

# Opportunities and Challenges for Knowledge Transfer in the Face of Limited Research Evidence: Examples from the Field of Elder Abuse

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Presented at NICE Knowledge Exchange June 2010

# Agenda

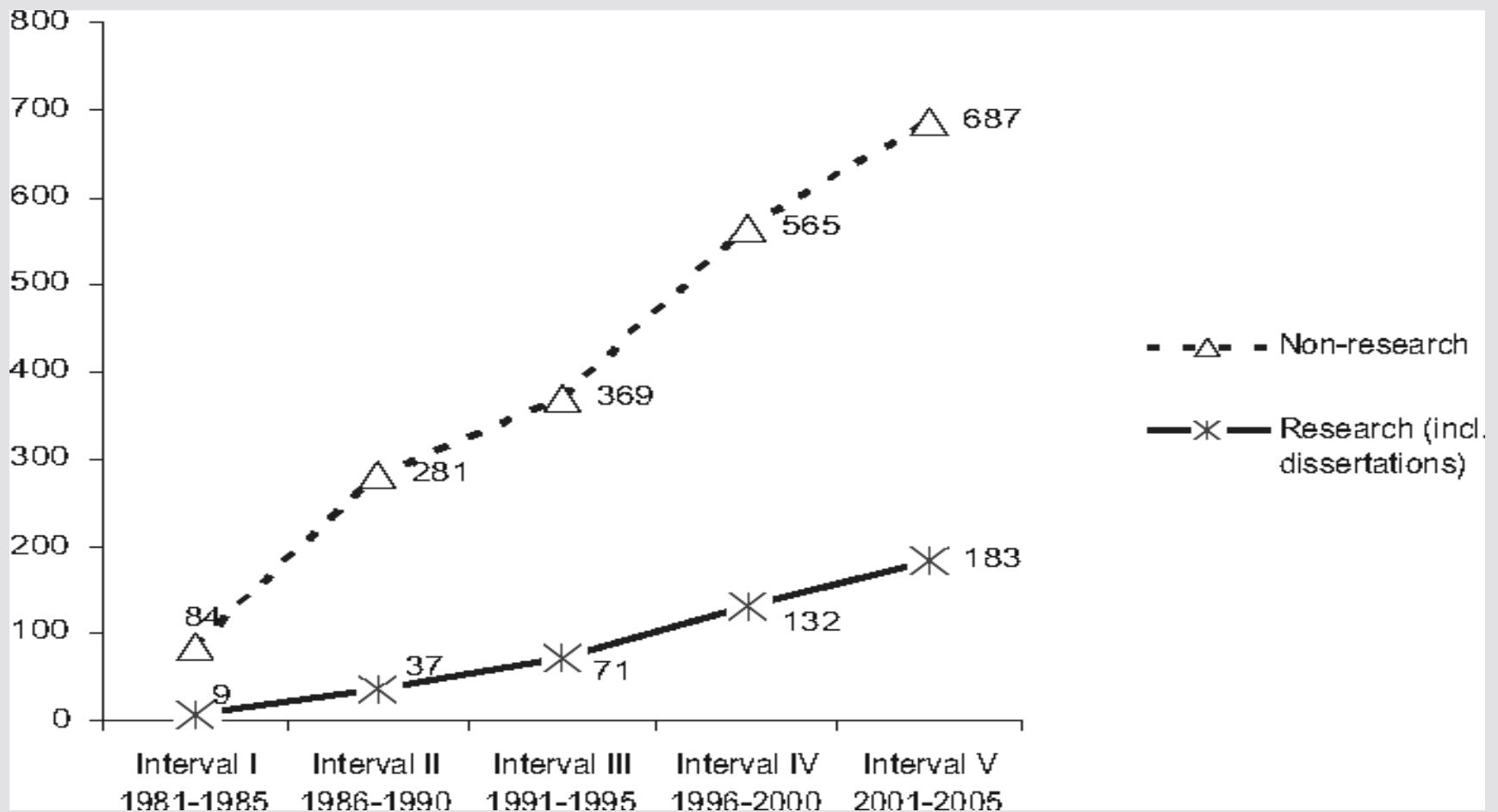
- What is the current state of Elder Abuse knowledge?
- What do we know about what works?  
Answers from a systematic review of interventions for abuse of older persons
- What do we do when there is little research evidence to guide us?
- What has the NICE Elder Abuse Theme Team done to advance the elder abuse agenda?

