STAGES Pilot Curriculum

STRATEGIES AND TRAINING TO ADVANCE GREATER ELDER SAFETY (STAGES)

PREPARED ON SEPTEMBER 11, 2019

This is the post-event, final program materials for the STAGES pilot program and includes a revised curriculum that incorporates changes delivered in the STAGES pilot education program for judges, court staff and community partners.

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Futures Without Violence
In partnership with

National Council of Juvenile and Family Court Judges
And the University of Western Ontario, Canada
Presents

Strategies and Training to Advance Greater Elder Safety (STAGES) Pilot Institute

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Materials Needed:

- Dots
- Flipcharts
- Videos (Anne; Caregiver Scenario 1; Responding to Elder Abuse (not embedded-bring DVD))
- Graphics: (Poster Facebook Posts; Poster Roberta Timeline; Poster Aging)
- Colored Index Cards
- Triad Exercise Materials (squares, triangles, circles)
- Evaluations
- Projector (2) & Screens (2)
- Projector Remote
- Handouts 1-6:

1. **Abuse in Later Life Wheel**
2. **DeLucia Case Study**
3. **Normal Aging vs. Abuse**
4. **Undue Influence Wheel/Lamb Case**
5. **Leadership Quotes**
6. **Worksheet: Leadership**
7. **Kevin Glass Case Study**
8. **Action Planning**

Agenda

August 6-7, 2019

Tuesday, August 6, 2019

8:30-9:00 a.m.	**Introductions & Overview**
9:00-9:45 a.m.	**Collaboration to Address Financial Exploitation and Abuse of Older Adults**
9:45-10:25 a.m.	**Abuse of Older Adults**
10:25-10:40 a.m.	**Break**
10:40-11:50 a.m.	**Structural Causes of Abuse: Ageism and Older Adults in Court**
11:50 a.m. – 1:15 p.m.	**Lunch on your own**
1:15-2:00 p.m.	**Normal Aging vs. Illness and Vulnerability for Abuse**
2:00-3:00 p.m.	**Financial Exploitation and Abuse Dynamics**
3:00-3:15 p.m.	**Break**
3:15-3:50 p.m.	**Financial Exploitation and Abuse Dynamics (Continued)**
3:50-4:30 p.m.	**Communicating with Older Adults**
4:30-4:55 p.m.	**Action Planning with Teams**
4:55- 5:00p.m.	**Adjourn for the Day**

Wednesday, August 7, 2019

9:00- 9:05 a.m.	**Welcome Back**
9:05-10:15 a.m.	**Accessibility for Older Adults**
10:15-10:30 a.m.	**Break**
10:30-11:00 a.m.	**Peer Group Break-Outs**
11:00 a.m. -12:30 p.m.	**Evidentiary Issues and Evaluation of Facts**

12:30-1:45 p.m.	**Lunch on your own**
1:45- 2:45 p.m.	**Leadership in the Court and Community to Eliminate Financial Exploitation and Abuse**
2:45-3:45 p.m.	**Improving Outcomes and Decisions in Financial Exploitation and Elder Abuse Cases**
3:45-4:00 p.m.	**Break**
4:00-4:30 p.m.	**Action Planning for Change**
4:30-4:50 p.m.	**Debrief, Next Steps and Promising Practices**
4:50 p.m.	**Adjourn**

Contents

STAGES Pilot Attendees

I. WELCOME AND INTRODUCTIONS (8:30-9:00 A.M.) (JANICE M.)

A. Faculty Welcome and Overview (Slides 1-6)

Faculty will provide opening comments and then conduct brief introductions of all faculty, then staff, then participants. If a representative from the Department of Justice, Office for Victims of Crime is present, she may wish to make opening comments as well. Participants will be asked to share their name, location and role. Participants should also share one thing they hope to get out of the two-day event.

B. Objectives (Janice)

Faculty will start the program with the learning objectives below.
As a result of this program, you will be better able to:

- Recognize financial exploitation against older adults, other forms of abuse that may co-occur, and ways in which age can increase vulnerability to these crimes;
- Work together within the court and with community partners to enhance practices and protocols to provide fair, efficient, accessible services for older adults who have experienced financial exploitation and abuse;
- Identify and define legal, medical, and financial instruments and terminology that may arise in cases involving financial exploitation and abuse of elders;
- Assess opportunities for improvement in your court practices and policies and commence planning to meet the needs of older adults who have experienced financial exploitation and abuse.

II. COLLABORATION (9:00-9:45 A.M.) (JANICE AND SHELLY)

A. Learning Objectives (Janice) (Slide 8)

Faculty will provide the learning objectives from the first segment.
As a result of this segment, you will be better able to:

- Discuss the key steps necessary to create lasting and effective collaborations with the court and community partners;
- Evaluate where in the process you are and determine the next steps towards further development.

B. Large Group Discussion: History of Collaboration (18 minutes; 9:02-9:20 a.m.) (Janice/Shelly) (Slide 9)

Faculty will give teams one or two minutes to choose a speaker to represent their team in the large group. Faculty will ask the speaker to say something about their history of collaboration with each other (generally, not necessarily on the topic of elder abuse) and why they have come together. Staff will use note paper to reflect the participants' histories.

C. Mini-Lecture (10 mins; 9:20-9:30 a.m.) (Shelly) (Slides 10-12)

Faculty will provide a mini-lecture[1] [2]

The term partnership and related terms such as collaboration, coalition, network, task group, work group, cooperation and others, are used to describe a wide variety of relationships and structures. [3]

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[1] From Community Tool Box available at https://ctb.ku.edu/en/toolkits. The Community Tool Box is a public service developed and managed by the KU Center for Community Health and Development and partners nationally and internationally. The Tool Box is a part of the Center's role as a designated World Health Organization Collaborating Centre for Community Health and Development.

[2] Strengthening Non-Profits, A Capacity Builder's Resource Library: Partnerships: Frameworks for Working Together: http://www.strengtheningnonprofits.org/resources/guidebooks/Partnerships.pdf

[3] From Chapter 1: Building Strategic Partnerships: https://www.nationalfamilyplanning.org/document.doc?id=693:
Some more specific reasons for forming a partnership might be:

- To bring about more effective and efficient delivery of programs and eliminate any unnecessary duplication of effort.
- Gathering all the organizations involved in a particular issue can result in a more cohesive and comprehensive intervention.
- Rather than duplicating efforts, organizations can split up or coordinate responsibilities in ways that afford more participants access to programs and allow for a greater range of services.
- To pool resources. Many of organizations together may have the resources to accomplish a task that none of them could have accomplished independently. In general, organizations form partnerships to do just that accomplish together what they cannot do alone.
- To increase communication among groups and break down stereotypes. Bringing together organizations from many sectors of the community can create alliances where there was little contact before. Working together toward common goals can help organizations break down barriers and misperceptions, and enable them to trust one another.
- To build networks and friendships. Partnerships result in social benefits for staff, volunteers and clients in that people can form networks and friendships through involvement with the organization.
- To revitalize wilting energies of members of groups who are trying to do too much alone. A partnership can help to bolster efforts around an issue. For organizations who have worked too long in a vacuum, the addition of other hands to the task can be a tremendous source of new energy and hope.
- To plan and launch community -wide initiatives on a variety of issues. In addition to addressing immediately pressing issues or promoting or providing services, partnerships can serve to unify efforts around long-term campaigns.
- To develop and use political clout to gain services or other benefits for the community. A unified community partnership can advocate more effectively than a number of disparate organizations working alone. In addition, a wide -ranging partnership can bring to bear pressure from all sectors of the community, and wield a large amount of power.
- To create long -term, permanent social change. Real change usually takes place over a period of time through the process of individuals gaining trust, sharing ideas, and getting past their preconceptions in order to understand the real issues underlying community needs. A partnership, with its structure of cooperation among diverse groups and its problem-solving focus, can ease and accelerate the process of change in a community.
- To obtain or provide services. It may take a partnership -either initially or over the long term – to design, obtain funding for, and/or run a needed intervention in the community. The continuum of steps that results in a partnership often starts with coordination, progresses to cooperation and collaboration, and ultimately results in partnerships. Each and every step is important and worth pursuing.

- Successful partnerships germinate from these common seeds: (1) A shared purpose; (2) flexibility and willingness to collaborate; (3) complementary strengths; (4) agreed upon boundaries.[4]
- Stages[5]:

  Faculty used a real life example to flesh out the different stages of partnership and provide a more concrete description.

  - Coordination-At this level, organizations learn about the services and clients served by the other organizations. They also learn about each organization's motivation for participating in a partnership. There is a lot of organizational independence. Self-interests and resources are defined. Coordination may include an exchange of information and materials.
  - Cooperation-Cooperation among organizations brings increased understanding of target audiences and motivations to participate in a partnership. There might be a minimal agreement, and the organizations may still be defining their roles and contribution. There is usually a greater appreciation of resources and skills that the partnership can bring. Joint strategies start to emerge.
  - Collaboration-With collaboration, there is increased recognition of the values of each organization, trust, respect, a clear understanding of the benefits for each partner, and innovative ideas are presented to meet a common problem. There can be challenges, but they are usually well worth the effort to benefit a group of clients or the community. At this stage, organizations are able to work together on a specific project to reach clients, provide education, or develop a marketing campaign.
  - Partnership- there is a high level of trust and communication. Roles and responsibilities are well defined and developed. There might be shared space and staff, shared authority and decision-making, and plans and agreements are in writing. There is a vision. Challenges continue especially in the area of funding streams and support.

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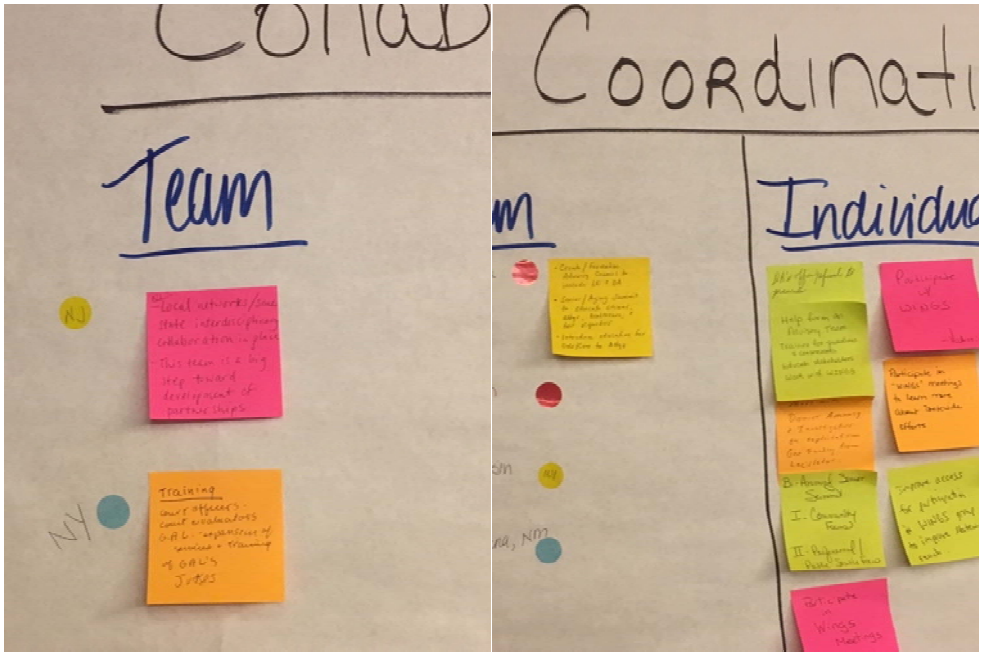
[4] John Snow, Engaging Your Community available at https://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=14333&lid=3

