

COURSE CATALOG





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INTRODUCTION

WORKING WITH OUR TEAM TO MEET YOUR NEEDS

Elder abuse is a significant public health and human rights issue--locally, nationally, and around the world. It comes in many forms--physical and sexual abuse, mental abuse, neglect and financial exploitation. At Mozaic Center for Elder Abuse Prevention (the Center), our mission is to empower victims through safe haven and services, and champion safer communities for older adults.

Since 2007, we have provided continued comprehensive services and support to victims of elder abuse locally and statewide, to combat abuse and mitigate its effects. In addition to the spectrum of services and care we provide for our clients, the Center is a statewide resource for training, education, and outreach to seniors, professionals, and communities.

Our goal is to deliver information and prevention strategies in an accessible Connecticut-specific way, using multiple mediums from in-person to web-based presentations. The nature of the subject matter can be difficult but we are sensitive to our audiences. We work with every client to tailor presentations to their needs and ensure their reception. To date, the Center has successfully raised awareness to nearly 8,000 individuals across the state of Connecticut!

Our trainings and educational presentations are informed by the latest research and best practices and provide resources to prevent further abuse, should warning signs arise. Our public trainings and educational presentations have been held in a variety of locations to a variety of multi-disciplinary audiences. We create, produce and distribute printed materials, in English and Spanish, for both public and professional audiences. We will work to tailor trainings for a range of audiences.

Mozaic Center for Elder Abuse Prevention brings real-world experience to every audience. Please review this compilation of elder abuse training and educational topics to learn more about the extensive programs we offer. We look forward to the opportunity to inform you, with the ultimate goal of ending elder abuse in our society!

Thank you!

Mozaic Center for Elder Abuse Prevention

FREQUENTLY ASKED QUESTIONS

■ Is there a fee for presentations?

No, there is no fee for trainings. We gladly accept donations! We are a non-profit organization and our services are made possible by the generous support from community partners. Please refer to the donation page at the end of this catalog (pg. 36).

■ What do you need from me once I've decided on a topic?

Not much. We are equipped with a laptop, projector, screen, and materials but let us know if you're equipped with this set-up as well. However, once you have decided on a topic, we may ask you for information regarding the type of audience we're presenting to, the number of audience participants, and if there is available Wi-Fi!

■ Are presentation only presented at Mozaic Center for Edler Abuse Prevention?

No, we present all over the state and will happily travel to your location.

■ What is the presentation format?

The Center for Elder Abuse Prevention offers a number of trainings and educational presentation formats and styles, including, lecture, case scenarios, Power Point, videos, webinar and even online presentation forums, like Prezi.

■ Can more than one topic be presented during a single session?

Yes! We will work with you to tailor the training as needed. We can also work with you to develop a series of sessions.

■ Can a presentation topic be suggested and created for a particular audience?

Definitely. We are always looking to expand our knowledge base. We will work directly with you to create the training or presentation you're looking for!

■ Can the presentation be shortened or lengthened?

Of course, we can create a training to fit your timeframe, whether it's 15 minutes or 150 minutes (or more).

■ Are the presentations interactive, are there activities included?

If you want them to be. We have a number of activities for each presentation, including case scenarios, pre- and post-assessments, polls, ice-breakers etc. Also, if you have an activity in mind, let us know!

■ Are CEUs and/or CMEs available for presentations?

Not for all trainings and presentations. However, if the topic you're interested doesn't have CEU's available, we can work with you to get them.



**“Aging has
a wonderful
beauty
and we
should
have
respect
for that.”**

-Eartha Kitt



INTRODUCTION: DYNAMICS OF ELDER MISTREATMENT 101

DESCRIPTION:

This introductory elder mistreatment course presents definitions and language commonly used in the field, statistics on prevalence and incidence of elder abuse as well as an understanding of the “Power & Control” dynamics of elder mistreatment to offer an in depth examination of perpetrators of elder mistreatment, victim profiles, forms of elder abuse and other descriptive information. An overview addressing intervention strategy, current treatment options, and community collaboration will be discussed.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Define terms specific to elder abuse and identify forms of elder abuse.
- Describe components of the elder abuse “Power & Control” wheel.
- Describe characteristics of perpetrators of elder abuse as well as victims of elder abuse.
- Recognize appropriate intervention and prevention strategies of elder abuse.