## Elder Abuse State of the Union: Where Are We?

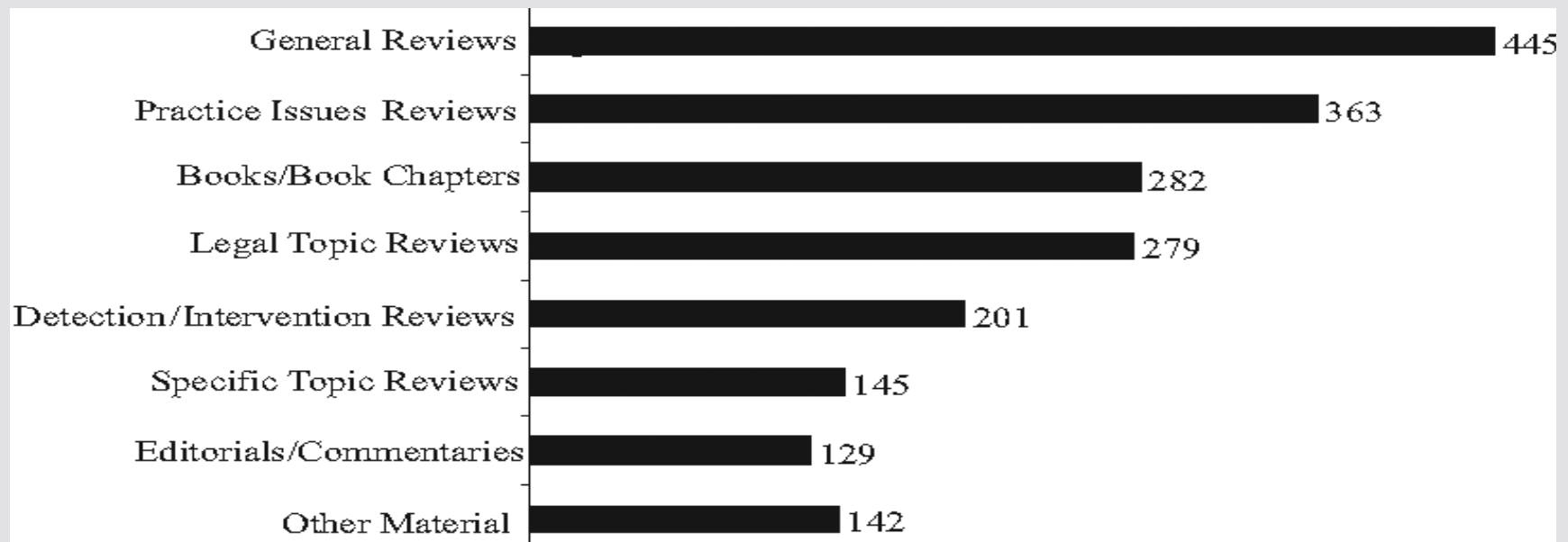
Christen Erlingsson, Division of Nursing,  
University of Kalmar, Sweden

- “Searching for Elder Abuse: A Systematic Review of Database Citations” 2007. *Journal of Elder Abuse & Neglect*, 19, 59-78.
- Search of PubMed, CINAHL, PsycINFO databases to 2005
- 2,418 unique references
- 1,986 non-research (82%)
- 398 research articles and 34 dissertations (18%)

## Elder Abuse Research and Non-Research References Over Time (Erlingsson, 2007)



## Types/Amount of Non-Research Elder Abuse References n=1,986 (Erlingsson, 2007)



## Number of Research References Per Aim Category (Erlingsson, 2007)

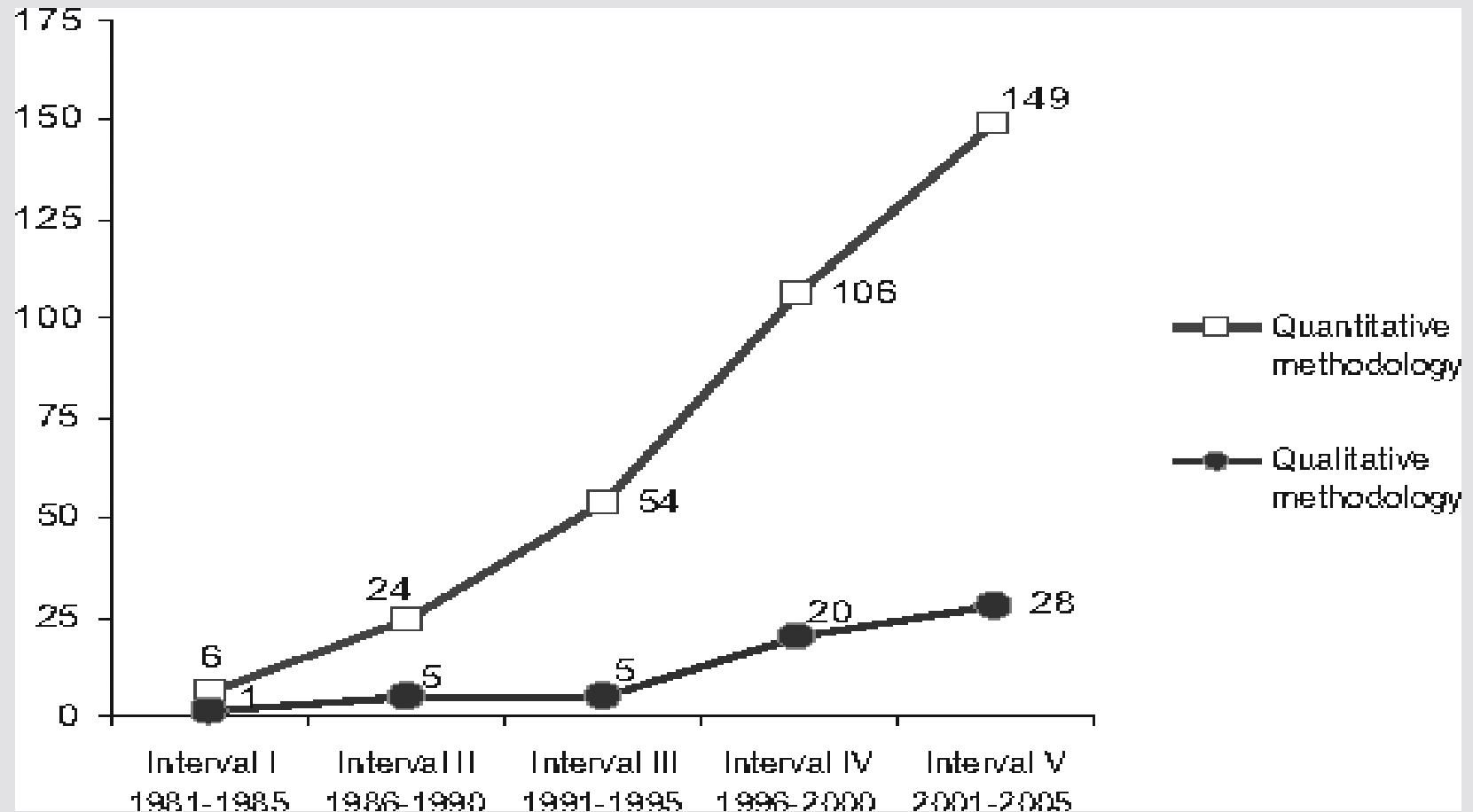
<b>Aim</b>	<b>Number (% of total)</b>
Prevalence	89 (22%)
Perceptions	62 (16%)
Agency/Program	32 (8%)
Instruments	32 (8%)
Risk Indicators	26 (6.5%)
Detection	26 (6.5%)
Curricula	22 (5.5%)