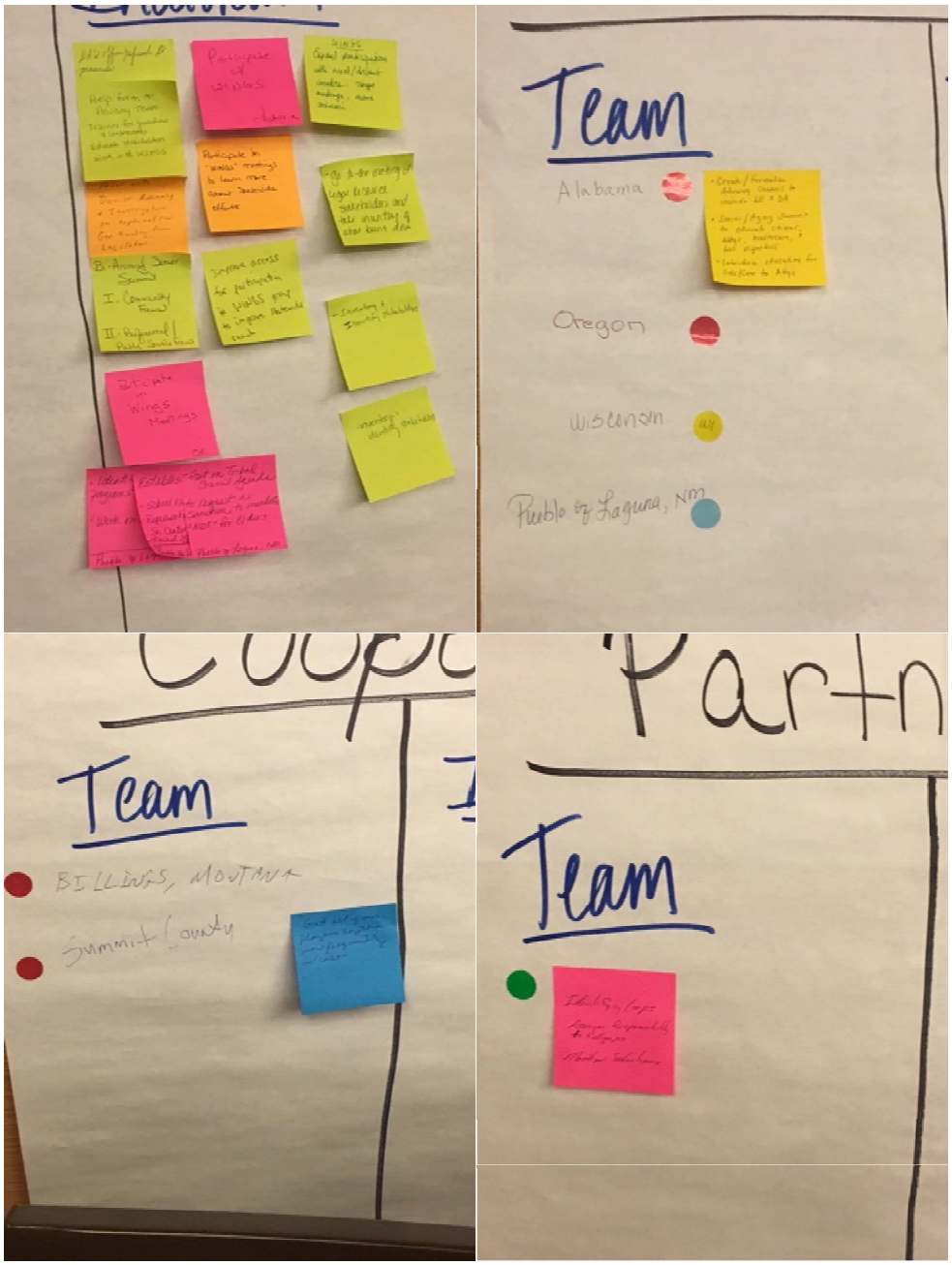
[5] Id. at note 3.

D. Dot Exercise (15 mins; 9:30-9:45 a.m.) (Shelly directs) (Slide 13)

Faculty will close out this segment by asking participants to take a moment (2-3 minutes) in their teams and to decide, after hearing the mini-lecture, where their team is in the process of forming partnership. Then, individually, teammates should write on post-its what they think they might need to progress in the relationship. Faculty will place 4 pages of flip charts on the wall. They will be divided in half with a vertical line. The headers should read (1) Coordination; (2) Cooperation; (3) Collaboration; and (4) Partnership. Participants should place their dots on the left divide of the chart they think reflects the status of their current relationship. They should, now or at the break, write down what they think they need to move to the next stage of their relationship and place it on the right divide of the chart where they placed their dots.



STAGES Pilot Attendees participating in the partnership continuum dot exercise.



III. ABUSE OF OLDER ADULTS (9:45-10:15 A.M.) (KAREN/JAVOYNE)

A. Learning Objectives (Karen) (Slide 15)

As a result of this segment, you will be better able to:

- Define the forms of abuse older adults experience and the impact of the abuse;
- Consider how abuse against older adults manifests and the ways in which different forms of abuse can overlap;
- Identify the causes of elder abuse, factors that increase vulnerability for victims, and a perpetrator's motivation for abusing older adults.

B. View Video: Anne (5 mins; 9:46-10:01 a.m.) (Slide 16)

Faculty will advise participants that we will view a video of an actual victim of financial exploitation and ask participants to consider the types of abuse the woman experienced, the impact on her and how she could have been assisted.

C. Large Group Discussion (10 mins; 10:01-10:11 a.m.) (Karen/Javoyne)(Slide 17)

- What did you see here and what was the apparent impact?
- Have you helped individuals like Anne?
- If Anne was in your community/court, what role could you play to assist her?

D. Mini-Lecture (10-12 mins; 10:11-10:25 a.m.) (Karen) (Slides 18-23)

Faculty will deliver a mini-lecture that incorporates the following points:

- It is not uncommon for more than one type of abuse to occur at the same time
- When Anne was asked, she reported that he "never laid a hand on her" and was not verbally abusive to her. However, in the beginning she described him as "taking over her mind."
- Elder abuse is when an older adult experiences: physical, sexual, emotional abuse, neglect, or financial exploitation.
- Victims are any older adult but disproportionately affected:
  - Persons who are isolated, living in poverty, or who have cognitive impairments
  - Women
- Perpetrators are most often family, caregivers, or those with whom victim has an expectation of trust= makes these cases harder to report, prosecute, and provide assistance.
- "Elder abuse is a complex cluster of distinct but related phenomena involving health, legal, social service, financial, public safety, aging services, policy, research, education, and human rights issues. It therefore requires a coordinated multidisciplinary, multi-agency, and multi-system response."[6]

[6] Kirsten J. Colello, Congressional Research Service, The Elder Justice Act: Background and Issues for Congress (2014) citing supra 1 at 24.

- How are older people harmed?
    - Accidents
    - Well-intended caregivers
    - Contact with persons with physical or mental health conditions that manifest in aggressive behavior
    - Elder abuse
- Why does elder abuse occur and persist?
    - Individual Actions:
        - Greed – (1) Goal is financial exploitation; (2) Offender often committing other types of abuse
        - Power and Control— (1) As in DV; (2) pattern of abusive and coercive control tactics; (3) Actual and assumed power is used
    - Structural Causes (Cannot ignore that elder abuse is a social issue, not just an individual issue)
        - How society structures interactions
        - Provides resources and supports (or doesn't)
        - "Deterioration Model of Aging"-Ageist assumptions and fatalistic ideals about aging. When infrastructure is studied, civil engineers use something called a "deterioration model" which essentially calculates the impact of time and elements on structures and attempts to estimate failure and corrosion of their viability. As a society, we tend to look at older adults the same way-examining the years of life they have as a predictor of their decline and imminent death.
- This type of scenario may never get to court—or it might come in as a financial exploitation case, fraud, theft, conversion. It could ultimately end up in protection order court, if the mother seeks her son's ejectment. If any physical violence ensues, there could be criminal proceedings.
- Community allies/professionals are key in cases such as these; to help victims ascertain their options, legal or otherwise, to help with safety planning, and to provide ancillary services such as counseling, housing, credit repair.

  Reference **Handout 1**: Abuse in Later Life Wheel.

IV. BREAK (10:25-10:40 A.M.)

V. STRUCTURAL CAUSES: AGEISM AND HOW IT IMPACTS SURVIVORS IN THE COURT (10:40-11:45 A.M.) (SHELLY)

A. Learning Objectives (2 mins) (Shelly) (Slide 25)

Faculty should note that we will now look at one of the fundamental underpinnings that support and sustain elder abuse and that is ageism.

As a result of this segment, you will be better able to:

- Consider how ageist assumptions about older adult victims of financial exploitation and elder abuse permeate our institutions and interactions with individuals;
- Distinguish normal aging from the "deterioration model of aging" in order to better assess the context of an individual victim's circumstances and vulnerability for abuse;
- Identify how ageist assumptions harm older adult victims in court and in the community.

B. Media Exercise (3 mins; 10:42-10:45 a.m.) (Slide 26)

First faculty will show a brief news article available at https://www.bbc.com/news/world-europe-46425774. The article is copied below:

Mr Ratelband maintained he has the body of a 40-something and a young age is part of his identity

A Dutchman who wanted to change his date of birth to boost dating prospects has lost his legal battle to do so.

Emile Ratelband, still aged 69, wanted to change his birth date by 20 years to avoid what he called discrimination.

"We live in a time when you can change your name and change your gender. Why can't I decide my own age?" he said.

But the court disagreed, highlighting that many rights in law are based on a person's age, and changing it at will could cause many problems.

There was no legal basis to make such a change, it said.

"Mr Ratelband is at liberty to feel 20 years younger than his real age and to act accordingly," the judges said, but changing his legal documents would have "undesirable legal and societal implications".

Mr Ratelband, who calls himself a "positivity trainer", made headlines around the world with his unusual request.

Ahead of the hearing, he made TV and other press appearances, saying he felt discriminated against in both employment and on the popular dating app Tinder - and said his doctors had told him he had the body of someone in their 40s.

This clip is a bit of humor in an otherwise serious topic so faculty should admit that the clip is using humor to express a very real and humorless experience.

C. Large Group Discussion (5 mins; 10:45-10:50) (Slide 27) (Shelly)

- What does this clip say about aging?
- What assumptions do we make about ourselves as we age and about other older adults? What fears do we have?

D. Learning Points (5 mins; 10:50-10:55) (Slide 28) (Shelly)

The faculty will provide the learning points for the section:

- Thanks to the baby boomers, who began turning 65 in 2011, the population of older Americans is expanding. By 2030, one in five Americans will be a senior citizen, nearly double the 12 percent in 2000. [7]
- Not only are there more seniors, they're also living longer. In the past century, life expectancy has increased by nearly 30 years.[8]
- Despite the fact that seniors make up a significant portion of the population, their voices are often left out of the national conversation.
- Of all the "isms" that connote stereotyping or prejudice against a group of people, ageism may be the strangest. Unlike racism, sexism, and homophobia, ageism represents a prejudice against a group that all members of the "in" group will inevitably join if they live long enough.[9]
- There is such intense fear of aging and the associated changes in life that even those who are aging themselves tend to distance themselves from it and "otherize" the aged. This is a fatalistic approach, alienates seniors, and stalls communication about the needs of seniors. [10]
- Your age is but one aspect of your identity, but it plays a huge role in how you access the community, and the systems around you, and how those same institutions treat and perceive you. Unlike other aspects of your identity, it is fluid, and as you age, you are perceived to be more vulnerable-more likely to fall ill, more likely to experience a deficit of some kind; and at the same time, less likely to ask for help,

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[7] "The State of Aging and Health in America," a 2013 special report from the U.S. Centers for Disease Control and Prevention (CDC).

[8] Men born in 1900 could expect to live until age 48, but by 2000, men's life expectancy had jumped to 74. In 1900, women could expect to live 51 years, but as of 2000, their life expectancy had also jumped to 74 years, and by 2050, the average woman may make it to age 86 (men can expect to live to age 80). Life expectancy in the United States has been on the rise for a decade, increasing 1.4 years — from 76.5 years in 1997 to 77.9 in 2007, according to the Centers for Disease Control and Prevention. The life expectancy data, compiled by the agency's National Center for Health Statistics, are based on nearly 90 percent of the death certificates filed in the United States.

[9] "Ageism remains one of the most institutionalized forms of prejudice today," according to Todd Nelson, Ph.D., professor of psychology at California State University, Stanislaus. Nelson states: Even health care providers fall into the ageism trap, Nelson points out. Providers may be reluctant to discuss using technology, fearing that an older patient may shy away from it. Or they may routinely attribute physical or mental symptoms like depression or aches and pains as a natural part of the aging process without looking for other causes. Available at https://healthjournalism.org/blog/2016/06/how-ageism-can-negatively-affect-the-health-of-older-adults/

[10] Fatalist long-term health behaviour: A prospect theory approach available at https://www.researchgate.net/publication/241891700_Fatalist_long-term_health_behaviour_A_prospect_theory_approach

less likely to be noticed. This aspect of your identity interacts with other aspects and may make you more or less likely to experience discrimination and oppression.

E. An Exercise: Ageism and the Courts (55 mins; 10:55-11:50 a.m.) (Janice/ Javoyne)

1. Instructions

Participants will review a news article on a homicide-suicide involving an older adult married couple. Faculty should instruct participants to circle words or ideas in the article that strike them or paint a picture of who this couple is. Next faculty will share screen shots from a real Facebook discussion in the town where the older couple resided and have a large group discussion. Next, faculty will give a mini-lecture on older adult homicide-suicide and how ageism plays out in society and court. Participants will finish up examining an infographic and doing "Quick Wins".

2. Individual Work (5 minutes) (Handout 2 & Infographic 1)

Faculty will allow participants to read the details of the homicide suicide case as described below in the NY Daily News on August 8, 2018 in Handout 2.

An elderly gunman, desperate to end his suffering wife's anguish, shot her dead in a suburban hospital bed early Wednesday before killing himself only feet away in a heartbreaking murder-suicide, authorities said.

