Caregiver stress, Competency and Elder abuse

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Objectives

- Learn how to assess and recognize caregiver stress in those caring for elderly, and how it may predispose to elder abuse.
- Recognize the potential for abuse, including verbal and emotional abuse, in caregivers of elderly.
- Learn how to assess competency of patients in situations of elder abuse.
- Understand approaches to caring for victims of elder abuse.

Caregiver Stress

- There is a reason nurses/aids do not work 24 hour shifts
- Caregiving is exhausting – can effect lack of sleep, physical injury (back strain etc), emotional stability
- Caregiving can eliminate time for the caregiver to go their own medical appointments or take care of their personal affairs

Clinical depression

- Caregiving is associated with high rates of developing clinical depression (over 50% for those with long term caregiving)
- Studies show that families/caregivers of those with chronic illness requiring significant caregiving have frequent thoughts/feelings wishing for their loved one to die

Caregiver stress and abuse

- However, not all caregivers develop abusive behaviors even when in chronic caregiver stress. So how to screen for those more at risk to become abusive?

Risk factors for developing caregiver stress

- Isolation
- Little social support or opportunities for respite
- Caregiver reported physical or aggressive behaviors on the part of the elder
- Caregiver with other responsibilities (child care, job responsibilities)
- Elder with incontinence, more physical care required

Characteristics of caregivers who develop abusive behaviors

- History of mental illness, especially that requiring hospitalization
- History of substance use disorders
- Being dependent, financially or otherwise, on the elder
- Isolation

Case

- In Lila Perkins case, both children met the profile for history of psychiatric and substance abuse, and the patient was isolated from others
- Also fitting the profile, the son was dependent on the mother financially and for living situation.

Past research has shown that the best predictors for caregiver abuse are:

- Caregiver reported perceived burden
- Caregiver reported anxiety and depression
- History of psychiatric or emotional problems
- Caregiver reports that elder was abusive to them

Screening questions

- 95% of abusive caregivers answered yes to one of the following statements:
- The patient grabbed me.
- The patient pushed or shoved me.
- The patient threw something at me to hurt me
- The patient insulted or swore at me.
- The patient yelled at me.
- The patient stomped off during a disagreement.

Follow up questions for positive screen

- These questions result in 18% false positives
- To screen out the false positive, ask if the caregiver has done any of those six actions toward the patient.
- Studies have shown that by first allowing the caregiver to voice complaints about the patient, caregivers are more likely to admit their behaviors
- Patient behavior may be a result, not a perceived cause, of abuse

Factors not associated with caregiver abuse

- Physical health of the caregiver
- Caregiver income or education
- Disease stage of the patient

Caregiver abuse - types

- Recent studies show 30-60 % of elders are abused at some point by their caregivers (home or long term care facility)
- Of those abused, physical abuse occurs in 20%, psychological (verbal/emotional) abuse occurs in 80-90% percent, neglect occurs in 30%.

Overlap of abuse types

- 100% of those receiving physical abuse also received verbal/emotional abuse, some also with neglect
- Thus, if you find physical abuse, realize the patient is being abused in other ways as well

Verbal Abuse

- Verbally insulting, threatening or upsetting another
- Usually is also emotionally abusive
- May be done in a yelling or threatening tones, or in normal conversational tones.
- Very commonly accompanies physical abuse

Examples of verbal abuse

- “I am going to put you in a nursing home!”
- “You smell terrible, you are covered in crap”
- “I wish you would die – everybody hates you”
- “Why don’t you go ahead and die?”
- “If you do that again, I will hit you”
- “You are going to hell”
- “Your grandchildren hate you, that’s why they don’t come around anymore”

Emotional Abuse

- Can be more scarring than physical abuse
- Actions that are designed to upset and stress the elder
- Actions can be more upsetting for the elder when it is their own child/spouse who is doing the abuse

Examples of emotional abuse

- Daughter won't allow mother to receive phone calls from other children
- Son refuses to allow father to watch his favorite TV shows
- Spouse refuses to bring religious elderly husband to church
- Daughter breaks elders cherished antique doll collection in front of her, one doll at a time every time she is incontinent of urine
- Son kills mother's pet dog in front of her

Assessing capacity in elders reporting abuse

Two issues:

- 1. Is the patient cognitively intact to be accurately reporting abuse, or is it just paranoia/delusions?
- 2. Even with confirmed abuse, does the elder have capacity to choose to stay in the relationship?