PURPOSE:

To prepare practitioners with the knowledge needed to identify and plan interventions for those affected by elder abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of senior living facilities, behavioral health technicians, licensed professional counselors, other allied professionals who work with older adult populations.

SUGGESTED TIME:

30 minutes to 45 minutes



ELDER ABUSE RISK FACTORS

DESCRIPTION:

Why do family members (or others in a trusted relationship) mistreat the elderly? What factors place the elderly at risk? Finding answers to these important questions poses a number of difficult challenges for social service providers, aging network professionals, and researchers. Regardless, there exists a wide-array and growing evidence-based set of risk factors for elder mistreatment.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Identify elder abuse risk factors and profiles of victims and perpetrators.
- Discuss risk factors of elder abuse and resultant forms of elder abuse.
- Discuss protective factors and their use in the prevention of elder abuse.

PURPOSE:

To equip practitioners with an evidence-based understanding of risk factors that underlies mistreatment of older adults.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of senior-living facilities, behavioral health technicians, licensed professional counselors, other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



BRUISING IN THE ELDERLY: ACCIDENTAL VS. SUSPICIOUS

DESCRIPTION:

Older adults face many age-related changes that may mask or even mimic markers of abuse. Bruising is one such example of these age-related changes. This presentation will provide an in-depth characterization of bruising in older adults, differentiating accidental bruising and suspicious bruising.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Differentiate accidental bruising from suspicious bruising.
- Characterize suspicious bruising in older adults based on the size, location, shape and other factors.
- Properly assess and document suspicious bruising in older adults.

PURPOSE:

To prepare professionals with the knowledge needed to recognize bruising in older adults as a potential marker for physical abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, CNAs, Home Health Aides, Domestic Violence victim advocates, criminal justice and law enforcement, APS/PSE case workers

SUGGESTED TIME:

45 minutes to 60 minutes



**“Aging is
not lost
youth
but a new
stage of
opportunity
and
strength.”**

–Betty Friedson



REPORTING ELDER ABUSE

DESCRIPTION:

If you suspect or are certain about the occurrence of elder abuse, when and to whom should one report? Depending on the context and the environment, reporting elder abuse may not seem so simple. This presentation will provide a basic overview of elder abuse reporting laws in Connecticut and the appropriate reporting requirements for mandated reporters. This presentation will discuss implications of reporting and will explore how reporting elder abuse may vary based on the environment in which the abuse is taking place.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand mandatory reporting laws in Connecticut.
- Discuss the unique aspects of reporting elder abuse in Connecticut.
- Report elder abuse appropriately based on the context and environment in which elder abuse is occurring.

PURPOSE:

To equip professionals with an appropriate elder abuse reporting framework.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



SAFETY PLANNING FOR OLDER ADULTS

DESCRIPTION:

Ensuring safety is the most important thing when working with older adults who are experiencing abuse. Therefore, it's important for service providers to be familiar with the framework for safety planning even with older adults who choose to remain in an abusive situation. This presentation will inform participants of the foundation of safety planning for older adults and how to remain trauma-informed and solution focused when carrying out this task.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand trauma-informed and solution-focused approaches to safety planning with victims of elder abuse.
- Know the resources available to support their elder abuse victims and their victim's safety plan.
- Enhance safety planning approach and practices when working with elder abuse victims.

PURPOSE:

To inform professionals of the essential elements needed for effective safety planning for cases involving elder abuse, to improve the level of safety a client is experiencing in an abusive relationship.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



FIELD ASSESSMENT OF DECISIONAL CAPACITY IN OLDER ADULTS

DESCRIPTION:

Why is the client saying, “No”? Is it because they lack information or because they lack cognition? Understanding why or how a decision is made will help advocate for that client’s wishes or deficits. Capacity assessment is a common task carried out by protective service workers to assess an older adult’s understanding of the nature and effects of their decisions. Assessments of this kind are especially important for professionals who must balance an individual’s autonomy and safety. This presentation introduces a reliable assessment tool, the “Short Portable Assessment of Capacity for Everyday Decision-making (SPACED)”, for quick use in the field by anyone.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Differentiate capacity from competency.
- Understand the essential components of the capacity assessment framework and the limitations of various capacity assessment tools.
- Learn how to use and implement the SPACED tool.