## Number of Research References Per Aim Category (Cont'd) (Erlingsson, 2007)

<b>Aim</b>	<b>Number (% of total)</b>
Awareness	18 (4.5%)
Legal Issues	12 (3%)
Dementia related	10 (2.5%)
Culture/ethnicity	9 (2%)
Family related	9 (2%)
issues Nursing home	7 (2%)

related

## Number of Research References (n=398) by Quantitative and Qualitative Methodology Over Time (Erlingsson, 2007)



Research References' Country of Origin  
n=398 (Erlingsson, 2007)

Total Research References	Country
243	USA
30	UK
29	Canada
22	Australia
15	Sweden
10	Germany
9	Israel
40	Other countries

n=17

## Gaps in Elder Abuse Research (Erlingsson, 2007)

- Preponderance of non-research references
- In general, limited elder abuse research (3,059 citations for elder abuse vs 48,000 for child abuse)
- Nominal diversity in investigative foci: prevalence, typology, definitional issues
- Nominal diversity in methodology (most quantitative)
- Paucity of researchers representing areas other than medicine, nursing, social sciences
- Drain of dissertation authors away from field of elder abuse

## Gaps in Elder Abuse Research (Erlingsson, 2007)

- Frequent sampling of professionals, personnel, cases and charts compared to limited involvement of older persons and family members as participants
- Slow increase in qualitative research
- Little research with cultural/ethnic groups
- Minimal research from developing countries
- Negligible amount of family based research

# Gaps in Elder Abuse Knowledge

**U.S. National Research Council**, Panel to Review Risk and Prevalence of Elder Abuse and Neglect (2003):

when body of published/unpublished research on elder mistreatment is examined, weaknesses emerge:

- Unclear and inconsistent **definitions**
- Unclear and inadequate **measures**
- Incomplete professional **accounts**
- Lack of **population based** data
- Lack of **prospective** data
- Lack of **control groups**
- Lack of **systematic evaluation** studies

## Factors Accounting for Deficiencies in Elder Abuse Knowledge (National Research Council, 2003)

- Little funding and few investigators
- Methodological uncertainties, e.g., surveys
- Ethical uncertainties re research practices
- Inadequate links between researchers and service agencies
- Impoverished theory
- Intertwined and varying research definitions and statutory definitions
- Divergent research traditions in gerontology and family violence

# State of Elder Abuse Knowledge in Canada

Human Resources and Social Development Canada (HRSDC) commissioned expert papers on elder abuse (2008):

- Sharpening Canada's focus: Developing an empirical profile of abuse and neglect among older women and men in the community (Spencer & Gutman)
- Institutional abuse of older adults: What we know, what we need to know (McDonald, Beaulieu, Harbison, Hirst, Lowenstein, Podnieks, Wahl)
- Conceptual frameworks: Understandings of elder abuse and neglect and their implications for policy and legislation (Harbison, Beaulieu, Coughlan, Karabanow, VanderPlaat, Wildeman)

# State of Elder Abuse Knowledge in Canada

HRSDC commissioned expert papers on elder abuse:

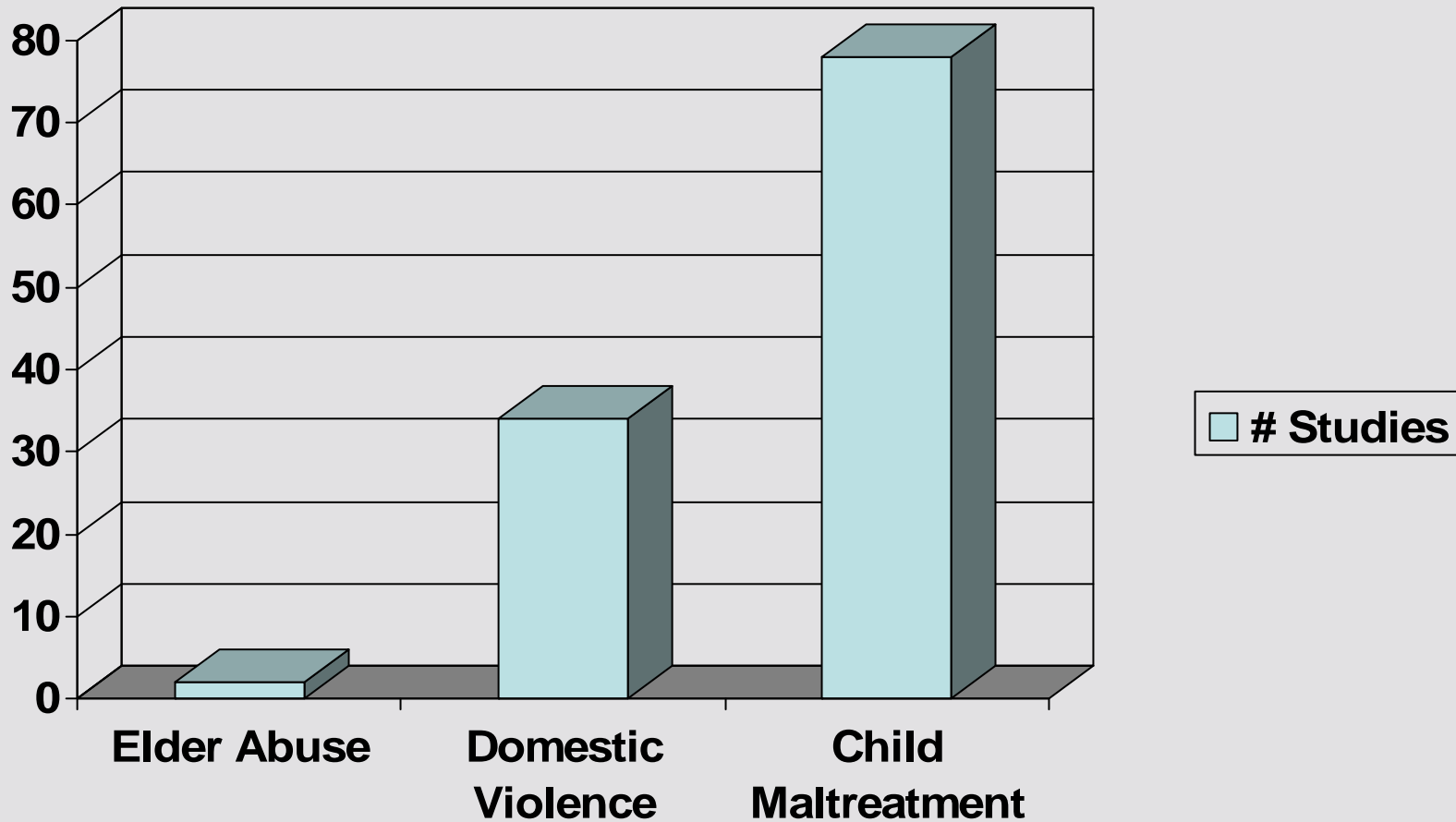
- Family violence: Applying lessons learned to elder abuse (Norris & Fancey)
- Best practices in dealing with elder abuse: Identifying, communicating and adopting processes for prevention, detection and response (Stolee & Hillier)

