

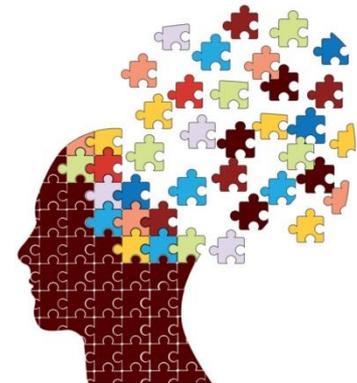


ELDER ABUSE
Hiding in Plain Sight

Emotional Abuse and Dementia Concerns

An Elder Abuse Prevention Awareness

Dementia
Dementia is a group of brain diseases that cause long term loss of memory and other cognitive functions. Dementia becomes more common with age and is a leading cause of disability in older people.





EMOTIONAL/PSYCHOLOGICAL ABUSE

The intentional or reckless infliction of mental or emotional anguish by threat, humiliation, intimidation, or other verbal or non-verbal abusive conduct as punishment for treatment or care of; such as name calling, insulting, ignoring for extended periods of time, frightening, intimidating, and isolating from friends and family and social activities.

- <https://www.youtube.com/watch?v=OEGhbbpel30>

Attitude

- Seniors can be very stubborn when it comes to changes that appear to threaten their sense of dignity or They may shoot down ideas that could improve their quality of life, home care or adult day care.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

If a loved one is becoming increasingly depressed and withdrawn, they may dig their heels in about these choices even more. “A bit of gentle encouragement from family members could help them to move outside of their comfort zone in order to engage in healthy, stimulating activities that can improve their mood and quality of life,”

Mental condition



- Depression and anxiety are two of the most commonly occurring mental disorders, but this does not consist of just having “the blues” or excessive nervousness. “Like diabetes or hypertension, these are **true medical conditions that are treatable,**”



An aging loved one may have taken a psychiatric drug for many years without issue, but the physical changes that occur normally with age can alter how the medication interacts with the body and with other medications.

According to the World Health Organization, approximately 15 percent of adults age 60 and over suffer from a mental disorder.



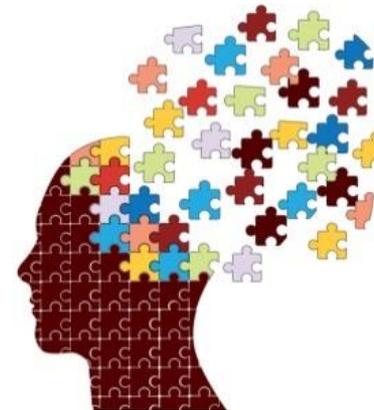
A mental condition is not the result of one particular event.

A mental condition can be due to multiple interlinking causes, such as genetics or family history of mental illness, the environment, and an individual's lifestyle choices.

- Susceptibility increases for those who are exposed to things like prolonged stress from a job, home life or caretaking role, as well as exposure to emotional, physical or sexual trauma, or being a victim of crime. Biochemical processes, basic brain structure and nutrition also play a significant role.

Things that attribute to Emotional Distress

The diagnosis and treatment of a mental disorder becomes more complicated in an aging population because of the prevalence of multiple chronic conditions, multiple medications often being prescribed by multiple doctors, drug interactions, social isolation, limited mobility, and increased emergency room (ER) visits with typically poor follow up.



Adjustments

- Adjusting to the fact of retirement and to a lower income



Socio-cultural



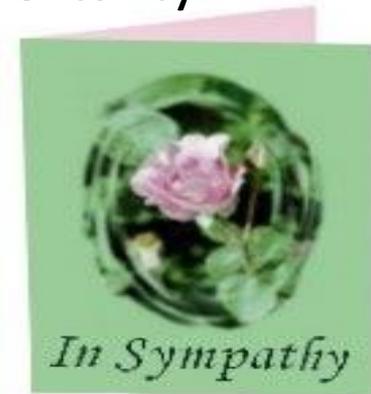
- Many elderly people are isolated because of loss of physical or mental capacity, or through the loss of friends and family members.
- Socio-cultural factors that may affect the risk of elder abuse include:
 - ageist stereotypes where older adults are depicted as frail, weak and dependent;
 - erosion of the bonds between generations of a family;
 - systems of inheritance and land rights, affecting the distribution of power and material goods within families;
 - migration of young couples, leaving older parents alone in societies where older people were traditionally cared for by their offspring; and
 - lack of funds to pay for care.