PURPOSE:

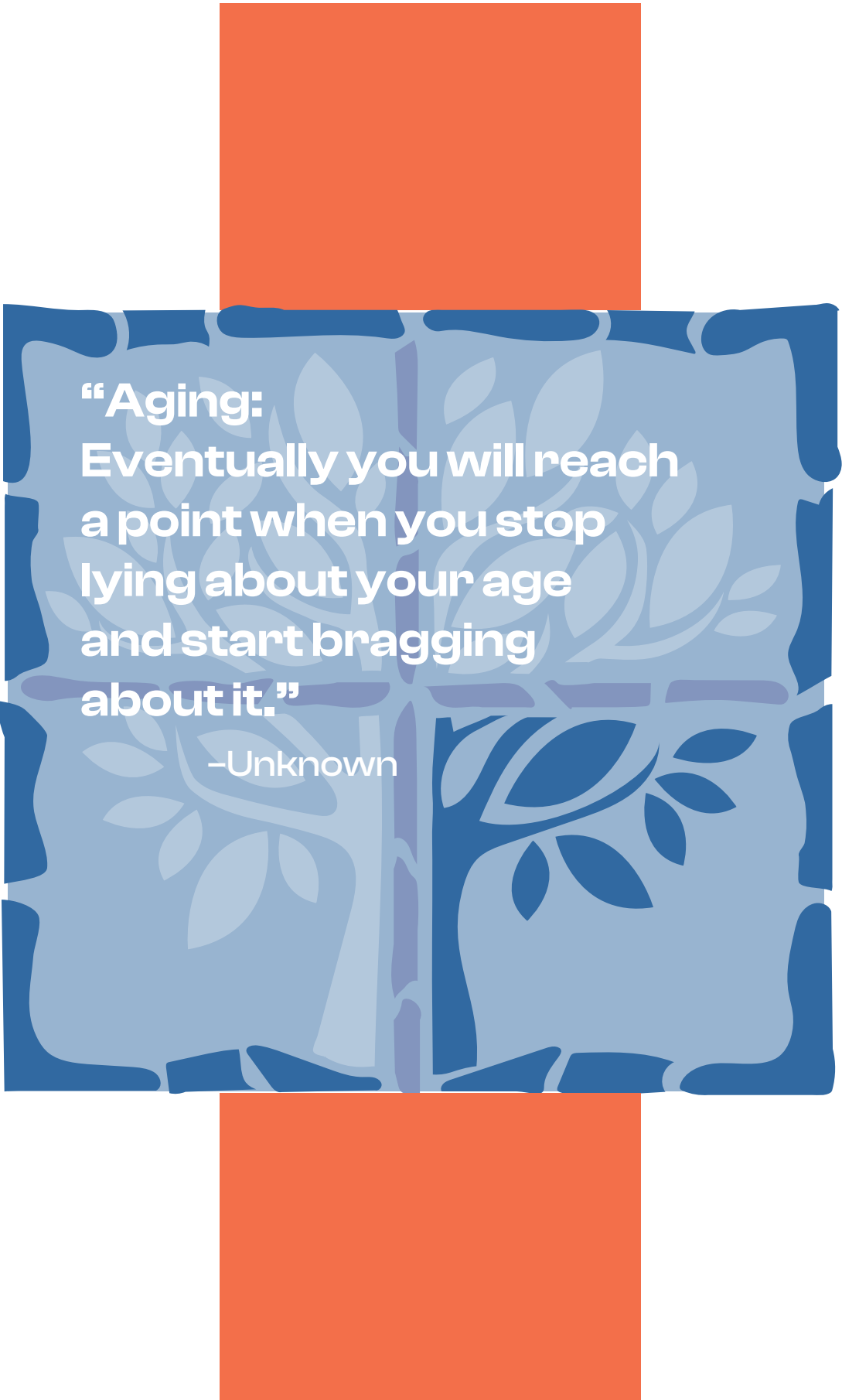
To promote sound assessment of older adults’ decision making capacity, leading to appropriate intervention and protection from harm.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



**“Aging:
Eventually you will reach
a point when you stop
lying about your age
and start bragging
about it.”**

–Unknown



SELF-NEGLECTING OLDER ADULTS: RECOGNIZING THE RISK

DESCRIPTION:

One of the most common forms of elder abuse reported to Protective Services for the Elderly is neglect, which accounts for nearly half of all reported occurrences of elder abuse cases. Among these elder abuse cases, self-neglect cases pose challenges for practitioners in detection, response, and prevention. This presentation will offer an in-depth overview of self-neglect, its definitions, characteristics and the greatest risk factors.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Define self-neglect and describe the characteristics of self-neglecting older adults.
- Describe methods in managing self-neglecting habits of older adults.
- Identify resources to assist in the prevention of self-neglect.