What do we know about what works?

## Gaps in Elder Abuse Knowledge: The Case of Intervention Studies

- Published reviews of literature on abuse of older persons suggest variety of approaches for management and prevention
- Authors acknowledge the limited number of high quality primary studies of interventions for abuse of older persons

## Number of High Quality Family Violence Intervention Studies 1980-1996 (Chalk & King, 1998)



## Where are we 12 years later?

Ploeg, Fear, Hutchison, MacMillan, & Bolan.  
(2009).

A systematic review of interventions for elder  
abuse.

*Journal of Elder Abuse & Neglect, 21: 187-210.*

# Purpose and Questions

## **Purpose:**

- To summarize the current state of knowledge related to the effectiveness of interventions for the abuse of older persons

## **Questions:**

- Are interventions for the abuse of older persons effective?  
(intervention vs limited or no intervention)
- Are some interventions for the abuse of older persons more effective than others?  
(intervention A vs intervention B)

# Review Inclusion Criteria

- Abuse of persons 60 years and older
- One or more: physical, psychological, financial, neglect
- Intervention designed for:
  - individual clients (abused persons or perpetrators)
  - professionals
  - community
- Assessment of client, professional and/or community outcomes
- Comparison group (usual care or another intervention)
- Primary study using quantitative methods
- Published in English

# Literature Review

Conducted by investigator with background in library science

(start date to February 2008)

▪ Ageline

▪ CINAHL

▪ EMBASE

▪ Medline

▪ PsycInfo

▪ PubMed

▪ Sociological  
Abstracts

▪ Social Sciences  
Abstracts

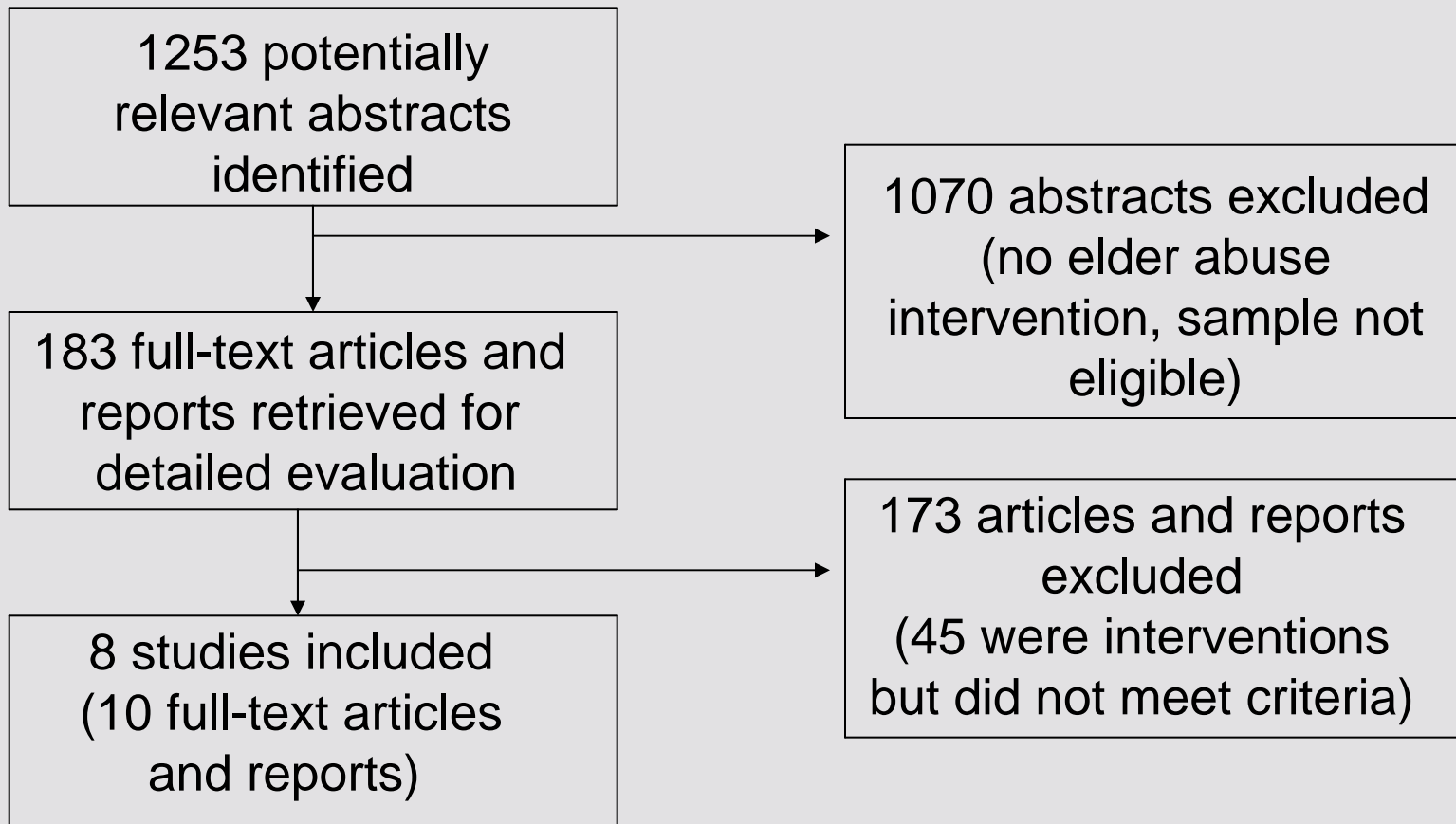
## Literature Review (cont'd)