Accepting

- Accepting the prospect of death, not by morbid resignation, but by recognition of having made life better for cultural descendants.

If you want to be a seize-the-day person and use the time you have left well, try these five strategies for **accepting** your mortality so you can live your fullest life.

- Take care of mortality's paperwork.
- Use mindfulness to get comfortable with mortality.
- Discuss **death** at the dinner table.
- Consider your vision of a good **death**.
- Make a plan to go out in style



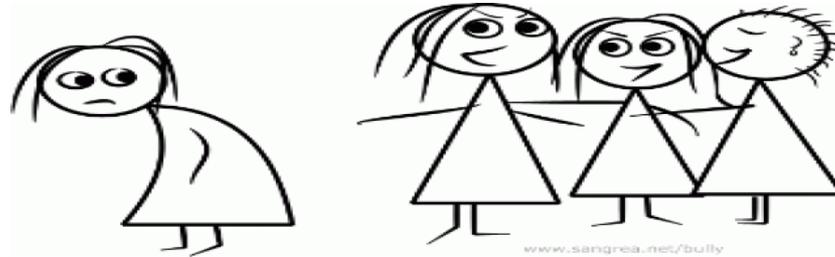
KEY FACTS on Elder Abuse



- **Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.**
- **Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year.**
- **Elder abuse can lead to serious physical injuries and long-term psychological consequences.**
- **Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations.**
- **The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.**

Source: World Health Organization

Within institutions, abuse is more likely to occur where:



- standards for health care, welfare services, and care facilities for elder persons are low;
- staff are poorly trained, remunerated, and overworked;
- the physical environment is deficient; and
- policies operate in the interests of the institution rather than the residents.

What Does Dementia mean to You?



Lost all your memory?

Lost oxygen in your brain?

Lost your mind?

Life is doomed and hopeless?

