Conceptualizing Person-Centered Care in Elder Mistreatment Intervention: Use of a Well-Being Framework

Summary

Adult Protective Services (APS) is the social services agency charged with investigating and addressing allegations of elder mistreatment (EM). Interventions are intended to promote safety and reduce harm. Person-centeredness and client autonomy are core APS principles that often guide caseworkers to seek less restrictive interventions that align with victim preferences and values. In practice, however, proposed resolutions are often viewed through a criminal justice lens that may not center the victim's preferred mode of case resolution. Martinez and colleagues studied the application of person-centered care (PCC) principles in a pilot intervention involving an older adult experiencing abuse by a caregiver. The intervention employed a Service Advocate (Advocate) to identify sources of wellbeing to support the victim's priorities through a client-driven approach to address complex EM.¹

Methods

The team used a case study analysis to examine the process of integrating PCC into a risk-reduction plan for an older victim in a high-risk situation who refused APS services but agreed to work with the Advocate. The Advocate was based in an elder abuse multidisciplinary team (the Forensic Center), a model of cross-sectorial EM case review and resolution. As part of the intervention, Advocates build client rapport over time to elicit client goals and preferred remedies. The study team used the Full Frame Approach that posits Five Domains to evaluate client wellbeing, safety planning, and risk reduction through 1) social connectedness among existing relationships, 2) stability or "anchors" in life, 3) safety in capacity to be one's authentic self, 4) mastery of choice in life, home, and personal care, and 5) meaningful access to resources. Data collected from case notes were summarized and interpreted to delineate suspected EM, client characteristics, client preferences, and service activities.



Results

- A trusting relationship with the Advocate developed over several weeks of centering the client's priorities
- The client's Five Domains were observed and assessed; her priorities were respected and preferences were supported
- With consistent visits from the Advocate and Forensic Center services, the client's social connectedness, mastery, and stability were expanded over time, the client remained in her home, and access to health and social services improved
- Ultimately, with the client's declining health, lack of capacity, and the caregiver/perpetrator's substance abuse and questionable care, the Forensic Center recommended conservatorship for the client

Key Takeaways

- Discerning the client's priorities and wishes can preserve sources of wellbeing, elucidate ways to address danger, and potentially result in harm reduction
- Understanding the tradeoffs older adults believe they are facing when making life altering decisions can provide avenues for safety that may not have otherwise been contemplated

Implications for Practice and Research

The Five Domains is one example of centering the client's desires in EM intervention approaches. This framework may enable greater understanding of a victim's priorities, though it may not be universally applicable to all cases of EM and should be tested in further evaluation research. Use of an Advocate demonstrates the need for novel strategies to address EM. Future studies should examine what level of EM risk is acceptable, if any, and how to monitor clients for safety while supporting autonomy.

Special thanks to Keck School of Medicine of USC Department of Family Medicine Resident Nicole Aimua, MD, MPH for her work on this translation and Resident Director Joanne Suh, MD, for her support and contributions.





Keck School of Medicine of USC

This research translation was completed for the National Center on Elder Abuse and is supported in part by a grant (No. 90ABRC0002) from the Administration on Aging, U.S. Department of Health and Human Services (HHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or HHS policy. LAST REV. MAY 2024