- Hand search of Journal of Elder Abuse & Neglect
- Canadian Medical Association INFOBASE
- Cochrane Library
- National Health Services Database of Abstracts of Reviews of Effectiveness
- National Guideline Clearinghouse
- Reference lists of all retrieved articles reviewed

# Methods

- 2 investigators independently reviewed searches and reference lists
- 2 investigators independently extracted data
- Due to heterogeneity of samples, interventions and outcomes across studies, meta-analysis not conducted

# Eligible Studies



# Description of Studies

## **Country:**

US: n=7; UK: n=1

## **Intervention Targeted at:**

- Older persons who are abused (n=4)
- Older persons who are abused and perpetrators (n=1)
- Caregivers at risk of abusing (n=1)
- Health professionals who provide care to older persons (n=2)

# Description of Studies

## **Types of Interventions for Abused Persons:**

- Psycho-educational support group
- Elder abuse case management programs (legal interventions, social service interventions)
- Education related to elder abuse and home visits by domestic violence counselor and police
- Volunteer visitors who provided assistance, support and advocacy re criminal justice system
- Case management and other services (law oriented, advocacy-based)

# Description of Studies

## **Types of Interventions for Caregivers:**

- Education

## **Types of Interventions for Professionals:**

- Home visit training program as part of geriatrics rotation for family practice residents
- Educational course for nursing staff, care assistants, care managers and social workers

# Description of Studies

## **Comparison Groups:**

- Limited or no intervention control group (n=4)
- Comparison of 2 or more interventions (n=4)

## **Design:**

- Randomized Controlled Trial (RCT) (n=3)
- Non-equivalent comparison groups (n=5)

# Methodological Issues

- Few studies with rigorous RCT design
- Some RCTs did not describe randomization process, allocation concealment process, or blinding
- Small sample size or missing sample size estimation and power analyses
- Psychometric properties of instruments unknown/limited
- Follow-up rates < 80%
- Lack of adjustment for baseline differences between groups
- Outcome assessment completed by case workers, not independent assessors

# Outcomes Assessed

- **Clients:** recurrence of abuse, case resolution, relocation, depression, self esteem, family relationship problems, psychological well-being, knowledge of elder abuse or awareness of services
- **At-risk caregivers:** anger, self esteem, caregiver burden, general mental health
- **Professionals:** comfort in diagnosing elder abuse, knowledge and management of abuse

# Client Outcomes: Recurrence of Abuse

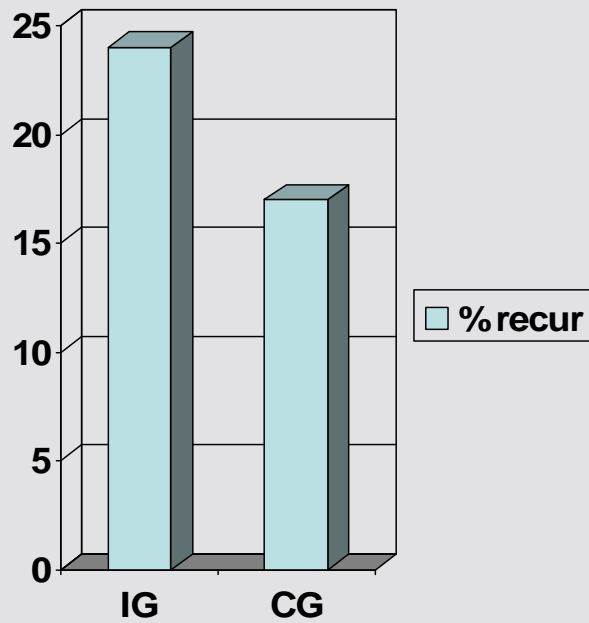
Both studies found intervention group had higher rates of recurrence of abuse than control group

Filinson (1993): volunteer visitors provided assistance, support and advocacy in use of criminal justice system; **issue**: case workers completed data collection forms for control cases they investigated; project director completed data collection for intervention cases