The distraught Richard DeLucia, 71, of Yorktown Heights fired one bullet into his ailing spouse Ann before shooting himself with the second gunshot, authorities said. DeLucia left a note behind in the couple's apartment explaining his decision before packing a .38 caliber handgun and driving to the Westchester Medical Center, where Ann was a patient on the fourth floor.

> Amelia Noviella, whose mom lived in the same Westchester retirement community as the DeLucias, said Ann's myriad health woes included surgery to repair her heart followed by a major stroke as she recovered earlier this year. After three months in rehab, she returned home last week — only to wind up back in a hospital bed, rushed away by

ambulance after just two days with her husband. The 70-year-old woman struggled to walk even before her recent setbacks.
“You would never expect something like this,” Noviella told the Daily News. “People snap and they don’t know what to do. You never expect things to happen to such nice people.”

Police arriving at the medical center just two minutes after the shots rang out found hospital workers feverishly trying to revive the bleeding victims lying only a few feet apart. The crackle of gunfire at 9:39 a.m. sent the facility into a panic, with employees fearful the Valhalla hospital had become the latest target for random gun violence.

“There was an OR nurse that came that (said) to me that there is an active shooter in the building,” burn unit technician Jacqueline Green told the Daily News. “It was terrifying and I said, ‘Oh my God, is it happening to us now?’”

Police initially described the killing as prompted by an unspecified “family-type situation” before identifying the dead couple — who was married for 47 years — and detailing the grim decision made by Richard DeLucia, with detectives discovering his note after the shootings.

Before they retired, the DeLucias were longtime owners of Westchester Manor, a catering hall in Hastings-on-Hudson.
Ann DeLucia never made it out of her bed and her husband was found on the floor of the room nearby, authorities said. The murder weapon was found near the shooter.

Though hospital security includes 24-hour armed guards on the hospital grounds, visitors are not searched for guns. The killer carried his weapon through the entrance and up to the fourth floor without arousing any suspicions.

The shooter was a licensed firearm holder and owner of the gun, according to Gleason.

3. **Large Group Debrief (10 mins; 11:00-11:10 a.m.) (Javoyne and Janice) (Slide 29)**

   Faculty will conduct a debrief, paying careful attention to avoid too much repetition. Faculty should ask:

   What are your thoughts about this incident based on what you know?

4. **Large Group: Additional Info: Facebook Comments (15 min; 11:10-11:25) (Janice/ Javoyne) (Slide 30)**

   Faculty will distribute **Infographic 1**: Facebook comments about the couple. These comments are real responses to the incident made on a local Facebook group for a small community where the couple resided. Provide a minute or two for review then ask the following:

   - What strikes you about these comments?
   - How might the reactions differ if the husband and wife were 25? 45?
   - Imagine instead that Mr. Delucia was unsuccessful at committing suicide after he murdered his wife. How might some of the assumptions we discussed impact a criminal case against him and the administration of justice?

5. **Mini-Lecture on Ageism and The Court (10 mins; 11:25-11:35) (Janice) (Slides 31-32)**

<u>Donna Cohen Study on murder-suicide</u>

- Few studies on dangerousness of older persons, but study done in Florida on Homicide-Suicide (HS) and Suicide in older men found that, contrary to popular notions:
  - HS was not result of "suicide pact," most occurred between spouses, perpetrated by men.
  - Suicide perps have significantly more health problems than HS perps
  - Clear absence of dementia present in HS perps
  - Almost all HSs involve guns.
  - Women either asleep during the attack or shot in the back of the head or torso
- Donna Cohen states common features are the controlling, dominant personality of the man and the perception of the perp of separation and an unacceptable threat to the integrity of the relationship.

- Risk factors for HS in older adults: husband is caregiver; advanced old age; health of one or both declining; husband has a controlling personality; availability of firearm; husband is older; pending hospitalization or institutionalization; history of DV; H is depressed, suicidal, or abusing substances; feeling of isolation; anger, hopelessness or loss of control.
- The reaction to the murder of the wife reflects well the deterioration model of aging= she was old, she was dying, her life was not worth much. Thereby, making it easier to excuse and even condone his actions. She was a burden-he is the victim.
- This type of approach plays out in all of our interactions with older adults and in our institutions-how do we speak to older adults, how do we involve them in their own decision-making, how we make determinations about the value of their lives?

6. Graphic (10 mins; 11:35-11:45 a.m.) (Infographic 2) (Slide 33)
Staff will distribute graphic[11] http://itsnotright.ca/sites/itsnotright.ca/files/DAY1-AGEISM-SM.jpg. Give participants a moment to look it over.

[11] A project of University of Western Ontario, Center for Research and Education on Violence Against Women and Children, "It's Not Right" project. In 2009, CREVAWC was asked by the Public Health Agency of Canada to adapt the Ontario domestic violence public education campaign, Neighbours, Friends and Families for abuse of older adults. The Canadian Network for the Prevention of Elder Abuse (CNPEA) as well as professionals and passionate advocates from all over the country contributed to the development of the materials through a highly collaborative process over a year long period. The resulting INR-NFF materials represent the very best collective thinking in Canada for public education on abuse and neglect of older adults. Graphic available at http://itsnotright.ca/sites/itsnotright.ca/files/DAY1-AGEISM-SM.jpg.

After providing some time to examine the graphic, ask participants:

- What resonates with you?
- How does ageism harm older adults who seek help from the courts and service providers?

VI. QUICK WINS (5 MINS; 11:45-11:50 A.M.) JAVOYNE (SLIDE 34)

Faculty will provide participants instructions on how to do **Quick Wins** (5 min) Take five minutes to write down ideas that you would like to work on, which stood out from this segment. Please write these ideas on the [color] flash cards that are on your table (there will be different colors for each segment). The flash cards will be used as a reference when you work on your Action Plan.

VII. LUNCH (11:50-1:15 P.M.)

VIII. "NORMAL AGING" VS. ILLNESS AND VULNERABILITY FOR ABUSE (1:15-2:00 P.M.) (KAREN & DAVID)

A. Learning Objectives (Karen) (Slide 36)

Faculty should inform participants that we will discuss aging in the context of normative development versus illness or deterioration that might render an older adult more vulnerable to abuse. As a result of this segment, you will be better able to:

- Differentiate "normal aging" from conditions that might create added vulnerability to financial exploitation and elder abuse
- Discuss how different conditions can affect an older adult's capacity differently.

B. "Normal" Aging (15 mins; 1:15-1:30 p.m.)

1. Small Group Discussion (15 mins) (Slide 37):
Faculty will ask participants to discuss the following at their tables:

- Who would like to share their age and one thing they feel about being that age? (Ask for a few answers before moving on to next questions).
- At what age do we stop being able to make our own decisions re our finances?
- At what age do we stop being able to make our decisions re our health?
- At what age do we stop being able to make decisions about our own happiness?

2. Debrief (10 mins; 1:30-1:40 p.m.) (Karen)
Faculty will conduct a debrief of table discussions, taking care to give each table a chance to cover at least one question but taking care to avoid repetition.

3. The Aging Body & the Aging Mind (20 mins; 1:40-2:00 p.m.) (David) (Slides 39-55)

Faculty will provide a mini-lecture; there is more material on slides than in curriculum. Staff will work with faculty to design this:

- Aging and its effects on body (sensory losses, muscular-skeletal changes)
- Chronic health conditions
- The aging brain
- Dementia, delirium and depression & relationship to abuse
- Normative aging includes: declines in hearing, vision, and skin-elasticity, regulation of body temperature, hair color and hair loss and slowing of biological systems.
- Changes in the neurological system include slowing of response times and does not equal cognitive decline.—California State University, School of Social Work

- Conditions associated with aging create accessibility challenges when victims receive assistance from the justice system or other services. Often victims face abuse while also enduring failing health, loss of vision/hearing/memory, possible dementia, limited mobility, incontinence, etc. Frequently, these normal health issues are accompanied by a sense of embarrassment, depression, or shame; abusers exploit these weaknesses to inflict humiliation and exert control. When victims then seek help from the justice system, they are often treated like children, or as if they are incompetent.
- Until the contrary is demonstrated, each individual is presumed to be capable of making decisions regarding their health, personal care, legal and financial matters. (Peterborough Abuse Prevention of Older Adults Network-www.olderadultabuse.org)
  Reference **Handout 3:** Normal Aging versus Abuse

IX. FINANCIAL EXPLOITATION AND ABUSE DYNAMICS (2:00-3:50 WITH 15 MINUTE BREAK P.M.) (ALL FACULTY)

A. Roberta Astor Timeline Exercise (Janice & Javoyne)

B. Instructions (Poster 1-5):

Staff will hang a timeline on the wall with the following information about the deceased Roberta "Brooke" Astor. Faculty should not indicate that the details are about Brooke Astor. Participants should stand up and review the timeline and then answer the small group questions. There will be a debrief and a series of learning points.

C. Timeline[12]

March 30, 1902 Roberta is born in Portsmouth, N.H., to a Marine Corps general and a Southern belle.

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[12] THIS TIMELINE WAS OBTAINED THROUGH A COLLECTION OF NEWS ARTICLES ON THE BROOKE ASTOR CASE. CAROL KAUFMANN, AARP BULLETIN, APRIL 24, 2009, BROOKE ASTOR'S LIFE, HER SON'S TRIAL: A TIMELINE. AVAILABLE AT LIFE_HER_SON_S_TRIAL_A_TIMELINE.HTML AND NEW YORK TIMES, MILESTONES IN THE ASTOR TRIAL, PUBLISHED OCTOBER 8, 2009, AVAILABLE AT HTTPS://ARCHIVE.NYTIMES.COM/WWW.NYTIMES.COM/INTERACTIVE/2009/10/02/NYREGION/200910-ASTOR-TIMELINE.HTML AND NEW YORK TIMES, THE ASTOR ESTATE DISPUTE: A

1919 marries the wealthy John K. Although they live in luxury, the marriage is miserable. Roberta would later reveal her husband beat her numerous times.

1924 gives birth to Tony, her only child. He is cared for, mainly, by nannies and staff.

1926 Roberta begins her writing career. She would later write four books and numerous poems and essays.

1930 The Ks divorce. Roberta receives custody of Tony, a $680,000 apartment and a trust fund of $90,000 a year that will go to Tony if she remarries.

1934 At age 10, Tony is sent to boarding school.

1945 Tony, a second lieutenant in the Marine Corps, leads his unit in an assault on Iwo Jima, where he is wounded.

1952 Roberta's second husband dies suddenly of a heart attack. Roberta's inheritance of about half a million dollars and her salary aren't enough to support her lifestyle. A friend would later say that Roberta felt "poverty-stricken."

1952 Roberta signs her first will.

1953 Roberta remarries Vincent.

1959 Vincent dies, leaving approximately half of his 100 million estate to his wife and the other half to a foundation that she is to run. Over the next 40 years, Roberta distributes $195 million from the Foundation to various institutions.

1980 Tony begins earning a salary for managing his mother's money. Over the next 25 years, his investments lag behind the Standard & Poor's index.

July 1989 Tony meets Charlene. Both Tony and Charlene would eventually leave their spouses—in Charlene's case, her family—for each other.

January 1990. Roberta vows never to let Charlene into her home.

CHRONOLOGY, PUBLISHED NOVEMBER 26, 2007, AVAILABLE AT HTTPS://CITYROOM.BLOGS.NYTIMES.COM/2007/11/26/THE-ASTOR-ESTATE-DISPUTE-A-CHRONOLOGY/

1992 After divorcing his second wife, Tony marries Charlene. Roberta buys them an apartment.

1997 Roberta, age 95, gives away the foundation's last $25 million and closes it.

Dec. 26, 2000 Tony writes a letter to his mother's doctors about her, saying that her mental state is fragile; she has difficulty writing, spelling and doing simple arithmetic; and she is incoherent and indecisive. Tony would later tell his sons that their grandmother had Alzheimer's disease.

November 2001 Tony tells Chris Ely, Roberta's head butler, that his mother has Alzheimer's disease.

Jan. 30, 2002 Roberta approves a new draft (the 32nd) of her will, a document she updated frequently, with "Terry", her attorney since 1991. In it, Tony would receive her apartment, her country estate and her property on the Maine coast (worth 40 million), $5 million and a yearly sum of $4.2 million for life. Some $60 million would go to designated charities. If Tony died before her, all his bequests would go to charity, not his wife. Roberta said she hoped the cash gift of 5million would relieve the pressure she felt from her son to assure Charlene's comfort.

Early 2002 Roberta's favorite painting, Up the Avenue from Thirty-Fourth Street, by Childe Hassam, is sold for $10 million. Her previous wills had stipulated that the painting would go to the Metropolitan Museum of Art, but her most recent will omitted that instruction. Roberta's close friend would later say that Roberta had said her son wanted her to sell the painting because she was "running out of money."

Dec. 17, 2003 Nurses write detailed notes about Roberta's condition, citing her confusion, illusions, tremors, paranoia and disorientation.