Assess the patient

- Assess and interview patient separately from caregiver.
- Test cognition (MMSE, MOCA or other assessment)
- Ask questions to see how aware patient is of their environment. Do they know who is making their medical and financial decisions/doing their bills for them?
- Ask if patient is aware of the behavior
- Ask if it is OK that the caregiver is doing the behavior (insight)

Assessment continued

- Assess for psychosis, hallucinations (perceptions without a stimulus) or delusions
- Assess patient mood, depression and anxiety
- Ask how things are going at home. Could anything be better?
- Do you feel safe at home?
- How is your husband/daughter/son treating you?
- Do you ever make them mad at you?
- Do they ever get too rough with you?

Visits with patients

- Routinely ask family and caregiver how things are going at home.
- Tell them that it can be really stressful caring for the patient and ask how are they holding up.
- Let them know there may be a time where they can't care for their loved one anymore "There is a reason nurses work shifts but you are always at work"
- Recommend "The 24 Hour Day" by Mace & Rabins

For caregivers

- Recommend support group (but most can't get away)
- Recommend having others help take turns caring so caregiver can get a break
- Refer for treatment if depressed or anxious
- Make sure "everybody sleeps"

Working with abused elders

- May feel very guilty for “getting family member in trouble”
- May miss seeing abusive family member
- May still want to live at home
- Treat depression/anxiety
- Empathize with missing family member, but briefly redirect that now they are safe
- Help them grieve that relationship

- In cognitively intact elderly, OK to listen to grief of having a family member harm them, can remember “good times”, then redirect them to positives in current situation
- In patients with dementia, many may forget a family member was abusive, so take advantage and don’t remind!

Case 1

- 100 y/o female leaving church with her son whispers to a greeter “Help me, my son is abusing me”
- Greeter finds out where son lives and reports to police.
- Patient is found locked in her bedroom in her home, with multiple bruises.
- Son and wife live in patients home (dependent) and he is an alcoholic (substance use disorder).

Case 1 continued

- Patient invited her only son to live with her when he lost his job
- He would “throw” her into bed at night where she would hit the wall and fall into bed
- He would repeatedly tell her “Go ahead and die”
- He removed her phone and kept her locked in the room except taking her to church on Sundays
- She was placed in an assisting living facility and cried frequently about her son doing that to her

Case 2 – Capacity in question

- 72 y/o former English professor with Multiple Sclerosis is brought in by a daughter who is visiting from Germany, as she is worried his brother is abusive to patient and wants assessment of her capacity to make decisions. Brother lives with patient in her home.

- Daughter was worried upon finding locks to the home changed so she could not enter. Also, the home health aides and Home PT were no longer allowed to visit her mother. There was almost no food in the refrigerator. There were multiple dogs in the home, and the patient had formerly refused to have dogs in the home as she is allergic. The daughter also noted the son had bought a new car and a new horse with her mother's money.

Case 2 continued

- Patient states she likes having the son in her home “I couldn’t live there without him”. She states she is fine with the dogs in the home. States she doesn’t care if the home health aids or PT can come or not. She was unaware the locks had been changed on the house, but states she is “sure there was a reason”. She did not know her son had purchased a car and horse with her money but says that’s “OK” with her. She states she does not want her living situation to change. States she is angry at her daughter for “starting trouble”.

Case 2 continued

- MMSE = 28/30, however pt referred for in depth neuropsychological testing
- Pt has no apparent depression/anxiety or psychosis
- Neuropsych testing shows issues with judgment, executive function, but memory intact
- Case went to court for judge to rule if pt had capacity to make decision for son to continue to live with patient and manage her affairs.

Case 3 – Are accusations true?

- 82 y/o man states at a doctor's appointment that his daughter is stealing his money and wants him dead.
- Meeting with the daughter confirms she is his medical and financial POA. She confirms she does not allow him access to his funds as he gave away thousands of dollars when taken advantage of by a neighbor. She states father often states others including her are trying to kill him.