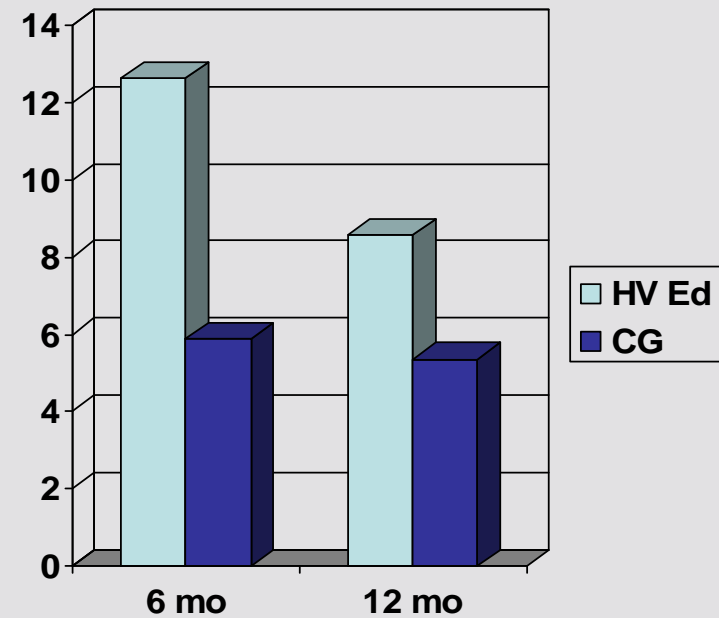
Davis et al (2001): home visit plus public education; **issue**: only 6% residents at housing buildings received education sessions; only 50% targeted households received home visit intervention, on average 56 days after initial call to police (not intended few days after)

# Recurrence of Abuse Study 1 and Study 2

Study 1



Study 2



# Client Outcomes

## **Case Resolution (n=4)**

No statistically significant differences between groups on case resolution (Brownell & Heiser, 2006; Brownell & Wolden, 2002; Filinson, 1993; Sengstock et al., 1991)

## **Issues:**

Differences in how case resolution was defined and measured between studies

Use of caseworkers to determine case resolution

# Client Outcomes

## **Relocation (n=2)**

### Unspecified relocation:

No difference: 19% intervention cases and 14% control cases relocated (Filinson, 1993)

### Long Term Care:

Mandated reporting (14%), legal intervention (14%), advocacy (15%) (Sengstock et al., 1991)

# Other Client Outcomes

Depression, self esteem, family relationship problems:

No difference between groups (Brownell & Heiser, 2006)

Psychological well being, self esteem, knowledge of elder abuse or awareness of services:

No difference between groups (Davis et al, 2001)

# At-Risk Caregiver Outcomes

Anger, self esteem, caregiver burden, general mental health: No differences between groups (Scogin et al, 1989)

**Issue:** no data re study power, missing baseline data

# Professional Outcomes

**Study 1:** Family practice residents received course targeting identification and management of elder abuse (Jogerst & Ely 1997)

Comfort in diagnosing EA and proportion who had diagnosed EA:

No differences between groups

**Study 2:** Course for nurses, care assistants, care managers and social workers in community (Richardson et al, 2002, 2004)

Education group showed significant improvement on knowledge and management of abuse scale

# Discussion

There is currently insufficient evidence to support any particular intervention related to elder abuse targeting clients, perpetrators, or health care professionals

Don't know what works, in what circumstances, with which groups

Potential for harm

Troubling findings:

- Recurrence of abuse higher in intervention than control groups (n=2)
- No difference in case resolution in intervention and control group (n=1)
- Relatively high rates of relocation (n=2)

# Discussion

- Wolf (1997): elder abuse literature particularly lacking in reliable data on the effectiveness of interventions
- Systematic review of prevention and treatment programs for family violence (experimental or quasi-experimental comparison group) published between 1980-1996 found:
  - 2 studies of elder abuse
  - 34 studies of domestic violence interventions
  - 78 studies of child maltreatment interventions (Chalk & King, 1998)

# Discussion

- Few published primary studies evaluating elder abuse interventions; most have important methodological limitations
- Our review found 45 intervention studies not meeting inclusion criteria; most descriptive
- Further high quality research is vital; challenging
- Family violence research could benefit from closer collaboration of those working in fields of child maltreatment, intimate partner violence and elder abuse
- RCTs of home visits in child maltreatment (Olds)

# Implications for Future Research

- For studies of effectiveness of interventions, experimental or quasi-experimental design
- Appropriate sample size
- Blinding of outcome assessors and data analysts, where possible
- Follow-up rates > 80%
- Appropriate adjustment for baseline differences between groups
- Mixed methods studies (qualitative and quantitative) hold promise
- Diversity of participants