PURPOSE:

To inform participants of the complexity and multi-dimensional nature of self-neglect and “victims.”

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



CRIMINAL RESPONSE TO ELDER ABUSE

DESCRIPTION:

In the early stages of elder abuse investigations criminal conduct may not always be apparent. As a result, the distinction between civil and criminal actions may be difficult to define. This presentation seeks to define the criminal response to elder abuse while addressing the challenges in carrying out criminal proceedings, and provide tips on how to facilitate law enforcement investigations when appropriate.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Differentiate civil action vs. criminal action in cases involving elder abuse.
- Recognize the challenges the criminal justice system faces when investigating elder abuse cases.
- Recognize efforts taking place to enhance the criminal response to elder abuse.
- Advocate and recognize the signs of criminal conduct to report to law enforcement.

PURPOSE:

To inform participants of the complexities faced by the criminal justice system in their response to cases involving elder abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



RESTRAINING AND PROTECTIVE ORDERS FOR OLDER ADULTS

DESCRIPTION:

Orders against a perpetrator's actions from a court can occur in two ways: a protective order or a restraining order. Many service providers are unaware of these orders, the differences between them, and/or how they might be helpful for victims of elder abuse. This presentation will highlight the differences between these two orders and explain the steps to take to obtain a restraining order for older adults experiencing elder abuse. This presentation will also highlight unique needs of obtaining and enforcing a restraining order with regards to elder abuse dynamics, cognition, and conservatorships.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand the differences between protective and restraining orders and how they protect older victims.
- Identify resources for issuing a restraining orders and how to obtain a restraining order.
- Understand the unique aspects in obtaining and enforcing a restraining order for victims of elder abuse.

PURPOSE:


To equip participants with the knowledge and skills needed to obtain a restraining order for victims of elder abuse and ensure their safety.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



**“Age is an
issue of
mind over
matter.
If you don’t
mind,
it doesn’t
matter.”**

– Mark Twain



CAREGIVING THROUGH THE LENS OF ELDER ABUSE

DESCRIPTION:

The relationship between caregiving, caregiver stress/burden and elder abuse is an emerging science and still being understood. Early elder abuse theory pointed to “caregiver burden” as an explanation of elder abuse but new research suggests certain subjective factors give rise to stress and potential abuse of the elderly care recipient. This presentation will address the dynamics of caregiving and their relationship with elder mistreatment. In addition, this presentation will highlight the needs of caregivers and the services available to assist caregivers in their role, alleviating stressing and improving coping skills.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand the dynamics of caregiving and its relationship with elder abuse and neglect.
- Recognize challenges faced by caregivers and their pressing needs when fulfilling this role.
- Identify available resources for caregivers and strategies to alleviate stress and improve caregiver coping skills.

PURPOSE:

To inform participants of the unique challenges caregivers face when assuming their role and the intersection between meeting the needs of caregivers and elder abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



YOU'RE A POWER OF ATTORNEY, NOW WHAT?

DESCRIPTION:

Assuming the role of Power of Attorney (POA) requires an individual, the fiduciary, to act in a trustworthy manner. As a fiduciary, one is required to make decisions in the best interest of an individual, the principle, who may be unable to carry out their financial affairs the way they once did. However, there is the potential to misuse this power or be accused of doing so. This presentation will provide an overview of Power of Attorney use and misuse, highlighting its potential to be used as a license to steal, as well as emerging practices to combat it.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand the dynamic role of the POA and the intersection with elder abuse.
- Understand how to appropriately utilize POA authority.
- Identify steps that can be taken to safeguard older adults who have a Power of Attorney.

PURPOSE:

To inform participants of the risks related to POA and the victimization of older individuals.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



FINANCIAL INSTITUTIONS: THEIR APPROACH TO ELDER ABUSE PREVENTION

DESCRIPTION:

Elder financial exploitation and fraud is the illegal taking, misuse, or concealment of funds, property, or assets of an older adult. It is a growing concern. Financial institutions can play a key role in the detection, intervention, and prevention of elder financial exploitation. This presentation will elaborate on financial institutions role in recognizing the signs of elder financial abuse and the steps they should take in order to protect their older customers.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize the role financial institutions play in the prevention of financial exploitation of older adults and maximize their well-being.
- Know how to properly respond to and report suspected elder financial abuse and other concerns about an older client's well-being.

