

Forensic Interviewing of Older Adults

DECEMBER 8, 2017

DEPARTMENT OF JUSTICE









TECHNICAL OVERVIEW

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- Today's session will be recorded and made available on the training website.
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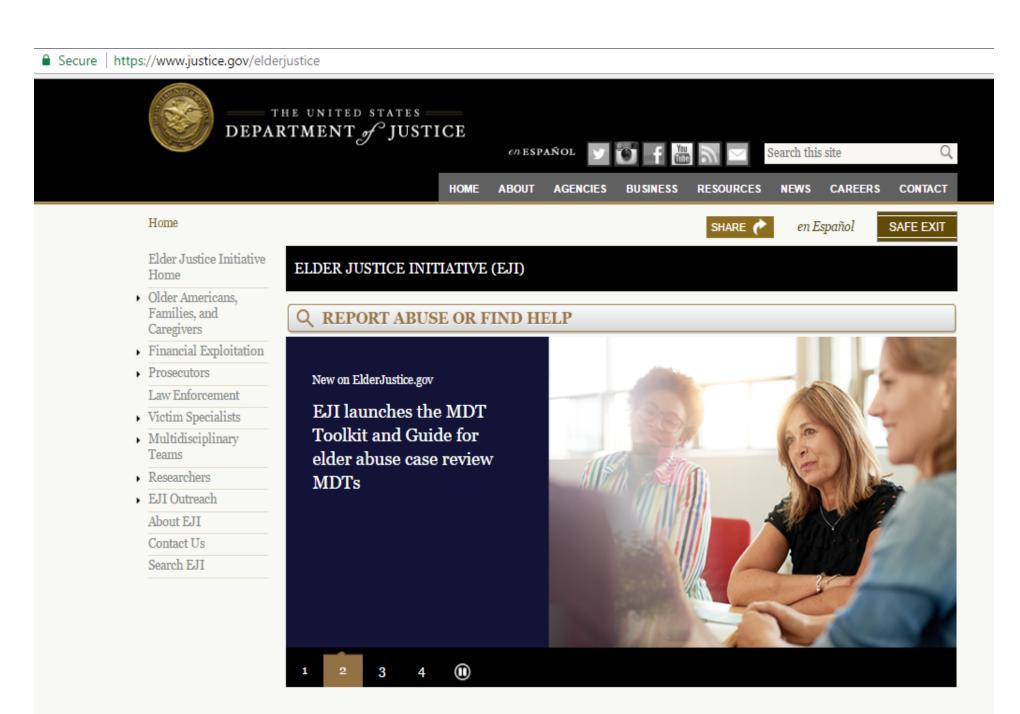
ELDER JUSTICE INITIATIVE

The **mission** is to support and coordinate the Department of Justice's enforcement and programmatic efforts to combat elder abuse, neglect, and financial fraud and scams that target older adults.

The Initiative does so by—

- Promoting justice for older adults.
- Helping older victims and their families.
- Enhancing state and local efforts through training and resources.
- Supporting research to improve elder abuse policy and practice.





Elder abuse is a complex issue that intersects with many disciplines.

Elder abuse can happen to anyone. It affects people of every ethnic background, gender, and financial status.

PRESENTER

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FORENSIC INTERVIEWING OF OLDER ADULTS

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Historically

- Social services response
- □ Criminalization of elder abuse
 - Elder Abuse Prevention & Prosecution Act of 2017

Defining Forensic Interviewing

□ A forensic interview of a child is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence. This interview is conducted by a competently trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process (OJJDP, 2015).

Evidence-based Child Protocols

□ NCAC Child Forensic Interview Structure

- Child First (Finding Words) Training
- □ CornerHouse Forensic Interview ProtocolTM

□ The NICHD Protocol

Forensic Interviewing Research

With Older Adults

□ About 10 articles

With Children

□ 35 years of sound research (e.g., Saywitz et al., 2017)

Training Child Forensic Interviewers

- Not equating children and older adults
- Apply child forensic interviewing principles
 - Rapport building
 - Open-ended questions
- Teach child forensic interviewers about elder abuse and interviewing older adults

Multidisciplinary Teams

□ Forensic interviews are best conducted within the context of an MDT

Persons who Report the Abuse	Law Enforcement Personnel	Emergency Medical Personnel
Family, neighbors, and friends	Adult protective services	Prosecuting and defending attorneys
Judges	Mental health professionals	Medical providers, facility staff, financial institutions

What is Abuse?

- Nonaccidental (knowing or reckless) infliction of bodily injury, serious bodily injury, or death.
- Types:
 - Physical Abuse
 - □ Sexual Abuse
 - Emotional Abuse
 - Neglect
 - Financial Exploitation
 - Self-Neglect

Three Common Causes for Mental Health Symptoms

- □ Dementia chronic cognitive problems, variety of causes
- Delirium acute confusion caused by physiological problem
- □ Depression mood disturbance, symptoms may be different in older adults

Normal Aging

- Cognitive and mental disorders are not part of normal aging
- Physiological changes affect all systems, including metabolism
- Metabolism affects how the person handles medications, environmental stressors, etc.
- Very common medications can create problems as well as polypharmacy

Common Dementia Symptoms

- Memory loss
- Confusion
- Disorientation (advanced)
- Language problems
- Inability to recognize familiar objects
- Changes in personality or behavior
- Disturbance in executive functioning

The Interview: Assessing for Dementia

Dementia

- Depending on the "stage" of dementia, the person will likely be able to understand and give a basic explanation of why you are there
- In early to middle "stages"
 - Vague speech when asked why you are there, person might say "there must be a problem"
 - Repeated phrases
 - Lose track during conversation; use story-telling
 - May not be troubled by mistakes or will lack awareness of incorrect answers
 - May make excuses for why he or she cannot perform a task or answer a question
 - May present as excessively friendly or hostile

Communication Strategies

- □ TALK tactics
 - Take it slow
 - Ask simple questions
 - Limit reality checks
 - Keep eye contact



Communication Strategies

- Approach from the front
- □ Introduce yourself
- □ Speak slowly
- □ Use simple, familiar language
- Ask one question/give one direction at a time
- Be mindful of body language
- Minimize distractions

Delirium

- □ Is a physiological consequence of:
 - Medical conditions, substance intake, withdrawal from medication, toxicity from medication
- □ Rapid onset hours to days
- Symptoms can include confusion, hallucinations, agitation
- Will seem bewildered, "Where am I?"