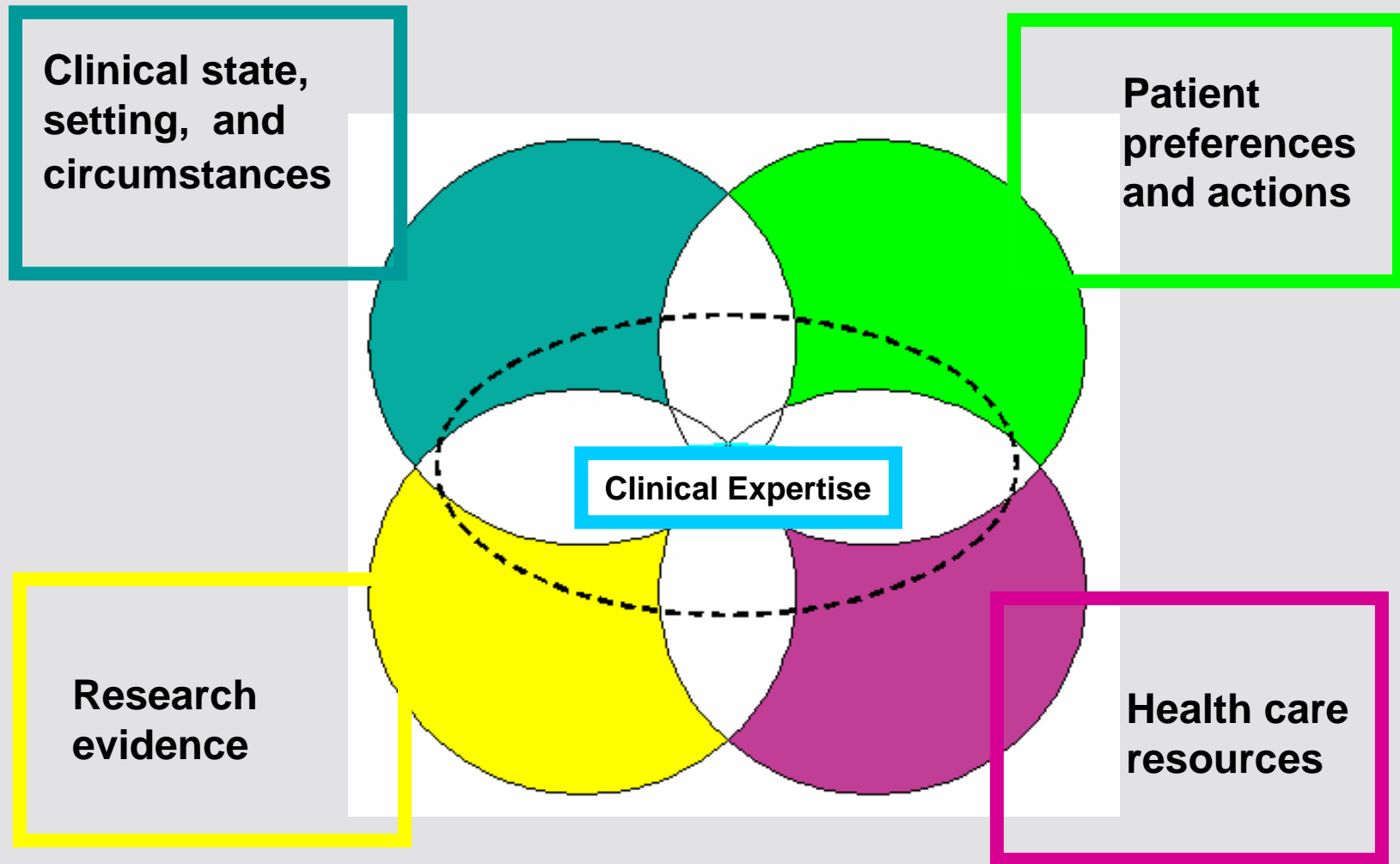
# Best Practices??

## **Best Practices In Dealing with Elder Abuse (Stolee & Hillier, 2008)**

- Many practices available for prevention, detection and intervention of abuse of older adults, **BUT** little evidence to identify 'best practices'
- Professionals' efforts to prevent, detect and respond to abuse seriously hampered by limited access to knowledge, resources and expert consultation; need for improved KT and KE
- Need to design and evaluate interventions based on perspectives of seniors, particularly older adults who have been abused, taking into account culture, language, goals and objectives, age, needs for information

So what do we do in the face of  
limited research evidence?

# Health Care Decision-Making (Haynes)



Researchers suggest that in spite of gaps in knowledge, clinicians should take active role in identification and management of elder abuse (Lachs & Pillemer, 2004)

# Next Steps

## **Use of expert opinion and consensus to :**

- Develop a research agenda
- Move that agenda forward

# NRC EA Research Agenda

- Development of widely accepted operational **definitions** and validated and standardized **measurement** methods
- Population based **surveys** of elder mistreatment (community and institution)
- Funding agencies should give priority to design and fielding of national **prevalence and incidence** studies of elder mistreatment
- New methods of **sampling** and identifying abused persons to improve validity and comprehensiveness of occurrence estimates

# NRC EA Research Agenda

- **Longitudinal** investigations and follow-up studies of clinical, social and psychological outcomes
- Study on elder mistreatment in **institutions** (hospitals, long-term care, assisted living)
- Studies that examine **risk indicators** and risk and protective factors for different types of elder mistreatment
- **Cohort** studies to assess risk factors for an increase or intensification in mistreatment
- New methods of **screening** in range of clinical settings

# NRC EA Research Agenda

- Effects of elder mistreatment **interventions**
- Agencies funding new interventions should require and fund scientifically adequate **evaluation** as a component of each grant
- Investigators and institutional **ethics** review boards need clear guidance without rigid rules re: conditions under which research can be done with participants who have decisional capacity impairment; and proper responses to evidence of mistreatment elicited during the course of the study
- Long term **funding** commitment to research by federal, state/provincial and private agencies

# Canadian Elder Abuse Research Agenda

Expert Roundtable on Elder Abuse 2008 hosted by HRSDC, based on findings from expert papers and expert opinion

1. Canadian data on **prevalence and incidence**
2. **Theoretical** development
3. **Legal** responses
4. **Methodological, measurement and ethical** challenges
5. Research on **prevention, detection and intervention**

# Consensus Conferences

- Lynn McDonald
- Defining and Measuring Elder Abuse and Neglect: Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada
- Funded by Human Resources and Skills Development Canada, supported by National Initiative for Care of the Elderly (NICE)
- Consensus Meeting June 2010; focus on definitions

# NICE Elder Abuse Theme Team

- One of five theme teams in NICE
- Funded by New Horizons for Seniors Program, Human Resources and Skills Development Canada October 2008-September 2011

## Components of Project:

1. Development, piloting, dissemination of EA tools: detection, intervention or prevention
2. Meaningful senior leadership in all aspects of the project