PURPOSE:


To inform participants of the prominent role financial institutions play in the detection, intervention and prevention of elder financial abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



**“Live with
integrity,
respect
the rights
of other
people, and
follow your
own bliss.”**

– Nathaniel Branden



SCREENING TOOLS FOR ELDER ABUSE

DESCRIPTION:

There are many barriers in identifying older adults experiencing abuse. Using reliable tools to detect can help. This presentation will offer an overview of several reliable and validated screening tools, developed by scholars and experts in the field of elder abuse.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Describe several elder abuse screening tools and the context in which they should be used.
- Understand the appropriate administration of various screening tools and how to communicate with older adults who are being screened.
- Carry out proper steps when an older adult is “screened in” for risk of elder abuse.

PURPOSE:

To make professionals aware of the various screening tools available and the suitability for their use in the identification of elder abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



INTERFAITH RESPONSE TO ELDER MISTREATMENT

DESCRIPTION:

Many older adults are active members of their faith communities and in times of need they are five times more likely to reach out to their faith leaders for assistance than to a social service professional. However, faith leaders and communities are not always equipped to handle specific needs associated with elder mistreatment and may not respond effectively. While aging network professionals may provide necessary services in response to elder mistreatment, they may not be well equipped to provide emotional and spiritual healing for victims during the healing process. This presentation will address the unique intersection of faith communities and aging service providers in assisting elderly victims of abuse.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize the unique and important role faith communities play in the detection, intervention and prevention of elder abuse.
- Understand how faith communities provide protection and spiritual healing to victims of elder
- Learn how to develop partnerships between faith communities and aging service providers and the collaborative response to elder abuse.

PURPOSE:

To inform participants of the prominent role faith communities play in the detection, intervention and prevention of elder abuse.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



REGARDING MENTAL HEALTH IN OLDER ADULTS & ELDER ABUSE

DESCRIPTION:

Nearly 20% of people age 55 years or older experience some form of mental health concern that put them at risk for elder abuse. Yet rarely do these individuals actively seek treatment or utilize mental health services. This presentation is intended to provide participants of an overview of the landscape of mental health issues faced by the older adults in the United States and how it can propagate certain forms of elder abuse, such as self-neglect.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize the scope of mental illness in the aging population and the need for services.
- Understand manifestations of mental illness and risk factors associated with elder abuse.
- Identify barriers and services available for older adults with mental health deficits.

PURPOSE:


To provide participants general background information and practical insights into how to address the mental health needs of the elderly.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



**“Aging seems
to be the
only available
way to
live a long life.”**

– Kitty O’Neill Collins



RECOMMENDATIONS FOR CONSERVATORSHIP: BEST PRACTICES

DESCRIPTION:

As the population ages, increasing numbers of older adults will need others to make decisions for them when they are unable to do so themselves. A conservator is appointed by the court to “conserve” finances and make health care related decisions for a person in need of assistance when no one has previously been appointed. Unfortunately, with immense power and control, and limited oversight, conservators can take advantage of their authority; making decisions contrary to the best interest of the elderly person. This presentation will address the many issues surrounding conservatorships and conservatorship abuse that can propagate certain forms of elder abuse such as financial exploitation and neglect. In addition, this presentation will discuss recommendations for establishing conservatorships based on those outlined by the Center for Guardianship Certification.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize risks factors and manifestations of abuse during conservatorships.
- Understand the appropriate roles and responsibilities of conservatorships as recommended by the Center for Guardianship Certification.
- Recognize what the alternative solutions to conservatorships and their added benefits.

PURPOSE:

To inform participants of the risks related to conservatorships, the recommendations for successfully carrying out a conservatorship, and alternatives to conservatorships.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



LATE LIFE RELATIONSHIPS: SWEETHEART OR SCAMMER?

