

Improving Understanding of Elder Abuse through Focus Groups with Medical Professionals

Interviewer/Moderator Guide

Note to Interviewer: Please read the introduction and questions as written below. Please allow enough time between questions to gather the responses but limit the time such that you are able to get through all the questions. Limit time on questions 1-3, spending more time on questions 4-7. Leave few minutes at the end for a summary of what has been said (question 8), and any additional comments the participants would like to add (question 9). Try to engage all of the participants in the discussion. The length of session will be determined by the flow of conversation.

Introduction:

Welcome to this focus group. Thank you all for participating. Today we have invited you here to help us find the best way to evaluate one of the most vulnerable populations - our elderly patients who may be victims of abuse, neglect by caregivers, and/or self-neglect. We are trying to better understand how, as health care and justice providers, we assess for and treat elder abuse and/or neglect. Ultimately, we plan to use the results from these focus groups and additional research / literature review to develop a protocol to improve our ability to recognize and appropriately treat these vulnerable patients.

Over the course of the next 30-45 minutes or so, I will be asking several questions of the group. For the first section, we will discuss elder abuse and neglect by caregivers. This includes physical, sexual, emotional/psychological, and/ or financial abuse of an older adult by a trusted person, such as a family member. Elder abuse also includes gross neglect, where a caregiver is not appropriately caring for an older adult who cannot care for themselves. Such as, withholding food or water, medication, or daily bathing or dressing needs. In the second section we will discuss self- neglect. Self- neglect includes an older adult who is not appropriately caring for themselves. This may include hoarding behavior, having an unsafe living environment, not having food in the home, or inattention to hygiene.

When discussing these questions it is important to remember that there are no right or wrong answers. All input is helpful and much appreciated. I am interested in what each of you has to say, but participation is not mandatory. This is an IRB approved study, and all of your comments will be kept confidential once the audio-recorded session has been transcribed. I will ask you to each introduce yourself, for the sake of the recording and confidentiality, as the numbered name tag given. Only the research team will have access to the data. Given our limited time as a group, I may be redirecting the discussion as needed to get through the topics at hand.

Thank you again for taking the time to join us today.

Any questions before we start?

1. [opening] Let's go around the room and introduce ourselves. Please identify yourself as the given number, and please share with us your current title, any additional responsibilities you may have, and the number of years you have worked in your current role.
2. [introductory] Do you think that you encounter elder abuse and neglect frequently in your practice?
 - a. What type(s) of abuse and neglect do you most commonly encounter?
3. What are the "red flags" that would make you concerned that a patient/client was experiencing elder abuse? How about neglect?
4. Do you routinely assess for elder abuse or neglect as part of your evaluation?
 - a. If so, how do you assess?
 - b. If not, why not?
5. Do you think that you are able to identify elder abuse or neglect in your patients when it is occurring or do you think it is commonly missed?
6. What do you think are the barriers to identifying cases of elder abuse? How about neglect?
7. Do you see any potential solutions to these barriers or changes that might be beneficial?
8. Do you think that more patients should be screened for elder abuse or neglect?
 - a. What would you recommend for this screening?
9. If you become suspicious that a patient is a victim of elder abuse or neglect, what would you do?
 - a. Are there additional actions that you think would be appropriate?
10. Are there barriers that exist to taking actions that you think might be appropriate?
11. Do you see any potential solutions to these barriers or changes that might be beneficial to allow for improved management of suspected elder abuse or neglect?
12. Under what conditions, if any, would you report elder abuse or neglect?
 - a. Do you think that this reporting should be mandatory?
13. Is there anything specifically you'd like to see in a protocol for elder abuse screening, identification, and management?
 - a. Do you have any suggestions for how the protocol should be implemented?
Professional groups that should be involved?
14. [ending] Is there anything I did not ask regarding elder abuse and neglect assessment and management that you would like to tell me about?
 - a. Probe: Any final questions? (If there is someone you haven't heard much from during the course of the discussion, ask him or her directly to provide thoughts.)

Self-Neglect

[Transition statement] Now we are going to focus on self-neglect. As a reminder, self-neglect is defined as “an adult’s inability to perform essential self-care tasks including: providing essential food, clothing, shelter, and medical care, or obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety” (National APS Association 1991). We are interested in learning your thoughts and experiences with self-neglect in your day to day practice. Any questions before we start?

15. [introductory] Have you encountered self-neglect in your practice? Can you describe the circumstances?
16. What are the “red flags” that would make you concerned that a patient/client was in a situation of self-neglect?
17. Do you routinely assess for self-neglect as part of your evaluation?
 - a. If so, how do you assess?
 - b. If not, why not?
18. How confident do you feel about identifying a situation of self-neglect? What are the barriers to identifying potential cases?
19. What risks or potential consequences of self-neglect concern you when you encounter a situation of self-neglect? How does scene safety assessment influence your course of action? (ex: risk of self-harm or fire hazard)
20. What are the barriers that exist to taking actions that you think are appropriate?
21. Do you see any potential solutions to these barriers or changes that might be beneficial to allow for improved management of suspected self-neglect?
22. Under what conditions, if any, would you report self-neglect? To whom?
 - a. Do you think that this reporting should be mandatory?
23. Do you think that more patients/clients should be screened for self-neglect?
 - a. What would you recommend for this screening?
 - b. Are there additional actions that you think would be appropriate?
24. Is there anything specifically you’d like to see in a protocol for self-neglect screening, identification, and management?
 - a. Do you have any suggestions for how the protocol should be implemented?
Professional groups that should be involved?
25. [ending] Is there anything I did not ask regarding elder abuse and neglect assessment and management that you would like to tell me about?
 - b. Probe: Any final questions? (If there is someone you haven’t heard much from during the course of the discussion, ask him or her directly to provide thoughts.)

That concludes the focus group. Thank you all again for participating. We will be using this data to inform the development of a protocol to hopefully improve identification and management of



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elder abuse and neglect and allow us to provide more patient centered care.
Thank you again for your time.