Dec. 18, 2003 A codicil, drafted by "Terry", is added to Roberta's will. It stipulates that 49 percent of the remaining assets in a trust left by Vincent be given to Tony, allowing him to distribute the money to charities. Prior to this change, prosecutors have said, Roberta wanted her estate to be put in a trust for charities of her choice.

Jan. 12, 2004 A second codicil, written by new lawyers chosen by Tony, is added to Roberta's will. It gives Tony her estate outright and allows him to give property to Charlene. It also allows him to choose the executors. He replaces Terry with his longtime friend Francis and Charlene. This was the seventh codicil in total.

Feb. 10, 2004 At a luncheon that Tony arranged for his mother to host, Roberta praises her son in a short speech, uncharacteristically reading off a note card. Roberta's doctor would later state that she lacked the mental ability to write such words.

March 3, 2004 Francis presents a third codicil to Roberta. It instructs executors to sell her apartment and house and include the proceeds in the estate to save on taxes.

July 2006 Philip, Tony's son, files a guardianship petition to seize control of Roberta's care, citing reasons of elder abuse, mistreatment and neglect. The suit is backed by affidavits from her staff and friends. The petition was supposed to be sealed, but wasn't.

July 23, 2006 Roberta is taken to Hospital with pneumonia.

July 24, 2006 Philip tells his father about his lawsuit. A judge cut off Tony's salary for managing his mother's assets and appointed a friend, Annette, as her temporary guardian.

Oct. 13, 2006 The parties announce a settlement. Tony agrees to cease being steward of his mother's health and financial affairs. He and Charlene return $11 million worth in cash, jewelry and art to Roberta. Annette is officially appointed Roberta's guardian, and bank is put in charge of her financial affairs. Roberta is moved to her house, and her staff, whom Tony and Charlene had dismissed, is rehired.

October 2006 A court-appointed attorney for Roberta in the guardianship lawsuit delivers to the district attorney's office a report by a forensic handwriting expert that Roberta could not have produced the signature on the third codicil. The investigation into criminal wrong-doing by both Tony and Francis begins—and lasts more than a year.

Dec. 4, 2006 While deciding who would be responsible for the legal bills involved in the guardianship lawsuit, the judge rules that Tony was entitled to reimbursement because allegations of elder abuse committed by Tony and Charlene were "not substantiated." The couple claim victory, saying they had been falsely accused.

Aug. 13, 2007 Roberta dies, leaving an estate worth an estimated $132 million and a trust valued at more than $60 million.

Aug. 14, 2007 Before funeral arrangements are made, lawyers representing Annette and Chase bank file papers urging the court to reject final will because she was not competent when it was signed and had been under "undue influence and duress."

Nov. 26, 2007 Prosecutors tell attorneys for Tony and Francis that their clients have been indicted and are required to turn themselves in the next day.

Nov. 27, 2007 Tony, 83, turns himself over to the district attorney's office and is charged with 16 counts, including grand larceny, fraud and conspiracy. He pleads not guilty.

Nov. 30, 2007 Francis, 66, surrenders to authorities and is charged with forgery and conspiracy.

April 29, 2009: Family member gives testimony. He told jurors that Roberta was made to believe by her only child that she was penniless. "She would say, 'Tony said I mustn't spend too much money,'" he recalled.

June 8, 2009: Assistant District Attorney questions housekeeper, who recalled Tony and his wife, Charlene, taking art from walls on more than one occasion.

June 23, 2009: Roberta's chauffeur for 10 years, is questioned by DA; he testified that Roberta sometimes referred to her son as "the man who wants to kill me; the man who is hiding in my house." Tony fired him in 2005.

June 25, 2009: Doctor Rees Pritchett testifies that on January 12, 2004—the same day Roberta signed a codicil to her will giving her son control of $60 million of her estate—she visited Pritchett's office with a slight cough, chest discomfort, and shortness of breath. She was not thinking clearly and told the doctor, "I'm gaga."

July 9, 2009: Roberta's former nurse Pearline Noble is questioned. Noble testified that on December 1, 2003, while the Alzheimer-stricken centenarian met with her lawyer at her home to discuss changes to her will, Tony and Charlene waited outside the room with their ears pressed to the wall. Then Charlene ordered her husband to "get in there." Noble also testified that on December 18, 2003, when Roberta signed a codicil to her will giving her son $30 million, she asked, "Who was that man?" and "What does he want?" as her lawyer left the apartment.

July 28, 2009: Dr. Norman Relkin, Roberta's former neurologist, is cross-examined. Relkin testified that Roberta's mental state was severely compromised

as early as 2001. She was barely aware of the events of September 11 and "did not know the name of the president," he said.

July 20, 2009: Roberta's former nurse Minnette Christie is questioned by Assistant District Attorney. Christie testified that when Roberta was 101 years old she became convinced that a man was going to kill her and would vigilantly search her home for intruders. According to Christie's diary, on January 12, 2004—the day that Roberta signed the codicil to her will giving her son $60 million—she "complained of being afraid and that four men are in the house who knew everything about her and she doesn't know them. And that the men want her to do things." Roberta also referred to herself as "a damn fool" and said, "I don't want to die."

August 5, 2009: Gus R. Lesnevich, a forensic document examiner, testifies that the signature on the March 3, 2004, codicil to the will was forged. "I have absolutely no doubt ..."

October 8, 2009: After 19 weeks and 74 witnesses, the trial came to end when the jury found Tony guilty on 14 counts relating to the exploitation of his Alzheimer's-stricken mother. He faces as little as 1 year, and as much as 25, in jail.

Francis was convicted on five counts, including conspiracy and forgery. Francis was disbarred. They were sentenced to 1-3 year prison terms.

The allegations of neglect were never proven.

Not Appearing on Timeline but for reference:

March 2013. Appeals exhausted. Appeals judges also rejected Tony's argument that his age and illness warranted sparing him prison.

June 2013 Tony surrendered to begin a prison sentence.

D. Review Timeline (10-15 mins; 2:00-2:15)

Faculty will ask participants to stand and review the timeline on the wall, and indicate that this is the timeline of a real elder abuse case and the trial that ensued in criminal court. We will have two replicas of the timeline so that participants can access the material in two locations. Faculty should place the small group discussion questions on the screen and read them aloud so that participants have a sense of what they should consider while reviewing the timeline.

E. Small Group Discussion (15-20 mins; 2:15-2:30 p.m.) (Handout 4) (Javoyne)(Slide 58)

- Reflections?
- Where did the court help/hurt here and what could have improved?
- Where did the community help/hurt here and what could have been improved?
- Who else could have acted?
- How does what you have learned from this case impact your design of your CCR/MDT?

F. Debrief (15 mins; 2:30-2:45 p.m.) (Javoyne/Janice)

G. Learning Points (15 mins; 2:45-3:00 p.m.) (Janice provides additional info in points below 1-8; Javoyne does remaining) (Slides 60-61)

(1) Roberta Brooke Astor was diagnosed with Alzheimer's, but remained active and socially engaged.

(2) She had one son-who was her power of attorney

(3) After her diagnosis-son isolated her from friends and family, fires her attorney, changes her will, and takes cash/property (financial exploitation)

(4) As dementia advances, she is told to sign documents

(5) Residence becomes filthy and in disrepair (neglect)

(6) Close friend secretly visits Brooke and reports home in in poor condition and Brooke sobbed uncontrollably

(7) Caretakers and attendants were dismissed by her son (isolation)

(8) Her grandson visited her and noted, "The place was cold, the parquet floor on the dining room was the litter box for the dogs, and there was what I'll now call medicinal deprivation. Nurses were taking money out of their pockets to buy things for her."

- Who knew what, and when?
- Legal malpractice/ignorance: In many cases in which diminished capacity is an issue, the lawyer will have some history with the client to determine whether the client has sufficient capacity under the law. The traditional standard relates to the client's ability to understand the nature and extent of her property, the natural objects of her bounty, and the consequences of executing the will or codicil.
- Lawyers must take precautions when a client with diminished capacity signs new wills or codicil—in this case her neurologist cast doubt on her ability to comprehend any significant transaction. At trial many instances were recited

of her inability to perform simple tasks, recall events, or recognize close friends.

- Denials of access to the client by family members
- Need for training: Counseling of agent about the appropriate exercise of powers of attorney. The agent is a fiduciary and must act in accord with principles applicable to those in a position of trust.
- Need for forensic accounting experts/other wills and trusts experts to assist courts and juries
- Need for financial industry to help**:** **FINRA**, **NASAA**, **SIFMA**, and **CFPB**, and more players have positioned themselves to support elder justice.
- Banks can do more to flag strange behaviors; involve local banks!
- Organizations like NCSC working with financials to improve flagging, support from financial industry
- Healthcare played a huge role in the case, but it didn't help Brooke- involve geriatricians; geriatric psychiatrists, etc.
- Friends, family, employees—all knew. Need for Prevention; community education, ease of reporting.
- Courts-what messages did they send that were helpful/hurtful? Where did they make mistakes (dismiss neglect charges, treatment of Tony at sentencing)
- All of these parties should be included in your responses to older adult abuse, in order to: improve services, increase awareness, enhance prevention, leverage resources, provide expertise, cross-train.

H. Break (3:00-3:15 p.m.)

I. Large group Discussion (10 mins; 3:15-3:25 p.m.) (All Faculty; Janice leads) (Slide 62)

Faculty will conduct a large group discussion and state, "A number of financial instruments and legal instruments were mentioned in the Astor case. Do you have any questions about any of them?"
cheat sheet[13]). Also ask:

[13] Here are 11 planning documents to consider implementing, in addition to a will (https://www.cnbc.com/2017/11/15/12-financial-planning-documents-to-handle-health-end-of-life-care.html):

Living will

This document dictates what medical treatments you do and don't want in different circumstances. It can help lessen the burden on your loved ones because they aren't guessing as to what you'd want done. Keep a copy on hand, or let your loved ones know where it is.

The Five Wishes planner ($5), which covers a wide range of comfort and care preferences. It meets the legal requirements for a standalone advance directive in 42 states and Washington, D.C., and in the rest, can be used in conjunction with the state's living will forms.

POLST

"Physician orders for life sustaining treatment," or POLST, forms are a relatively new option for consumers to dictate their end-of-life wishes. Most states offer them, under various names and programs (check polst.org).

The client fills it out with their doctor, and when the doctor signs it, it becomes a doctor's standing order— it becomes part of the patient's medical record, and medical professionals are bound to follow it.

But because the form is new, it's not available everywhere yet. Doctors also may be reluctant to sign for a patient that isn't older or terminally ill, she said.

Power of attorney for Healthcare/Healthcare proxy

Pick one person to make health-care decisions on your behalf if you're incapacitated. Picking two sets the stage for trouble if the two agents don't agree on the best course of action. But you should have at least one alternate listed, she said — that way, you're covered if that person predeceases you, or becomes incapacitated.

Talk to your trusted person about what quality of life means to you, and at what point you no longer want artificial interventions.

Durable power of attorney

Make sure you appoint someone who can make sure that if you're incapacitated, the bills still get paid and other financial matters are taken care of. Keep in mind that some banks require their own forms, and want you re-sign them regularly.

DNR/DNI orders

"Do not resuscitate" or "do not intubate" orders may already be included on a POLST, but redundancy in the form of this document is important.

Resuscitation is the only medical procedure routinely done without permission, so [a DNR] has to be accessible.

Diminishing capacity letters

Gives a professional permission to call specific trusted individuals (usually, your powers of attorney and/or a family member), if they have noticed some diminishment in your physical, cognitive, mental or psychological capacity.

Organ donor designation

Checking the organ donor box on your driver's license isn't enough.

- Brooke Astor was a woman of considerable means. How would this case be similar or different if the older adult was of limited means and/or from a marginalized population (Alaskan Native/ American Indian, a woman of color, LGBTQ, etc.)?
- How do we gauge when older adults need help with financial decisions?

J. Mini-Lecture (20 mins; 3:25-3:45 p.m.) (Janice/David) (Slides 63-68)

- Elder abuse can happen to anyone, regardless of socioeconomic status
- Potential declines in physical and cognitive functions make seniors more vulnerable to victimization. Elders who experience abuse, neglect, or self-neglect face a higher risk of premature death than elders who have not been mistreated.[14]
- Of growing concern is financial elder abuse, which is often unreported. It is estimated that elders throughout the United States currently lose a minimum of $2.9 billion annually owing to elder financial abuse and exploitation. As a result of financial exploitation, older adults' health care expenses increase

- Examples:

If you want to donate, sign up for the National Organ Donor Registry at organdonor.gov. Emergency rooms typically check it, she said, and family members can't override that opt-in.

Life insurance

Make a list of all the people you regularly tell 'I love you,' and of those, who you feel some financial responsibility for.

