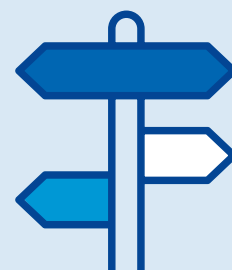


Tips and Tools for Person-Centered Care in Elder Abuse

Person-centered approaches emphasize individual autonomy and choice in decision-making. These considerations guide provider responses to best support a client's reasonable life goals. Embedding person-centered care within practice has the potential to improve outcomes for victims of elder abuse.



What does person-centered mean?

- The client's choice is central and guides the service plan
- Client preferences and values are elicited, and their needs are prioritized
- Providers support client-centered goals, rather than promote their own perceptions of client needs and appropriate solutions

What do person-centered approaches look like?

- Exercising compassion and empathy to identify and facilitate client preferences
- Refraining from paternalistic biases or directive approaches
- Organizational policies that flexibly support the client's self-identified best interests
- Recurring check-ins that solicit client concerns and preferred resolutions

What are some helpful communication strategies for a person-centered approach?

- Establish client rapport through respect, humility, and honesty
- Listen to what the client wants, ask questions, and understand their goals
- Invite clients to engage in selecting their services and supports
- Be transparent: tell the client what your role is, what you can and can't do, and don't make promises that can't be supported
- Exercise patience: recognize that clients may not be able or ready to voice their needs or identify their options
- Adopt a person-centered framework in all client interactions

How can I address safety and autonomy through a person-centered lens?

- Safety and autonomy are individually construed: learn what these concepts mean to the client, and why
- Evaluate each situation separately: there are no identical cases or standardized solutions, and what works for one person may not work for another
- Assess underlying factors that may impact decision-making, aside from cognitive impairment (e.g., history of coping mechanisms, impact of trauma and stress, relationship with the person causing harm)
- Contextual factors (e.g., social isolation, cultural norms and beliefs about elder mistreatment and help-seeking) and relationships are critical: gain an understanding of each
- Some situations warrant intervention against a client's wishes. Consider the level of danger, the protection needed, and be candid with the client about your concern for their wellbeing.

How can I help foster successful client-directed outcomes?

- Work with clients to develop plans that meet their identified goals
- Initiate conversations with clients about what kinds of decisions they want to make, what decisions and tasks they want help with, and what types of help they want
- Validate and empower clients by facilitating referrals to supportive resources that align with their wishes
- Assess available remedies (i.e., legal, prosecutorial, restorative) and consult with the client about the pros and cons of the options and alternatives
- Support client's right to make their own determination without judgment, paternalism, or bias

What are potential concerns about integrating person-centered practices?

- Organizations that prioritize safety over client choice may second-guess a person-centered approach that does not appear to align with their ethos
- Some may perceive that this approach implicitly endorses client exposure to an undue risk of harm
- Some agencies may not have the time to invest in person-centered approaches
- Clients may not have decision-making capacity



How can you overcome potential challenges to person-centered care responses?

- Education about person-centered approaches can help instill confidence in the process
- Client-driven interventions may yield more long-term, sustained outcomes
- Clients with diminished capacity may still be able to share their preferences and values. If you believe that capacity is an issue, refer your client for a formal capacity assessment by a qualified psychologist or physician. If this is not possible, focus on decisional abilities that the client does have, the choices that they want to make, and how you can best support them.
- Seek expert guidance from victim service advocates who have incorporated person-centeredness into their own practices
- Collaborate with other service systems like adult protective services, law enforcement, and victim services to optimize client's attainment of goals
- Consult multidisciplinary teams to explore and evaluate possible cross-disciplinary interventions

Resources

- [National Center on Advancing Person-Centered Practices and Systems \(NCAPPS\)](#)
- [National Center on Elder Abuse \(NCEA\) Blog: Person-Centered Care of Elder Abuse](#)

Articles:

- [Conceptualizing person-centered care in elder mistreatment intervention: Use of a well-being framework](#)
- [A qualitative evaluation of the "RISE" elder abuse intervention from the perspective of adult protective services caseworkers: Addressing a service system gap](#)



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