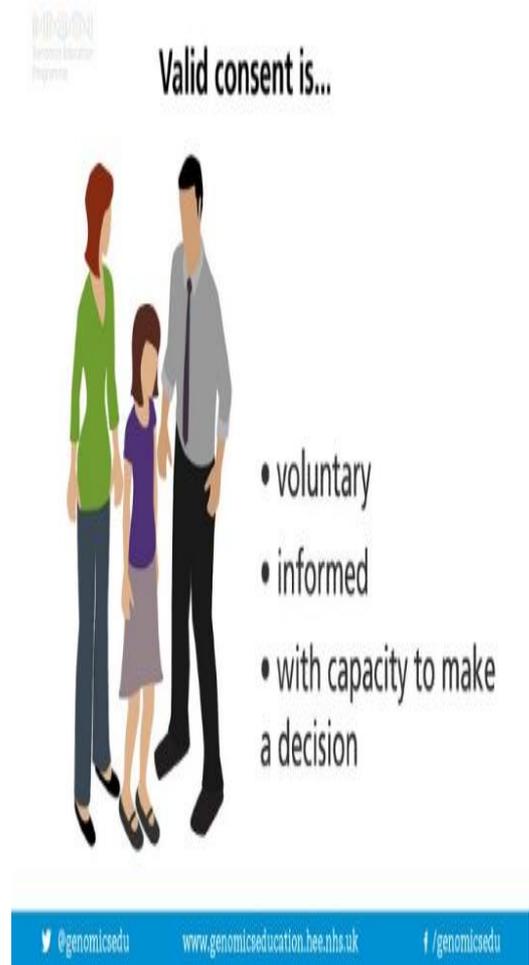
Mental Capacity and Consent

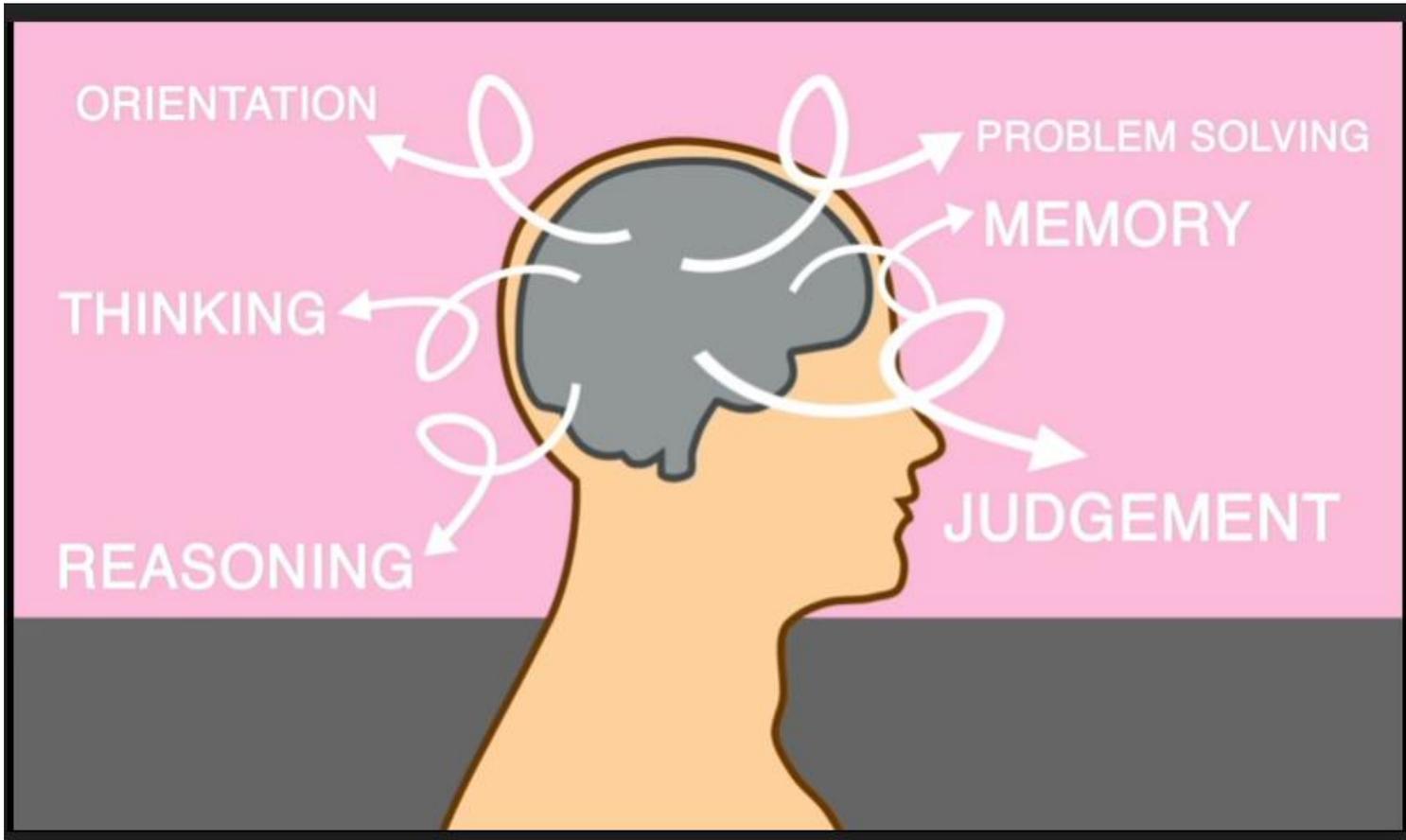
- Mental Capacity

- Term used to describe cluster of mental skills people use in everyday lives – such as memory, logic, the ability to calculate, and the “flexibility” to turn from one task to another.
- Diminished mental capacity is a common symptom of aging, but a significant decline over a short period of time can indicate that there is another underlying issue.