Assessment Through Interviewing

ALWAYS tell the person who you are and why you are there

- Delirium
 - Person will not be able to make sense of your presence
 - Person will not be able to repeat what you told them
 - Person will appear bewildered, "Where am I, what are you doing here?"
 - Person will be difficult to console
 - His/her conversation will likely contain suspiciousness; seem panicky, emotional, or pressured
 - Person will be difficult to "connect" with during the interview
 - Person will tend to misinterpret what he or she sees and hears (e.g., thread on the couch is a snake)

Conversational Clues to Status

- Delirium
 - "Where are we right now?"
 - "What day/time/date is it?"
 - □ Can they engage in meaningful dialogue?
 - Do they appear aware of their surroundings and able to focus?

Depression

- □ Is classified within a broad range of mood disorders
 - disruption in mood is most salient characteristic
- □ Fewer older adults than younger adults suffer from diagnosable depression

Depression

- Less likely to report depressed mood
- □ More likely to report:
 - Lack of purpose
 - Worthlessness
 - Sleep disturbance
- Attribute symptoms to physical aches and pains or aging process
- Greater suicide risk

Depression Assessment

- Depression
 - Person should be able to repeat what you have said without any difficulty
 - Speech will sound flat, person will appear uninterested, detached
 - □ Listen for indicators of hopelessness, helplessness
 - Typical responses include "I don't know" or "I don't care"
 - Resignation

Interviewing Strategies

PLAY VIDEO

Group Discussion

- What interviewing strategies did you observe?
- □ What functional limitations did you notice that may require accommodations?
- □ What characteristics did you observe in Ms. Prim?
 - Cognition
 - Speech
 - Mood/affect
 - Eye contact
 - Rapport
 - Her story



Helpful Interview Strategies

- Determine the best time of day to conduct the interview (sun downing)
- □ Establish the victim's daily routine without asking about the crime
- Construct each subsequent question building on what the victim has already told you
- □ Use the victim's exact words or phrases

Strategies (cont.)

To enhance communication:

- Ask victim how he or she would prefer to communicate with you
- □ Ask how he or she prefers to be addressed (first or last name, Dr., Reverend?)
- Read written materials to the individual
- Use an interpreter as needed
- □ Use visual aids, charts, or diagrams
- □ Ask short questions
- Limit environmental distractions

Strategies (cont.)

- Ask the older victim if he or she can draw or show the object or what happened
- □ Ask open-ended questions first, then use process of elimination questions
- Ask more specific questions rather than broad questions

Strategies (cont.)

- Listen patiently and redirect as needed if the older victim digresses
- □ Use memory cues such as "What were you doing before this happened?"
- Do not discount the alleged abuse because the victim has made statements that seem untrue or may be the result of delusions

Possible Barriers To Disclosure

Communication/Comprehension Skills	Number of Prior Abuse Discussions
Language	Shame
Embarrassment	Guilt/Culpability – Self-Blame
Threats (emotional/physical)	Fear
Secrecy	Loyalty
Family Privacy	Protection
Cultural Issues (Gender, race, ethnicity, religion, socioeconomic status)	Competency (Emotional status, developmental disabilities, cognitive functioning)

Mobility Issues

- Conduct interview in the best location for the older adult
- Consider future needs for transportation and accessibility at police station and court
- □ Assist with arranging for assistive devices
- Collaborate with health care providers







Self-Reflections

- Importance of self-care
- Prior experiences
- Similarities/differences in child vs. older adult forensic interviewing
- Beliefs about autonomy and protection shaped by society and personal experiences
- Myths or beliefs about aging
- Infantilizing language



Thank You

- □ Resources:
 - Alzheimer's Association
 - www.alz.org
 - National Center on Elder Abuse (NCEA)
 - www.ncea.aoa.gov
 - National Committee to Prevent Elder Abuse (NCPEA)
 - www.preventelderabuse.org
 - □ Center of Excellence on Elder Abuse and Neglect
 - www.centeronelderabuse.org
 - National Council on Aging
 - www.ncoa.org

Resources (cont.)

- □ Gerontological Society of America [GSA] (2011). Communicating with older adults: An evidence-based review of what really works. Retrieved August 19, 2016, http://aging.arizona.edu/sites/aging/files/activity_1_reading_1.pdf
- □ De Vries, K. (2013). Communicating with older people with dementia. Nursing Older People, 25(4), 30-37.
- Mosqueda, L. (2013). Geriatric Pocket Doc: A Resource for Non-Physicians. Irvine, CA: University of California Irvine.

Citations

OJJDP (2015). Child Forensic Interviewing: Best Practices, available at https://www.ojjdp.gov/pubs/248749.pdf

□ Saywitz, K. J., Lyon, T. D., & Goodman, G. S. (2017). When Interviewing Children: A Review and Update.



Elder Justice Initiative

QUESTIONS & SUGGESTIONS

can be emailed to elder.justice@usdoj.gov

