make decisions to keep safe (72.9%)
- Knowledge about informal and formal supports for safety (53.9%)
- Progress on case goals (66.8%)
- When asked about their working relationship with advocates, 81.4% of clients reported that collaborative agreement occurs “much” or “all of the time”, and 88.4% of clients believed that advocates respected their choices “much” or “all of the time”

Key Outputs

- Only 3% of active cases represent re-referrals – suggests that once a case is exposed to the RISE model, *impact endures and cases are not coming back into the system*
- Upon closing a case RISE has established, on average, 2 new informal or formal supports (other than RISE) into a client's life to provide support moving forward around their mistreatment issue – *strengthening social support system*
- RISE support involves, on average, direct helping with 0.5 other persons (e.g., perpetrator) in addition to victim (1 person every other case) – e.g., caregiver support, victim-perpetrator relationship repair – *eco-systemic approach*
- Across all case meetings, RISE advocates met with client alone in 31% of meetings – other meetings involved client and/or combination of perpetrator, relatives, caregiver, service providers, etc. – *eco-systemic approach*

Qualitative Evaluation from APS Practitioners

- Complements existing APS system by addressing needs or providing services often outside the scope of APS
- Continue working with cases after APS closes cases - opportunity for longer-term support opens possibility of real change and addressing underlying issues
- Flexibility to work with sub-threshold cases toward **primary prevention**
- Perceived reduction of repeated referrals
- Enhanced opportunities for client engagement and relationship building – enhance openness to change
- Empowering clients and taking a client-centered approach
- Capacity to integrate others into case intervention (e.g., perpetrators, concerned others) and mend family relationships
- Knowledgeable on resources and policies
- Partnership with RISE *contributed to own psycho-emotional well-being*

Next Steps

Adaptation, Implementation, and Evaluation of RISE in Toronto

- Funded from Public Health Agency of Canada
- Partnership with Elder Abuse Prevention Ontario
- 1 RISE Supervisor, 2 RISE advocates (currently in process of hiring)
- Operated (initially) out of FIFSW

Integrating Substance Use Component in New Hampshire

- Funded by US Health and Human Services, Administration for Community Living
- Train advocates with additional component to work with older adults experiencing substance use issues

RISE as Diversion Program Alternative to Criminal/Justice System

- Partnership with District Attorney's Office in Seattle to work with cases as an alternative to criminal justice system

References

- ♦ Burnes, D., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022a). RISE: An integrated model of elder abuse intervention. *The Gerontologist*. Advance online publication. <https://doi.org/10.1093/geront/gnac083>
- ♦ Burnes, D., MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022b). Qualitative evaluation of the “RISE” elder abuse intervention model in partnership with Adult Protective Services: Addressing a service system gap. *Journal of Elder Abuse & Neglect*, 45, 329-348. Advance online publication. <https://doi.org/10.1080/08946566.2022.2140321>

QUESTIONS?