- Consent

- When someone agrees or gives permission.
- They must understand what they are consenting to.





Alzhemiers

Behavioral Problems of Dementia



Caregiver Stressors



1 DAILY CARE NEEDS
FOR EXAMPLE, EATING, DRESSING, TRANSFERRING, NIGHTTIME WAKEFULNESS

2 BEHAVIORAL PROBLEMS
FOR EXAMPLE, YELLING, PACING, WANDERING

3 EMOTIONAL ISSUES
FOR EXAMPLE, APATHY, TEARFULNESS, SADNESS

Coping Skills for Dementia Caregivers

COPING CHECKLIST FOR DEMENTIA CAREGIVERS



1

Be empathic, redirect, avoid triggers
and understand the unmet needs

2

Seek comfort and help from others
and community resources

3

Take good care of yourself

4

Laugh it off

Caregiving Journey

POSITIVE ASPECTS OF CAREGIVING

- 1 More joy and laughter
- 2 Fulfillment and meaningfulness
- 3 Learning and growing opportunities
- 4 A rewarding and cheerful experience



Dementia is a Process

Are you ready for the conversation?



Alzheimer's Association 800 272-3900



Health Care Systems

As people age, their health needs tend to become more complex with a general trend towards declining capacity and the increased likelihood of having one or more chronic diseases. Health services are often designed to cure acute conditions or symptoms and tend to manage health issues in disconnected and fragmented ways that lack coordination across care providers, settings and time.

Health systems need to be transformed so that they can ensure affordable access to evidence-based medical interventions that respond to the needs of older people and can help prevent care dependency later in life.

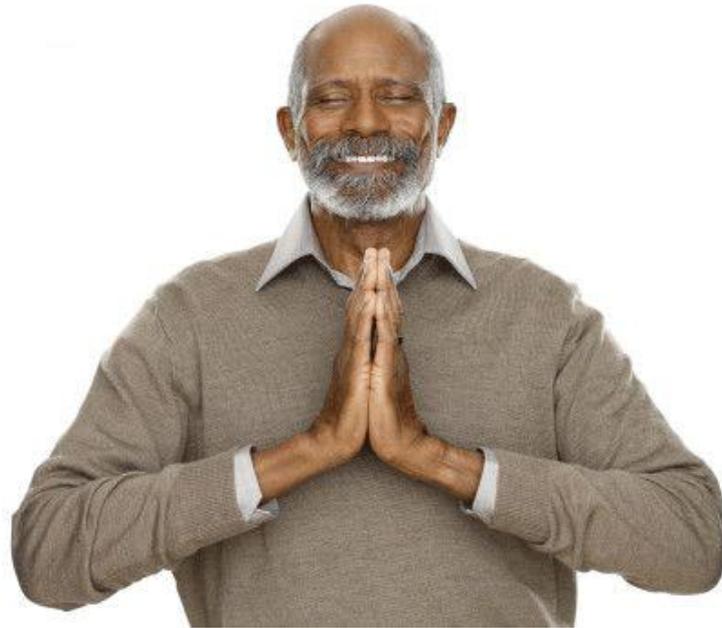
What you can do!

WHAT CAN YOU DO FROM NOW ON?

- 1** Treat individuals with dementia with respect, dignity, and love.
- 2** Protect them as well as yourself from harm, exploitation, neglect, and unsafety.
- 3** Help create a dementia inclusive, friendly, and abuse/neglect-free environment for all.

Reappraising Self

- Reappraising self-concept, personal values and personal worth in light of new circumstances.