[14] https://www.americanbar.org/groups/gpsolo/publications/gp_solo/2015/november-december/advocating_elders_suffering_financial_abuse_and_exploitation/

If you recognize signs of elder financial abuse and suspect that an older adult may be a victim, consider asking the older adult these questions:

- Have your spending patterns changed?
- Have you created or changed an existing power of attorney, trust, or other legal document?
- Has anyone asked you to sign something you did not understand or did not want to sign?
- Do you have any concerns about your finances?
- Who makes decisions about your finances?
- Who handles your finances? How were your finances handled a year ago? Two years ago?
- Do you know how much money is in your bank account(s)?

Check with individual states regarding laws for mandated reporting. There should be immunity or whistle-blower protection from civil and criminal action for reporting suspected abuse.

- Stealing an older person's cash
- Unauthorized withdrawals from a bank account
- Cashing the victim's check or using credit cards without authorization
- Transferring property deeds
- Misusing a power of attorney
- Identity theft

- While the actual fraud varies, a similar set of tactics is used to separate victims from their money: gaining trust and confidence, using false information, stealing identifying info.
- Why are older adults vulnerable? **(David begins here)**
    - Cognitive decline, physical disability and dependency can make an older person at increased risk for financial exploitation.
    - Some studies show financial exploitation as the most prevalent form of abuse.
    - Cognitive decline: The aging brain, in the absence of disease, is associated with something called fluid intelligence.
    - Normal cognitive aging generally does not affect financial capacity enough to warrant intervention.
    - While studies suggest that some people over 70 who are not cognitively impaired might make more mistakes due to declining judgment, the consequences of these mistakes appear to be relatively minor.[15]

[15] Several studies show that, on average, knowledge of financial concepts and financial judgment might decline after 70, but caution should be exercised in using the results of such studies to conclude that most people experiencing normal cognitive aging cannot handle their own money: 1) such studies often do not exclude people with early stages of dementia in their analysis (e.g. Korniotis and Kumar, 2011); 2) the errors reported are often driven by a small share of participants who make mistakes, so the majority of participants in their 70s and 80s handle their money just as well as younger participants (e.g. Agarwal et al., 2009); and 3) tests of financial knowledge or economic judgment often involve questions that require recalling specific facts or performing mathematical operations that people might not be familiar with – which are not representative of the types of tasks that most people must perform to handle their finances reasonably well (e.g. Gamble et al. 2014 and Kariv and Silverman 2015).

TABLE 1. TYPES OF ABILITIES MEASURED BY TESTS OF FINANCIAL CAPACITY

Type of ability	Example of tasks
Basic money skills	Identify and understand relative value of bills and coins.
Cash transactions	Assess cost of an item and understand sales receipt.
Checkbook management	Know when/how to use a check.
Bill payment	Understand how to read, pay, and dispute bills.
Bank statement management	Find deposits, withdrawals, and balances in a bank statement.
Asset and estate management	Identify assets and income.
Knowledge of financial concepts	Understand concepts like debt, insurance, and asset returns.
Financial judgment	Assess what an asset is worth, detect fraud and other risks.

Source: Adapted from Marson et al. (2009).

-
- Financial capacity relies on two key abilities: 1) performing financial tasks, which mostly requires crystallized intelligence, or knowledge; and 2) making financial judgments, which requires a mix of knowledge and fluid intelligence like memory, attention, and information processing. Knowledge remains largely intact into one's 70s and 80s for those experiencing normal cognitive aging, but fluid ability starts to decline as early as one's 30s. This pattern means that individuals experiencing normal aging are more likely to develop deficits in their financial judgment than in their ability to carry out financial tasks.[16]
- For example, one study that directly measured financial capability using a standardized test found that 95 percent of adults without cognitive impairment were fully able to manage their own finances.[17]

[16] Anek Belbase and Geoffrey T. Sanzenbacher, Center for Retirement Research at Boston College, COGNITIVE AGING AND THE CAPACITY TO MANAGE MONEY (January 2017) available at http://crr.bc.edu/wp-content/uploads/2017/01/IB_17-1.pdf

[17] Id. citing Marson et al. (2009). This analysis excluded participants who did not have experience managing money.

- And the evidence suggests that accumulated knowledge explains how people handle money effectively despite decreased fluid ability.
- However, people who do not have that accumulated knowledge, such as those who assume these financial obligations at a later stage, may have challenges. The learning curve will be challenging for them due to normal cognitive aging, which diminishes the capacity to assimilate new information.[18]
- Individuals who inherit financial responsibilities will need varying degrees of assistance: a person with some relevant knowledge might need informal help from a family member, while someone with no financial knowledge might need more formal assistance. Unlike people with cognitive impairment, most financial novices with preserved cognitive abilities will eventually gain enough knowledge to handle most financial matters without help.
- Unlike the normal cognitive changes associated with aging, cognitive impairment, which is increasingly likely for those in their 80s, can rapidly erode financial capacity. This type of condition exists on a continuum from mild cognitive impairment (MCI) to severe dementia. MCI primarily affects financial judgment, is widespread even among people in their 70s, and can be either temporary or an early sign of dementia. In contrast, dementia, which becomes common only among people in their 80s and 90s, starts out with mild symptoms but inevitably results in severe deficits in a wide range of cognitive functions. The prevalence and severity of impairment rises exponentially with age, with more than half of the population over 85 experiencing some form of

  this condition.[19]
- A crucial characteristic of cognitive impairment is that people are usually unaware that they are slipping. Several studies have shown that people with MCI to full-blown dementia continue to feel confident about handling financial matters. The combination of high self-confidence, intact knowledge of financial procedures, and impaired financial judgment makes people with MCI more likely to be victims of fraud. For people with moderate to severe dementia, their vulnerability is clearer because they are usually unable to carry out financial transactions. Thus, many of these individuals rely on a caregiver,

[18] Supra note 4 citing Craik and Salthouse (2008).
[19] Supra note 4 citing (Gauthier et al. 2006)

which creates a different type of risk – that of financial abuse by the caregiver rather than financial fraud.[20]

K. Quick Wins (5 mins; 3:45-3:50 p.m.) (David instructs)

Faculty will provide participants instructions on how to do **Quick Wins** (5 min)
Take five minutes to write down ideas that you would like to work on, which stood out from this segment. Please write these ideas on the [color] flash cards that are on your table (there will be different colors for each segment). The flash cards will be used as a reference when you work on your Action Plan.

X. COMMUNICATING WITH OLDER ADULTS (3:50-4:30 P.M.) (KAREN/SHELLY)

A. Learning Objectives (Karen) (Slide 71)

As a result of this exercise, you will be better able to:

- Examine how you can improve institutional and system processes for older adults through better communication practices
- Identify communication practices that effectively disenfranchise and discriminate older adults who are victims.

B. Video (2 mins) from Barb M. of older adult in doctor's office, Caregiver scenario 1 (Slides 72-73)

Faculty should explain that we will view a quick video clip the shows an older woman with her caregiver in a doctor's office. As participants watch, they should consider how this interaction mimics-or doesn't represent-communications with older adults in court.

C. Large Group Discussion (15 mins; 3:55-4:10) (Karen/Shelly) (Slide 74)

- How would you characterize the communication in this clip?
- How does this play out in court?
- What are some different communication challenges with older adults in financial exploitation and elder abuse cases?
- How can you address those challenges?

D. Learning Points[21] (10 mins; 4:10-4:20) (Karen & Shelly) (Slides 75-79)

Faculty should state that in addition to the tips we learned today in our conversations, the following are tips for improving communication with older adults:

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[20] Supra note 4 citing Okonkwo et al. (2008), Riggs and Podrazik (2014), Peterson et al. (2014).

[21] Adapted from https://www.aafp.org/fpm/2006/0900/p73.html

- Allow extra time for older litigants.
- Minimize visual and auditory distractions.
- Sit face to face with the older adult, if possible (get off the bench).
- Don't underestimate the power of eye contact.
- Listen without interrupting the patient.
- Direct your conversation to the older adult-not to caregivers, other third parties accompanying them
- Speak slowly, clearly and loudly.
- Use short, simple words and sentences (avoid legalese and financial terms of art).
- Stick to one topic at a time.
- Simplify and write down instructions.
- Use charts, models and pictures to illustrate your message.
- Frequently summarize the most important points.
- Give the older adult a chance to ask questions.
- Schedule older adults earlier in the day.
- Seat them in a quiet, comfortable area.
- Make signs, forms and brochures easy to read.
- Be prepared to escort older adults from room to room.
- Use Plain Language in written materials:
    - Key elements of plain language are to[22]:
    - Organize information so the most important behavioral or action points come first;
    - Break complex information into understandable chunks;
    - Use simple language or define technical terms; and
    - Provide ample white space so pages look easy to read.
    - In addition to the key elements, there are dozens of plain-language guidelines and techniques such as using short sentences and active voice when possible.
    - Document design principles highlight the importance of organization and format and enhance the impact of plain language. Good document design is "the act of bringing together prose, graphics…and typography for purposes of instruction, information, or persuasion. Good document

[22] https://health.gov/communication/literacy/plainlanguage/PlainLanguage.htm

design enables people to use the text in ways that serve their interest and needs". Although findings are not consistent, research and experience do suggest that plain language may be remembered better and be more persuasive when it is enhanced with graphics and other visuals.

- The specifics of plain language depend on the information needs of the audience, so it is critical to test materials with the intended audience in order to implement plain language effectively.

XI. TEAM WORK (4:20-4:50 P.M.) (JEN INSTRUCTS) (SLIDE 81)

Teams will sit together in their teams and utilize the Action Planning Worksheet **(Handout 8)** to start to enhance their joint response to older victims in their courts and communities. Part of this work will include resource mapping. Resource mapping (also known as asset mapping) is the process of identifying what is valuable in your community and developing strategies for mobilizing those resources.

Teams should start by addressing:

- What does each partner think about financial exploitation of older adults and elder abuse?
- What are each partner's philosophies on service to this population
- What does each member bring to the table?
- What are the strengths and weakness of this collaboration?
- Where did each team member think they were in terms of the progress of this collaboration? (Dot exercise)

XII. CLOSING AND NEXT STEPS (4:50-5:00 P.M.)

XIII. WELCOME BACK (9:00-9:05) (JANICE)

XIV. ACCESSIBILITY FOR OLDER ADULTS (9:05-10:15 A.M.) (JANICE/SHELLY)

A. Learning Objectives (2 mins) (Janice) (Slide 85)

As a result of this segment, participants will be better able to

- Discuss the importance of court accessibility to older adult victims of crime

- Identify achievable short term and long term actions to improve court access for older adults.

B. Define Access (3 mins; 9:07-9:10) (Shelly) (Slide 86)

Faculty will inform participants that they will be doing small group work on access to the courts for older adults. Faculty should first define what we mean by access using the following:

Access includes:

Attitude

An attitudinal barrier is an ideological obstacle to good customer service. This barrier is about what we think and how we interact with people. It is perhaps the most difficult barrier to overcome because our attitudes – based on our beliefs, knowledge, previous experience and education – can be hard to change. For instance, some people don't know how to communicate with persons older adults – for example, they may assume that an older person has diminished capacity. Some people worry about offending someone by offering help and deal with this by ignoring or avoiding.

Architectural or structural

Architectural or structural barriers may result from design elements of a building such as stairs, doorways, the width of hallways and room layout. These barriers may also occur through every day practices, such as when we store boxes or other objects in hallways, obstructing accessible pathways.

Information or communication

Information or communication barriers – like small print size, low color contrast between text and background or not facing the person when speaking – can make it difficult to receive or convey information.

Technology

Technology, or the lack of it, can prevent people from accessing information. Common tools like computers, telephones and other aids can all present barriers if they are not set up or designed with accessibility in mind.

Systemic

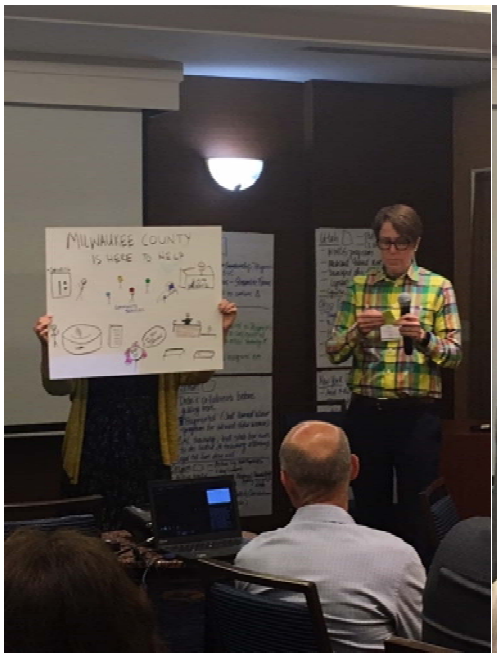
Systemic barriers can result from an organization's policies, practices and procedures if they restrict persons with disabilities or older adults, often unintentionally.