# Detection Tool – EASI

## Elder Abuse Suspicion Index - (EASI)

- Developed by Dr. Mark Yaffe, Maxine Lithwick and Christina Wolfson – Montreal/McGill
- 6 question tool for use by physicians to assess suspicion of potential cases of elder abuse
- Designed for use with mentally competent older adults
- Being adapted for possible use by other health practitioners
- Adapted for use in different countries (Israel, England)

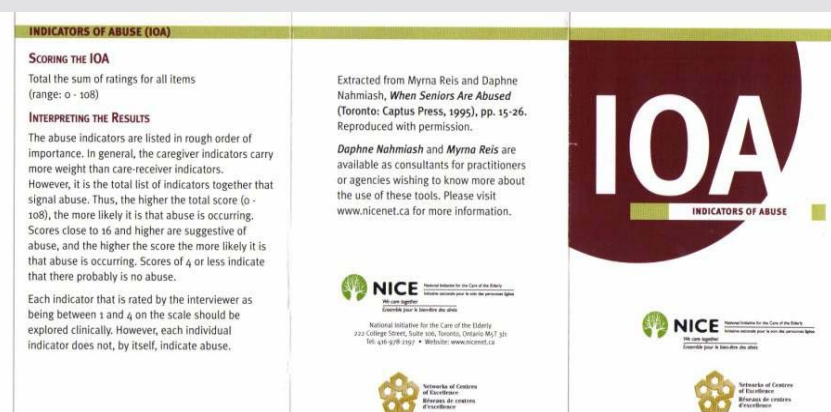


ELDER ABUSE SUSPICION INDEX © (EASI)	EASI QUESTIONS
<p><b>WHAT IS EASI?</b></p> <p>The EASI was developed* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated* for use by family practitioners of cognitively intact seniors seen in ambulatory settings.</p> <p><small>*Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3): 276-300. Haworth Press Inc: <a href="http://www.HaworthPress.com">http://www.HaworthPress.com</a></small></p> <p><small>© The Elder Abuse Suspicion Index (EASI) was granted copyright by the Canadian Intellectual Property Office (Industry Canada) February 21, 2006. (Registration # 1036459)</small></p> <p><small>Mark J. Yaffe, MD McGill University, Montreal, Canada mark.yaffe@mcgill.ca Maxine Lithwick, MSW CSSS Cavendish, Montreal, Canada maxine.lithwick.cd@ciasss.gm.qc.ca Christina Wolfson, PhD McGill University, Montreal, Canada christina.wolfson@mcgill.ca</small></p>	<p><i>Q.1-Q.5 asked of patient; Q.6 answered by doctor</i></p> <p><b>Within the last 12 months:</b></p> <p>1 Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? Yes <input type="checkbox"/> No <input type="checkbox"/> Did not answer <input type="checkbox"/></p> <p>2 Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with? Yes <input type="checkbox"/> No <input type="checkbox"/> Did not answer <input type="checkbox"/></p> <p>3 Have you been upset because someone talked to you in a way that made you feel shamed or threatened? Yes <input type="checkbox"/> No <input type="checkbox"/> Did not answer <input type="checkbox"/></p> <p>4 Has anyone tried to force you to sign papers or to use your money against your will? Yes <input type="checkbox"/> No <input type="checkbox"/> Did not answer <input type="checkbox"/></p> <p>5 Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? Yes <input type="checkbox"/> No <input type="checkbox"/> Did not answer <input type="checkbox"/></p> <p>6 Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p>

# Detection Tools – CASE/IOA

## Caregiver Abuse Screen (CASE) and Indicators of Abuse Screen (IOA)

- Developed by Drs. Myrna Reis and Daphne Nahmiash (Montreal)
- CASE: Screen caregivers for potential signs of abuse
- IOA: Training practitioners to recognize the signs of potential elder abuse
- LISA/DACAN: French versions



# Intervention Tool – In Hand

- Developed by Dr. Marie Beaulieu, University of Sherbrooke (Quebec)
- A framework to guide psychosocial professionals in ethical decision-making in suspected/confirmed cases of elder abuse
- 3 different types of scenarios illustrated
- Originally developed in French, known as En Mains
- Video introduction to In Hand at [www.nicenet.ca](http://www.nicenet.ca)
- Training available



# Status of Year One Tools

- EASI – pilot complete, revisions underway
- IOA/LISA and CASE/DACAN – piloting in English and French complete and changes incorporated, 20,000 printed of IOA/LISA and CASE/DACAN
- In Hand/En Mains – pilot complete, changes incorporated, 20,000 printed
- Police Tool – piloted, police tool reviewing suggested changes, French translation needs work

## Dissemination Forums Held Between October 2009 – March 2010

- EASI
  - 7 rounds in BC
  - 20 sites via videoconference in Saskatchewan
  - Baycrest site - Toronto
- IOA/CASE – 1 session in Regina
- In Hand
  - 2 sessions in BC
  - 2 sessions in Toronto
  - 1 session in Regina

# Tools Selected Thus Far

## Prevention

## Detection

- Elder Abuse Suspicion Index – EASI (physicians)
- Indicators of Abuse – IOA (psychosocial professionals)
- Caregiver Abuse Screen (CASE)

## Intervention

- In Hand – An Ethical Decision-Making Framework (psychosocial professionals)
- Elder Abuse Assessment and Intervention Reference Guide (police)

# Evaluation

- Anthony Lombardo new evaluator
- Data from the forums is being analyzed
- General impression – all sessions well received

# Closing Remarks

- We are making a difference, progress is being made
- Establish broad partnerships (e.g., older adults, families, professionals, agencies, funders)
- Effective use of expert opinion, consensus
- Plan for evaluation
- Research that addresses diversity
- Be as rigorous as possible
- Student training in elder abuse research

# Thank you



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