

Elder Abuse and Neglect Program

The Elder Abuse and Neglect Program in Illinois is administered through the Illinois Department on Aging. This program is designed to respond to older persons who are victims of abuse, neglect, and financial exploitation (ANE) or self neglect. The program allows for the following activities and services; intake of ANE and self neglect reports, assessment, case work, follow up, emergency intervention services, multi disciplinary teams and public awareness/education. (Title 89, Illinois Administrative Code, Section 270)

The code further explains terminology related to psychological practices. Abuse is defined in the code as causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources. Assessment is defined in the code as the process of obtaining and documenting information about the case to determine if there is reason to believe abuse, neglect, exploitation, or self neglect is occurring (or has occurred), and to ascertain the level of risk to the eligible adult of future abuse or harm. Diminished capacity is defined as a deficit in an individual's ability to receive and evaluate information or make or communicate decisions to such an extent that the individual has an unmet need or substantial functional limitation in any of the following areas of major life activities: self-care tasks, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic sufficient. As psychologists working with the elderly we are directly involved in evaluating and assessing abuse and diminished capacity. The law also defines other terms pertinent to Elder Abuse and Neglect including but not limited to elder abuse provider agency, emotional abuse, financial exploitation, inability to perform essential self-care tasks, intake, intervention and mandated reporter. There are also descriptions of mental impairment including delirium, dementia, developmental disability, mental retardation, mental illness and substance dependence.

Self neglect is described in the Program as “a condition that is the result of an eligible adult's ability due to physical or mental impairments, or both, or diminished capacity to perform essential self-care tasks that substantially threaten his or her own health, including providing essential food, clothing, shelter, and health care, and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.”

The National Association of Adult Protective Services Administrators (NAAPSA) has defined self neglect as “the result of an adult's (usually defined as 18 or older) inability, due to physical and/or mental impairments or a diminished capacity to perform essential self care tasks including; providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to

maintain physical health, mental health, emotional well-being, and general safety; and/or managing financial affairs (1990).

Professionals in research and practice define self-neglect as “an inability to provide for oneself the goods or services to meet basic needs.” Researchers reported in the September 2007 publication of the American Journal of Public Health explained that patients present to Geriatric Assessment Clinics with cardiovascular disease, hypertension, mental disorders (dementia, depression and delirium) endocrine disorders and diabetes mellitus as the most common. The authors concluded that self neglect is an elderly person’s failure to perform activities of daily living, including inadequate supply of food, poor hygiene, lack of utilities, squalor inside and outside of their residences and an excessive number of pets. Lack of support services is believed to be the distinguishing factor of self neglect in the elderly. Those support services may include assistance with bathing, dressing, laundry, obtaining food, cleaning the home, and/or medical care. The authors found the majority of clients were impaired on the MMSE, Clock Drawing, Geriatric Depression Scale and other measures of functional capacity and physical performance. (C. Dyer, J. Goodwin, S. Pickens-Pace, J. Burnett & A. Kelly)

Psychologists interested in evaluating and treating the elderly have an opportunity to obtain training after January 1, 2009 through the Illinois Psychological Association. There will be six one day training sessions offered in the Chicago area about the theory of aging, methods of assessment and screenings, elder law, psychotherapy and interfacing with other agencies that serve the elderly and more. Upon completion of the six days of training the psychologist will be offered a Certificate in Geropsychology for Psychologists from the IPA. The dates of the training will be posted on the IPA website in the near future.

Dr. Matthews is a member of Mature Resource Network, a group of dedicated professionals committed to serving the needs of the mature population in the greater Decatur area.