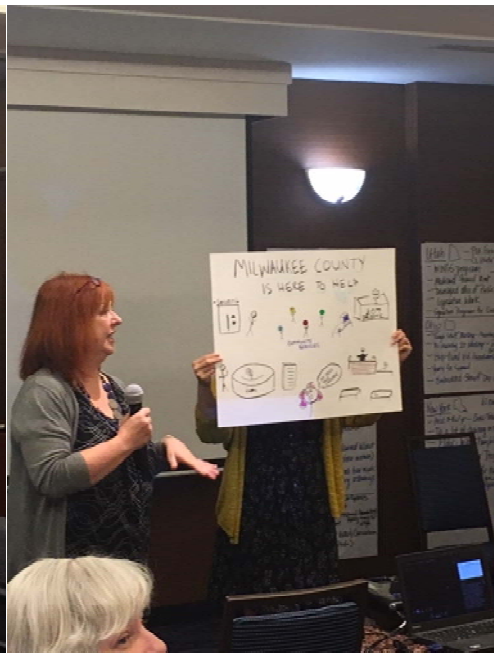
C. Small Group Work (20 mins; 9:10-9:30 a.m.) (Slide 87)

Teams will be given poster board, markers, and other art supplies and asked to create a poster for their courts to attract older adults who may needs its services. Include the components of an accessible court, such as customer service, physical access, ability to obtain materials in large fonts, etc.

Why should court staff, judges, and community allies focus on older adult access to the courts? Think about all the different forms of access we discussed. Faculty will advise teams that they will have three minutes to demonstrate their work and may want to consider some creative way to demonstrate it, such as performing an infomercial or doing a skit.

STAGES attendees showed enormous enthusiasm and creativity crafting their presentations. Some used art as the primary vehicle to "advertise" the accessibility of their services for older adults, while others acted out their presentations. One team's judge even depicted a TV commercial, complete with a hand-made television screen. This activity was a great success for team building


MILWAUKEE COUNTY
IS HERE TO HELP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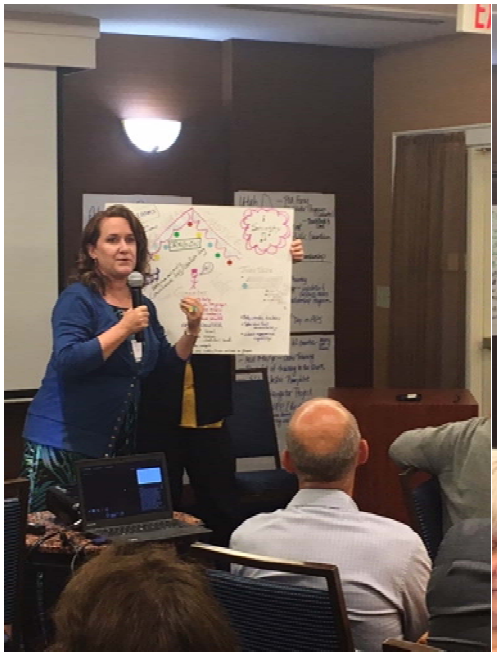
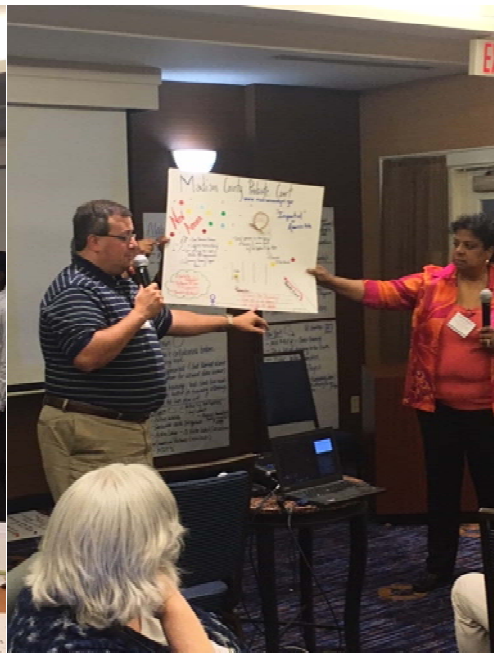
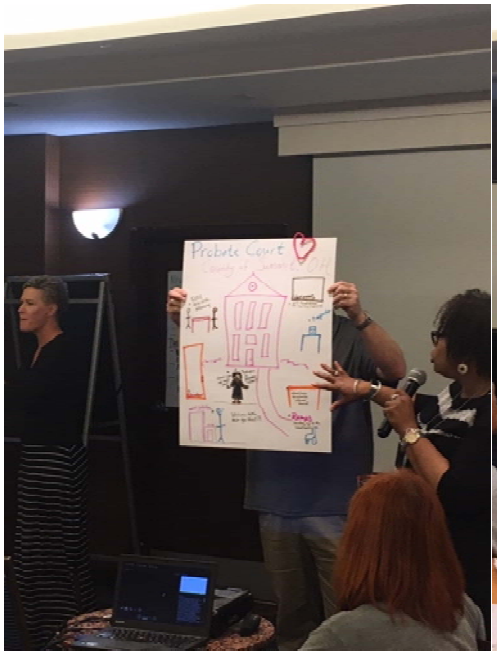
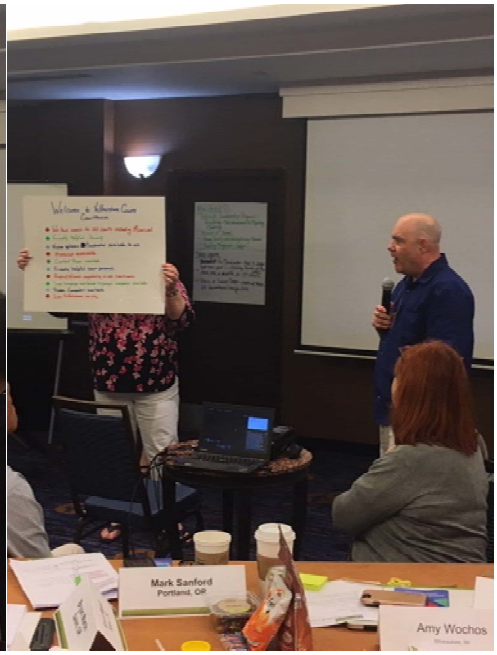
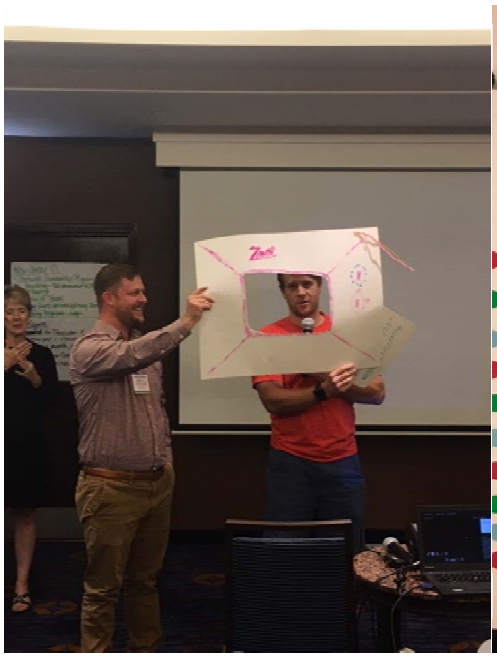


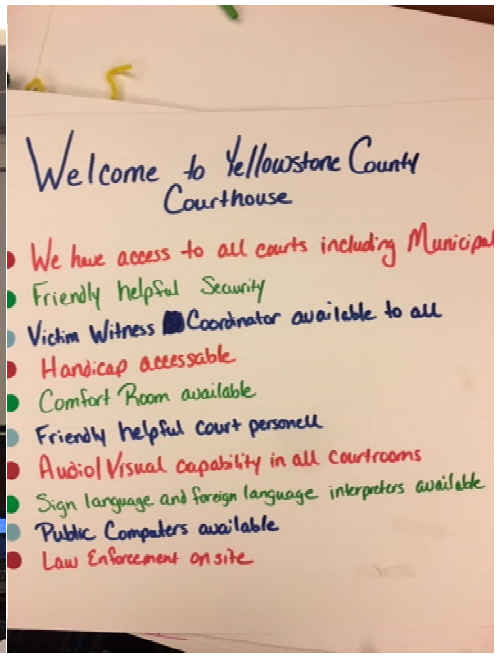

Mark Sanford
Portland, OR
Tamera Pulliam

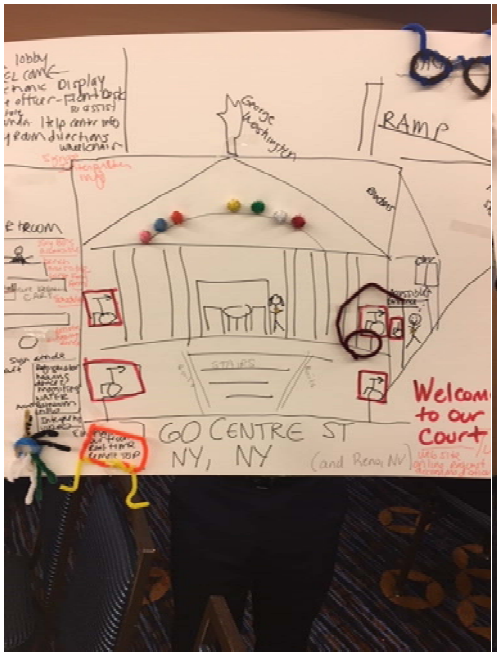

Madison County Probate Court


Probate Court


Mark Sanford
Portland, OR
Amy Wochos




Welcome to Yellowstone County Courthouse
We have access to all courts including Municipal
Friendly helpful Security
Victim Witness Coordinator available to all
Handicap accessable
Comfort Room available
Friendly helpful court personell
Audio/Visual capability in all courtrooms
Sign language and foreign language interpreters available
Public Computers available
Law Enforcement on site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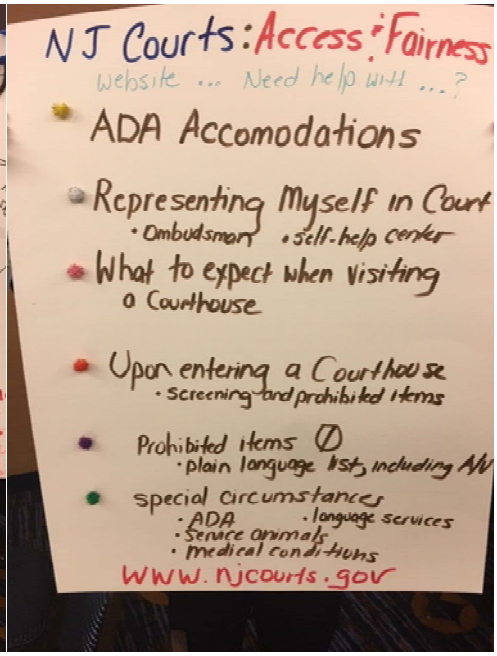
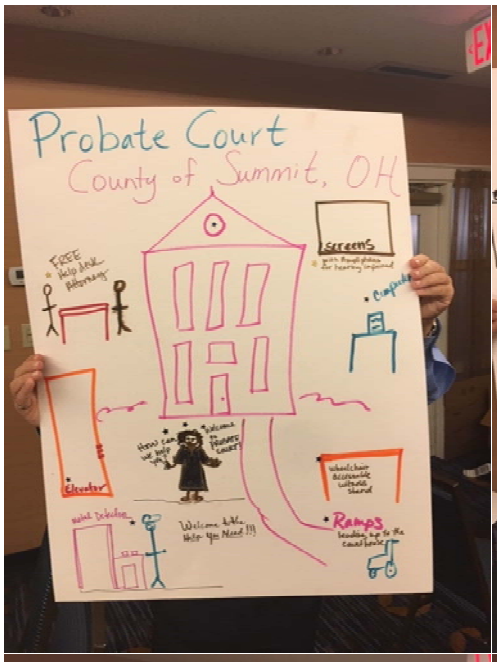
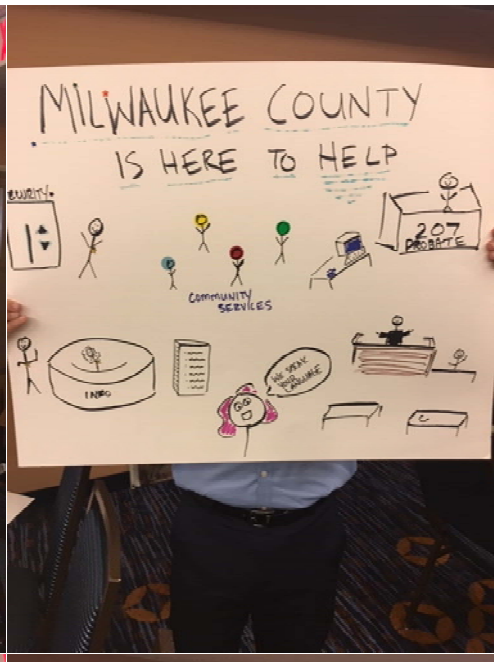
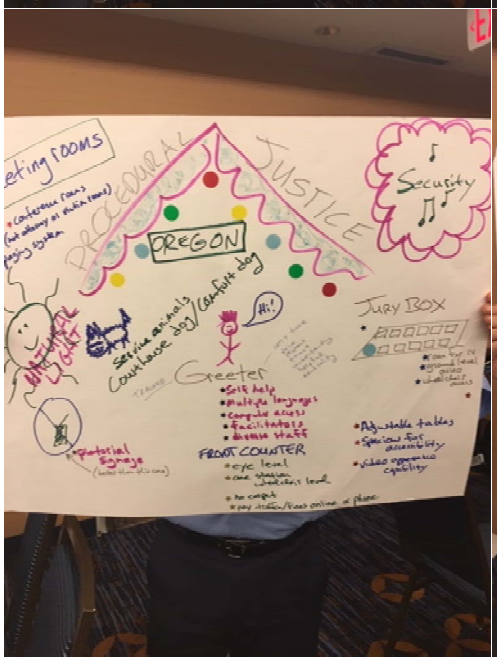
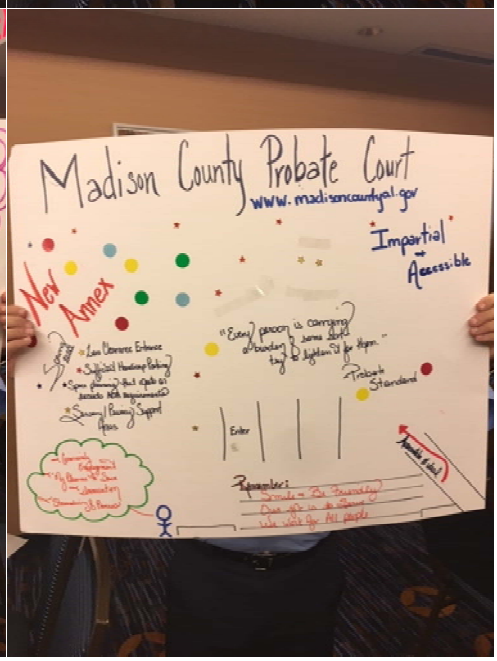
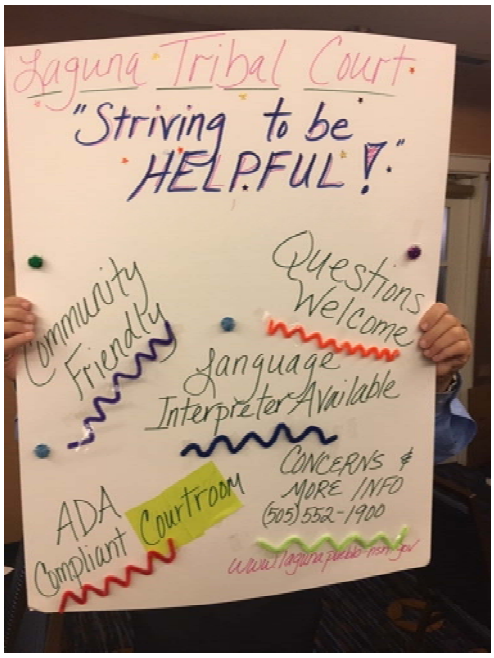