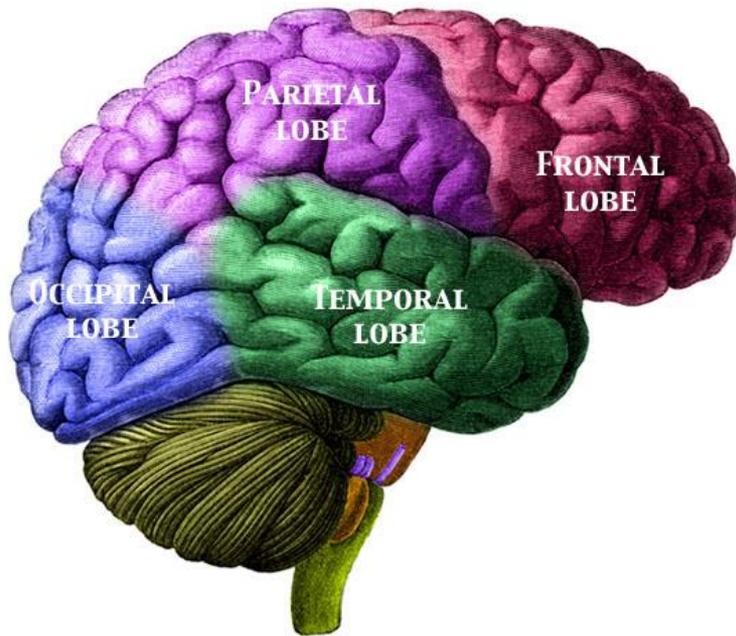
The Silver Alert

- Became effective in June 2012
- Also known as the Mozelle Senior or Vulnerable Adult Medical Alert
- Provides for public broadcasting of information regarding seniors and vulnerable adults



Focus on our most powerful organ

The brain.



- Growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle changes.
- Participating in regular physical activity,
- Staying socially engaged
- Maintaining good heart health.

Keep your mind active and your body healthy.



Fuel up right. Eat a healthy and balanced diet that is lower in fat and higher in vegetables and fruit to help reduce the risk of cognitive decline.



Get moving. Engage in regular cardiovascular exercise that elevates your heart rate and increases blood flow to the brain and body. Go for a walk or take the stairs to get moving.



Follow your heart. Evidence shows that risk factors for cardiovascular disease and stroke — obesity, high blood pressure and diabetes — negatively impact your cognitive health. Take care of your heart, and your brain just might follow.

Healthy habits promote brain health and, according to new research, may potentially reduce your risk of developing dementia.

Source: Alzheimers Assoc.

WHO IS AT RISK?

Elder abuse can occur anywhere – in the home, in nursing homes, or other institutions. It affects seniors across all socio-economic groups, cultures, and races. Based on available information, women and “older” elders are more likely to be victimized. Dementia is a significant risk factor. Mental health and substance abuse issues – of both abusers and victims – are risk factors. Isolation can also contribute to risk.

WHAT SHOULD I DO IF I SUSPECT ABUSE?

Report your concerns. Most cases of elder abuse go undetected. Don't assume that someone has already reported a suspicious situation. The agency receiving the report will ask what you observed, who was involved, and who they can contact to learn more. You do not need to prove that abuse is occurring; it is up to the professionals to investigate the suspicions.

REPORTING is confidential and you may remain anonymous. Making a report in instances of neglect or abuse is the right thing to do...and its easy don't be afraid. Elders have a right to be safe! To report suspected abuse in the community Adult Protective Services (APS) is here to help.

IN CASES OF IMMEDIATE DANGER, CALL 911

VULNERABLE

A condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of a mental or physical impairment or advanced age

EMOTIONAL/PSYCHOLOGICAL ABUSE

- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, unexplained changes in alertness, etc.
- Isolate elder (doesn't let anyone into the home or speak to the elder)
- Verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

FINANCIAL ABUSE/EXPLOITATION

- Lack of amenities victim could afford
- Vulnerable elder/adult “voluntarily” giving uncharacteristically excessive financial reimbursement/gifts for needed care and companionship
- Has control of elder's money but is failing to provide for elder's needs
- Vulnerable elder/adult has signed property transfers (Power of Attorney, new will, etc.) but is unable to comprehend the transaction or what it means

NO EXCUSE
FOR Elder Abuse

1-855-444-3911

NLSM-Elder Law & Advocacy Center

NEGLECT / SELF NEGLECT

- Lack of basic hygiene, adequate food, or clean and appropriate clothing
- Lack of medical aids (glasses, walker, teeth, hearing aid, and medications)
- Person with dementia left unsupervised
- Person confined to bed is left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure “bed” sores (pressure ulcers)

PHYSICAL/SEXUAL ABUSE

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- Unexplained sexually transmitted diseases

ABANDONMENT

- Lack of social connectedness
- Desertion by family, community or agency
- Left unattended in a public facility or waiting room

DAAA REGION 1A
THE DETROIT SENIOR SOLUTION
1333 Brewery Park Blvd. Ste. 200
Detroit, MI 48207
313.446.4444



If you or others experience abuse or neglect in a long term care facility (e.g. nursing home, assisted living facility), The Michigan Long-Term Care Ombudsman Program is here to help.

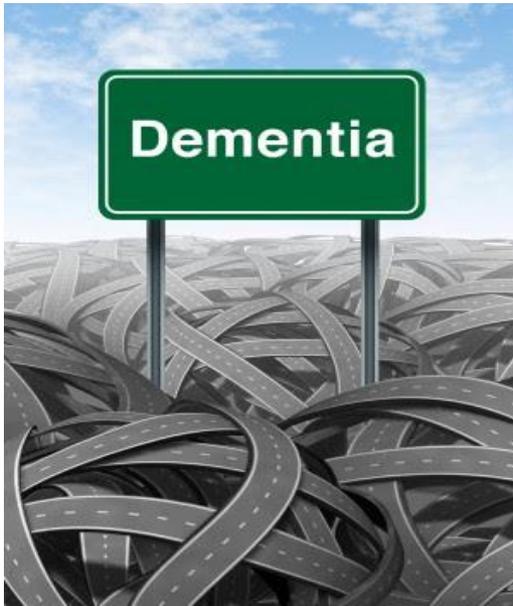
Call 1-866-485-9393 Toll Free

Mandatory Reporters

Under the Michigan Social Welfare Act/Mandatory Reporting Statute of 2015

- Health Care Services
- Social Welfare Services
- Mental Health Services
- Other Human Services
- Educational Services
- Law Enforcement





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Katy's Story

- <https://drive.google.com/file/d/1mKvm-BfO74CLAHrKkBDc-SGoE97T4NKj/view?ts=5d4f0a74>

For more information contact: sunfei@msu.edu



DOES SOMEONE YOU KNOW
- a senior or adult with a disability -
display any warning signs of mistreatment?

ELDER ABUSE

→ Hiding in Plain Sight

Adult Protective Services
1-855-444-3911

For State reporting numbers visit the Michigan Department of Health & Human Services Agency MDHHS website.

The National Center on Elder Abuse (NCEA) directed by the U.S. Administration on Aging, helps communities, agencies and organizations ensure that elders and adults with disabilities can live with dignity, and without abuse, neglect, and exploitation. NCEA is the place to turn for education, research, and promising practices in stopping abuse.

WHAT IS ELDER ABUSE?

In general, elder abuse refers to intentional or neglectful acts by a care giver or "trusted" individual that lead to, or may lead to, harm of a vulnerable elder. In many states, younger adults with disabilities may qualify for the same services and protections. Emotional or psychological abuse; financial abuse and exploitation; neglect; physical abuse; sexual abuse; and abandonment are all considered forms of elder abuse. In many states, self-neglect is also considered mistreatment.

References

- <https://www.agingcare.com/articles/understanding-mental-health-issues-in-seniors-209387.htm>
- Connie M. Ward, PhD, a Licensed Psychologist at A New Start Counseling Center in Fayetteville, Georgia.
- sunfei@msu.edu