NJ Courts: Access & Fairness
Website ... Need help with ...?
ADA Accomodations
Representing Myself in Court
• Ombudsman • self-help center
What to expect when visiting a Courthouse
Upon entering a Courthouse
• Screening and prohibited items
Prohibited items
• plain language list, including AV
special circumstances
• ADA • language services
• Service animals
• medical conditions
WWW.njcourts.gov


Probate Court
County of Summit, OH
FREE
Help like Attorneys
Screens
Ramps


MILWAUKEE COUNTY
IS HERE TO HELP
SECURITY
207
PROBATE
COMMUNITY SERVICES
INFO


PROCEDURAL JUSTICE
Security
OREGON
Jury BOX
Greeter
FRONT COUNTER


Madison County Probate Court
www.madisoncountywi.gov
Impartial
Accessible
New Annex
Enter



D. Debrief (25 mins; 9:30-9:55 a.m.) Janice

Participants will have 2 minutes per team to demonstrate their board.

E. Show Video (15 mins; 9:55-10:10)[23] (Slide 89)

After participants' presentations, faculty will show the video from OVC, Responding to Elder Abuse, which has a 14 minute duration and discusses

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Why Address Access?

- Customer service
- It's the law
- It's best practice for the courts
- It enhances fairness and procedural justice

Procedural Fairness
Researchers sometimes identify the elements of procedural fairness differently, but these are the ones most commonly noted:

- VOICE: the ability of litigants to participate in the case by expressing their own viewpoints.
- NEUTRALITY: the consistent application of legal principles by unbiased decision makers who are transparent about how decisions are made.
- RESPECT: that individuals were treated with courtesy and respect, which includes respect for people's rights.
- TRUST: that decision makers are perceived as sincere and caring, trying to do the right thing.
- UNDERSTANDING: that court participants are able to understand court procedures, court decisions, and how decisions are made.
- HELPFULNESS: that litigants perceive court actors as interested in their personal situation to the extent that the law allows.

accommodations that courts should include for older adults.

F. Quick Wins (5 mins) Janice

Participants will receive note cards to indicate to do items they will take back from this section.

XV.

XVI. BREAK (10:15-10:30 A.M.)

XVII. EVIDENTIARY ISSUES AND EVALUATION OF FACTS (10:30-12:00 P.M.) (KAREN, JAVOYNE, DAVID)

A. Faculty Instructions

Staff distributes the case facts and the Undue Influence Wheel to all participants **(Handout 4)**. Faculty informs the participants that they preside over Probate Court.

B. Learning Objectives (Karen) (Slide 96)

As a result of this segment, you will be better able to:

- Define and recognize the evidence of undue influence in cases of financial exploitation against older adults
- Identify evidence of incapacity in older adults and consider how it may or may not impact an older person's decision-making

C. Review of Case Facts (Slide 97)

Faculty provides time for participants to read facts:

Ms. Lamb, an 80-year-old woman, developed a relationship with a 37 year old neighbor, X. He helped her with odd jobs, such as lawn care and shopping. After about a year, he moved into her home. She gave him permission to use her cars and boat. Neighbors reported that Ms. Lamb had been less social, and reluctant to talk about her new friend. They indicated that she had also demonstrated changes in her habits including shopping on Amazon, since packages were delivered almost daily. This was unusual since she was not known to use computers regularly and she had always been very frugal.

Neighbors indicated that Ms. Lamb seemed infatuated with X, but that X was seen regularly with other women, closer to his age. Neighbors were unsure if Ms. Lamb was aware of this fact.

Ms. Lamb's husband was living in a residential care facility due to advanced Alzheimer's disease and the two had no children. Her brother was still living, and their relationship was decent, but he lives in Portugal and rarely visits. After about 6 months of living with X, Ms. Lamb suffered a fall and was hospitalized for a broken hip. Medical records upon hospitalization indicated hypertension and described her mental status as 24/30.

X visited her at the hospital with some legal documents, including a power of attorney and a quitclaim deed. Following her hospitalization, X had Ms. Lamb moved to an assisted living facility on the far side of the community. This facility was a different one from her husband's. X then moved into her home and continued to use her possessions. A dear friend and neighbor reported that Ms. Lamb did not think she was staying at the residential facility permanently, and stated that her friend, X, was simply making some improvements to her home to make it more physically accessible for her. After her death a few months later, her revised estate plans came to light leaving everything to X, and no support for her husband's continuing care. When this came to light, the court appointed guardian for the husband contested the new will, raising concerns of Undue Influence. This case has also been referred for possible criminal charges.

You are here to consider the husband's attorney's petition to contest the will that left him without support, not the criminal case.

D. Large Group Discussion (Javoyne & Karen)

Participants will discuss: **(Slide 98)**:

- What additional information, if any, do you need in this scenario?[24]
- How would you obtain the information?

[24] Information you would find if you asked for it: In terms of legal risk factors, the time of the change in estate planning when Ms. Lamb was hospitalized and her lack of awareness of the implications support a finding of UI. A review of financial records indicated that X had been using her ATM to withdraw cash (50 K) as soon as she was hospitalized, and there was no indication that he was employed. Ms. Lamb contacted an attorney to discuss her situation but never followed up as her health declined further, and she died secondary to the effects of a stroke.

Prior to her hospitalization, she was reported to have become increasingly dependent for assistance around the house secondary to those changes. But at the same time, was described as lucid by neighbors. Following her admission to the assisted living facility, Ms. Lamb attempted to leave against medical advice, and a psychologist was asked to complete an assessment of her cognitive functioning and mood. The report indicated that although Ms. Lamb presented well, impairments in the areas of executive functioning, judgment, and insight were notable. Further, Ms. Lamb reported that she would only be staying at the facility until her friend updated her home.

- List indicators, if any, of undue influence.[25]
- What facts have been established?

E. Learning points (Javoyne/Karen) (Slide 99)

- Courts overarching goal at this point should be to preserve safety/civil rights while sorting the facts
- Facts support the idea that there may have been undue influence involved[26]
- Undue influence, a form of psychological abuse is a major factor in financial exploitation whether it is by friends, family, caregivers, professionals, or telemarketers. It is also prevalent in sexual abuse and when individuals move in with elders who own their homes.[27]
- People with full capacity can be subject to undue influence as with domestic violence, cults, hostage situations, prisoners of war, and even totalitarian regimes. It is, however, easier to unduly influence someone who has mental capacity impairments (Estate of Olson, 1912).[28]
- In determining whether a result was produced by undue influence, all of the following shall be considered:
  - Vulnerability of the victim.
  - Influencer's apparent authority.
  - Actions or tactics used by influencer.
  - Equity of the result.

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[25] There are a number of suspicious facts that would provide a rationale for a retrospective assessment of capacity and UI. Record reviews (legal, medical, financial, email, cell phone) and collateral interviews (neighbors, friends, family members) must be drawn upon for the assessment. Although the approach is different in a retrospective assessment, that is one that occurs after the death of the alleged influenced person, one can use the same framework for data collection and presentation.

In terms of environmental or social risks, there was evidence of family conflict (no close family members) and an increase in dependency. Ms. Lamb had friends in her community, and was noted by several collaterals to have become less social and more isolated after her relationship with X had started. Most of her friends suspected that it was romantic, but were not certain. Other collaterals reported that X continued to be involved with another younger woman throughout his relationship with Ms. Lamb, outside of her awareness. In terms of psychological risk factors, medical records noted some risk factors for cognitive impairment (hypertension), and admit records at the hospital describe her mental status as 24/30 consistent with some mild cognitive impairment, especially in the area of memory.

[26] Taken together, Ms. Lamb presented with increased environmental, psychological, and legal risk factors that supported a finding of UI. Mild cognitive impairment, physical disability, declining health, and social isolation, increased her susceptibility to UI. The unnatural aspects of her estate planning, evidence of active procurement, and their timing further support a finding of UI. Tactics employed by the influencer included isolation, deception, and affection on behalf of the influencer.

[27] Voice of Experience May 2017: Elder Abuse: How Attorneys Can Help available at https://www.americanbar.org/publications/voice_of_experience/2017/may-2017/undue-influence-revisited/

[28] Id.

- Note the following red flags in cases of suspected UI:
  - social or environmental risk factors,
  - psychological and physical risk factors, and
  - legal risk factors.

F. Large Group Discussion (David) (Slide 100)

Faculty will state the following:
Ms. Lamb's capacity was questioned at a few points in the scenario. What did we know about her capacity and what did we need to know?

G. Mini-Lecture on Capacity Determinations (25 mins; 11:15-11:40) (David) (Slides 101-106)

Fact-finding on Competency/Capacity—Capacity Concepts

- Capacity--continuum of decision making abilities
- Capacity is situational
- Capacity is contextual
- Varies by complexity of the task to be done or decision to be made
  - The more significant the decision and the consequences of the decision, the higher the level of capacity required
- Capacity is task specific, not global
  - Enter into contract
  - Make a gift
  - Manage finances
  - Engage in complex planning and execution of steps
  - Personal care
- Capacity can fluctuate
  - Medical condition, illness
  - Medication
  - Time of day
  - Events in a person's life, e.g., grief, loneliness
- Experience and education may be relevant
- Literacy and extent of education maybe related to ability to understand complex financial transactions
- Language capacity may be relevant to ability to understand
- Mental capacity includes ability to:

- Think clearly
- Recall accurately
- Organize thoughts
- Express thoughts through communication
- Plan and execute actions

- Being competent or having adequate capacity is a judgment of a person's decision making abilities
  - Decision making abilities
  - Choice
  - Reasoning
  - Understanding
  - Appreciation

Executive Function

- Ability to plan, consider and evaluate steps and alternatives, and carry out a plan
- Critical in financial transactions
- Person can have deficits in executive function without having dementia or memory impairment (Dyer et al)
- Requires alertness and attention
- Ability to process information
- Ability to modulate mood and affect
- How is capacity assessed?

H. Additional Questions from Participants on Capacity (15 mins; 11:40-11:55) (David with Karen) (Slides 107-111)

Faculty will allow participants to pose additional questions. If participants do not have additional questions, faculty should cover the points below and then provides quick closing points in (I).

Is there a difference between screening and assessment?

- Mini-Mental Status Exam (MMSE)
- Clock Test
- Cognitive Assessment
- Clinical capacity evaluation

- Medical Decision Making Capacity Evaluation
- Financial Capacity Evaluation
- Mini-Mental Status
- 11-item questionnaire that can be administered in 5-10 minutes
- Reliable and valid as a screening tool; is not a diagnostic tool.
- Tests for five different areas of cognitive functioning: orientation, registration, attention and calculation, recall, and language.
- Saint Louis University Mental Status Examination (SLUMS)
- 30-point screening questionnaire that tests for orientation, memory, attention, and executive functions."
- SLUMS "appears to work better at assessing mild cognitive impairment than the MMSE and is equally effective as a screen for moderate or severe cognitive impairment."
- SLUMS and MMSE are effective for basic screening, but are not a "substitute for clinical assessment and neuropsychological testing to diagnose cognitive problems and dementia."
- http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf.

What are alternatives to guardianship?

- Consider the need and link it to other options before guardianships[29]
- Supportive decision-making may be an options[30]

I. Closing Points (3 mins) (Karen) (Slides 112-113)

- Determination of capacity may require an expert's assessment. Focuses on person's abilities; What a person can do
- Clinical term and assessment, not legal determination

[29] There are many alternatives, depending on why people think guardianship may be desirable in the first instance. For example, if the issue is financial, there are alternatives including representative payeeships for SSI payments, authorized representation for Medicaid benefits, joint or limited bank accounts, credit or bank cards with predetermined limits, and powers of attorney. For healthcare, the person may execute a healthcare proxy.

[30] Supported decision-making is also an alternative to guardianship. More often used in the disability setting, potential for use in situations with older adults also. Supported decision-making allows persons to choose trusted others, often family members, to support them in making their own decisions. Supports may include gathering information, helping persons evaluate the information and understand the consequences of a decision, communicating decisions to third parties and supporting persons in taking responsibility for their decisions. See https://sdmny.org/for-parents/alternatives-to-guardianship/

- Assessments of capacity are used to make judgments of competency as a witness
- Can be difficult to assess
- Until the contrary is demonstrated with actual evidence, each individual is presumed to be competent to provide testimony and to have capacity.
- Courts must diligently fact find in every guardianship case to determine if the subject is legally incompetent and if so, to tailor a guardianship that is appropriate, safe, and respects the older adult.

- If a subject is not incapacitated, the Court may not appoint a guardian but may be able to suggest other resources to assist the older adult.
- When fact-finding in cases involving capacity assessments and where there may be undue influence, seek information about the degree to which the subject is making decisions that are contrary to long held patterns of behavior or beliefs.

J. Quick Wins (2 mins; 11:58-12:00)

Faculty end the segment by reminding participants to do their **Quick Wins** in the [color] flash cards that are on their tables.

XVIII. LUNCH (12:00-1:30 P.M.)

XIX. LEADERSHIP IN THE COURT AND COMMUNITY TO ELIMINATE FINANCIAL EXPLOITATION AND ABUSE (1:30-2:45 P.M.) (JANICE, JAVOYNE, SHELLY)

A. Learning Objectives (2 mins) (Janice) (Slide 116)

As a result of this segment, you will be better able to:

- Discuss the leadership qualities that are needed to advance the mission of your team collaboration and to improve outcomes for older adult victims
- Consider how you can provide leadership in your individual professional role and within your court and community

B. Problem Solving (1:32-2:35 p.m.)

Attendees were asked to meet in their teams for approximately five minutes to choose one issue the team would like to address with respect to serving older adults who have experienced financial exploitation or abuse. This issue

will serve as “Goal number 1” on their action planning worksheets which they will complete as a team at the end of the day.
-Next, all attendees will self-select into one of three groups: judge, court staff, or community all/partner.
-Within each professional group, the attendees were further divided into trios or “peer triads”.
-In the triads, attendees spent 20 minutes taking turns sharing their team’s issue and receiving input or advice on how each individual can lead, in their respective roles, to advance the issue.
-After 20 minutes, attendees returned to their teams to discuss how each professional can lead to advance the goal and lead the team towards success.
-A debrief will occur after the action planning at the end of the day.

C. Learning Points (10 mins.) (Janice, Javoyne, Shelly) (Slides 119-121

- **JANICE STARTS**
- Great leaders possess unique abilities, traits and philosophies but share some common things: opportunity, passion, dedication, and a desire to make change for the better.
- Your court and community already sees you as a leader-what kind of leader will you choose to be?
- No leader can be great without support, teamwork and the ability to listen.

XX. IMPROVING OUTCOMES AND DECISIONS IN FINANCIAL EXPLOITATION AND ELDER ABUSE CASES (2:45-3:35 P.M.) (JANICE & SHELLY)

A. Learning Objectives (2 mins) (Janice) (Slide 123)

As a result of this segment, you will be better able to:

- Consider the individual circumstances, needs, and wishes of victims in cases of financial exploitation and abuse of older adults in order to enhance outcomes within cases and in the older adult’s life
- Think comprehensively about the kinds of services and dispositions that would benefit older victims

B. Small Group Work: Case Study

1. Instructions

Participants will receive a case study to discuss and will have five minutes for individual review.

2. Facts for Entire Case (Handout 7)

Kevin Glass is a 92-year-old widower with three adult children. When his wife passed away five years ago, his youngest daughter Jessie, now 58 years old, moved in with him and obtained guardianship. Neither Kevin nor Jessie's siblings contested the guardianship, and Jessie's sister, Sarah, thanked her for stepping up to care for their dad. Notably, Jessie was unemployed and had a history of poor financial decisions (including spates of gambling) and some drug use, but she had always behaved lovingly to Kevin (and her mother while alive).

At the time the guardianship was established, Kevin had about $200,000 in savings and owned his house outright. Jessie's name was put on the bank account and she was given a debit card to pay for Kevin's needs. About a year later, Kevin was treated for skin cancer and incurred significant uncovered medical expenses. Jessie persuaded him to take out a mortgage on the house. Due to Kevin's age, the bank required a co-signer, and due to Jessie's poor credit history, she was rejected. Jessie's brother, Fred, agreed to co-sign. Approximately $300,000 was borrowed and placed in the same bank account.

Despite state law requiring annual financial reports in the guardianship case, no such reports were filed by Jessie. No action was taken by the court.

Over the next few years, Jessie's siblings had less contact with Kevin. When they mentioned stopping by, Jessie would say that Kevin wasn't feeling well and they should wait for a better time. Later, she told them Kevin didn't want to see them and they should respect his wishes. (Unbeknownst to the siblings, Jessie was telling Kevin that they never asked about him or didn't want to visit.)

Sarah decided one day to visit unannounced. Jessie was not home. Sarah found Kevin in a chair in the family room, where he had lost bladder control. He told Sarah that Jessie had been gone for a long time and just left him in the chair without his walker, leaving him no way to get to the bathroom. Sarah started to clean him up, and Jessie arrived home. Sarah angrily

confronted her. Jessie claimed to have only been gone for about an hour and expressed guilt and remorse for, as she put it, “forgetting to put the walker within reach.” Sarah accepted her statements.

About two months later, though, she decided to check again. She found Jessie in the kitchen and Kevin in the same family room chair, this time sitting in his own feces. She called Jessie to the room, and Jessie claimed it must have just happened, that Kevin’s had started losing control of his bowels and bladder. Jessie started cleaning up, with Sarah’s help. Sarah left but was unconvinced that everything was okay. She reported the situation to the police and APS.

The police conducted a welfare check and found Kevin apparently clean, in adequate health, and denying any problem with Jessie’s care. Jessie, who was present, told them that Sarah was jealous and just trying to make trouble. The police accepted these statements and closed their file. They did not bring a social worker, medical professional, or advocate or suggest further action. When Sarah inquired, she was told that Kevin was well and no further action would be taken on her complaint.

APS relied on the police report and did not independently investigate. They did not open a case. Sarah was told that no indication of abuse or neglect had been found. Sarah did not check on Kevin again as one of her children was diagnosed with a medical condition, and Sarah’s time was taken up with the child’s care.

Over the next six months, Jessie withdrew a total of $5,000 at an ATM at a local casino and gambled it away. The bank did not place a hold or inquire about this amount being withdrawn at a casino, despite Kevin never having made an ATM withdrawal at a casino before.
About eight months after the police and APS reports by Sarah, Fred, as co-signer, was notified by the bank that the mortgage was in default. Fred went to confront Jessie at the house and found the door locked. As he was trying to get in, she arrived home. As she exited the car, Fred angrily asked her why the mortgage hadn’t been paid. Jessie, who hadn’t realized that Fred would be notified, did not have an explanation ready. She went to enter the house and Fred followed. Jessie tried to prevent him from getting into the house, but Fred pushed past her. He searched the house for Kevin and found him in a filthy bed, having apparently been there for at least a few days. He called an ambulance and the police, reporting neglect and apparent

misuse or theft of funds. Jessie was arrested, and Kevin was taken to the hospital.

The hospital found that Kevin had an untreated broken ankle, which prevented his movement. He had severe bedsores that were infected, and he was dehydrated and malnourished. They estimated that he had likely been in the bed for two to three days and without water or fluids for over 24 hours. Kevin had bruising on his left cheek that could be consistent with either a blow or a fall. He told the hospital staff that he had asked Jessie when Sarah would be visiting again, and Jessie had become angry and slapped him, knocking him over and hurting his ankle. She had then helped him to bed and left him there, bringing him some food and water the first day but then disappearing.

The police investigation found only $30,000 in the bank account. A forensic accounting revealed documentation for appropriate expenses for Kevin to be limited to about $160,000 over the guardianship period (including the skin cancer medical expenses), yielding an amount of over $300,000 that Jessie had converted to her own use.

C. Small Group Discussion Questions (15 mins; 2:55-3:10) (Janice instructs) (Slide 124)

Faculty will ask participants to discuss the following in their small groups and to choose a reporter for the debrief.

- What additional information would you like to have?
- In your actual professional roles, what would you do to help this older adult? What do you need from each other in order to accomplish what you would like to do?

D. Debrief (10 mins; 3:10-3:20 p.m.) (Janice)

E. Large Group Discussion (15 mins; 3:20-3:35 p.m.) (Shelly leads, Janice assists) (Slide 126)

Faculty will ask: How could working together improve outcomes for this older adult?

F. Learning Points (10 mins; 3:35-3:45 p.m.) (Shelly) (Slides 127-129)

- The case include a real lack of coordination and information and resulted in extreme harm –consider all of the agencies who were involved and either dropped the ball or ignored the situation entirely
- Widespread prevalence of financial exploitation of elders has resulted in hundreds of communities creating collaborative networks

- Key Findings from Bureau of Consumer Financial Protection[31]:
- Networks increase coordination and improve collaboration among responders, service providers, and other stakeholders
- Only 25% of all counties in the US have networks addressing elder abuse
- Networks' most common approach is community ed, professional training, and case review
- Most networks do not require significant funding
- Members of existing networks should seek to expand resources and capacity as needed
- Abuse against Older Adult Networks that do not cover financial exploitation should consider expanding to include professionals with financial expertise, such as forensic accountants and financial institutions
- To increase network sustainability, try to institutionalize the coordinator role
- Networks should seek to expand coverage into rural areas by creating regional networks and utilizing teleconferencing and videoconferencing

XXI. BREAK (3:45-4:00 P.M.)

XXII. ACTION PLANNING FOR CHANGE (4:00-4:30 P.M.) (JANICE)

Faculty will direct teams to work together, utilize their quick wins, and complete the action planning worksheet (**Handout 8**). Participants should review their quick wins and choose three goals to work on and complete the action planning sheet. There will be a report back of this exercise. Inform participants that we will follow up with participants in approximately 30 days.

ACTION PLAN DATE: _____

Please respond to the following questions. After writing your answers firmly, separate the copies and keep the yellow portion for your reference. Organization: Goal #1_____

Objectives (SMART)

_____

[31] www.consumerfinance.gov/elder-protection-networks

_____

Strategies_____

_____

Implementers and Supporters

_____

_____

Timeline

_____

_____

Goal #2_____

Objectives (SMART)

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Strategies_____

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Implementers and Supporters

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Timeline

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Goal #3_____

Objectives (SMART)

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Strategies_____

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Implementers and Supporters

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Timeline

_____

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XXIII. DEBRIEF, NEXT STEPS (4:30-4:45 P.M.)

A. Debrief (15 mins)

Faculty will ask a few teams to share a piece of their action plans.

B. Next Steps & Evaluation (4:45-4:50 p.m.) (Jen)

Faculty will inform participants that the STAGES team will contact the teams to discuss their progress and evaluate the effectiveness of the program.