DESCRIPTION:

Financial exploitation of the elderly is a prevalent crime and many of these cases entail methods of theft and forgery, embezzlement, and false pretense. In other cases, perpetrators may utilize tactics known as undue influence, a form of manipulation or deception used to gain assets without the true consent of the elderly victim. The tactic of undue influence is often used in cases of fraudulent romance or affection. This presentation will review fraudulent romancescams and the tactic of undue influence utilized by perpetrators. It will also discuss the intrinsic link between capacity, consent, and undue influence and available avenues for those seeking legal remedies for victims.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize risks factors associated with late-life relationships.
- Recognize models for analyzing potential undue influence in elder financial exploitation cases.
- Identify safeguards needed to protect older adults and remedy these cases.

PURPOSE:

To inform participants of the unique tactics perpetrators use, such as undue influence in fraudulent romance scams, to target elder victims.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



CULTURAL & ELDER ABUSE: PERSPECTIVES OF ELDER ABUSE IN ASIAN-AMERICAN COMMUNITIES

DESCRIPTION:

Cultural may factors play a significant role in how conduct is perceived as abusive within various communities as well as attitudes about how abuse is addressed and what services are considered acceptable. In Asian-American communities, strong cultural traditions can present challenges in the detection, prevention, and intervention of elder abuse of elderly community members. This presentation will address the perceptions of elder abuse within Asian-American communities, the influence culture has on help seeking behavior as well as the cultural considerations professionals must have when assessing elder abuse.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand how culture can be both a source of protective and risk factors for elderly Asian-Americans.
- Understand how cultural traditions, values, and beliefs can influence perceptions of abuse and helpseeking behavior.
- Understand how to employ culturally informed methods of intervention.

PURPOSE:


To ultimately inform participants of the cultural factors that influence the perceptions of abuse as well as the detection, intervention, and prevention of elder abuse within diverse cultural communities.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



**“In my old age
I’ve come to
find that if
you respect
other people,
you feel
better about
yourself.”**

– Bijou Phillips



CULTURAL & ELDER ABUSE: RECOGNIZING ELDER MISTREATMENT IN LATINO/A ELDERS

DESCRIPTION:

Cultural factors play a significant role in how conduct is perceived as abusive within various communities as well as attitudes about how abuse is addressed and what services are considered acceptable. Among Latino/a elders, strong cultural traditions can present challenges in the detection, prevention, and intervention of elder abuse of elderly community members. This presentation will address the perceptions of elder abuse of Latino/a elders, the influence culture has on help seeking behavior as well as the cultural considerations professionals must have when assessing elder abuse.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Understand how culture can be both a source of protective and risk factors for Latino/a elders.
- Recognize how cultural traditions, values, and beliefs can influence perceptions of abuse and help-seeking behavior.
- Employ culturally informed methods of intervention.

PURPOSE:

To ultimately inform participants of the cultural factors that influence the perceptions of abuse as well as the detection, intervention, and prevention of elder abuse within diverse cultural communities.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



CULTURAL & ELDER ABUSE: MISTREATMENT OF LGBT OLDER ADULTS

DESCRIPTION:

Lesbian, gay, bisexual, and transgender (LGBT) older adults experience the same forms of abuse as other non-LGBT older adults. However, LGBT older adults can be victimized in unique ways as a result of their sexual orientation or gender identity. This presentation will provide an review of elder abuse issues faced by the LGBT community and the challenges impacting their help seeking behaviors.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize the high risk LGBT older adults face for elder abuse due to isolation and social stigma.
- Understand how the fear of homophobia can keep LGBT older adults from seeking help and services.
- Employ LGBT informed methods of intervention.

PURPOSE:

To inform participants of the risk factors LGBT older adults face for abuse and the challenges they encounter when seeking services for assistance.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



CULTURAL ELDER ABUSE: ADDICTION & SUBSTANCE MISUSE OF OLDER ADULTS

DESCRIPTION:

Recent research anticipates the increased use and misuse of alcohol and psychoactive prescription medication in adults transitioning from middle to later life than previous cohorts. This presentation will address the growing concerns professionals have regarding the significant rise of alcohol use and addiction among older adults, in addition to the rise of prescription medication and polypharmacy and how these trends relate to an increase in self-neglecting older adults and mental health deficits. This presentation will also describe models to guide professionals who may encounter older adults experiencing addiction and or substance misuse.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize the scope of addiction and substance use and misuse in older adults and the need for services.
- Understand manifestations of addiction and substance misuse with the rise of prescription medication and polypharmacy.
- Recognize models for screening for problem substance use in older adults and how to appropriately intervene.

PURPOSE:

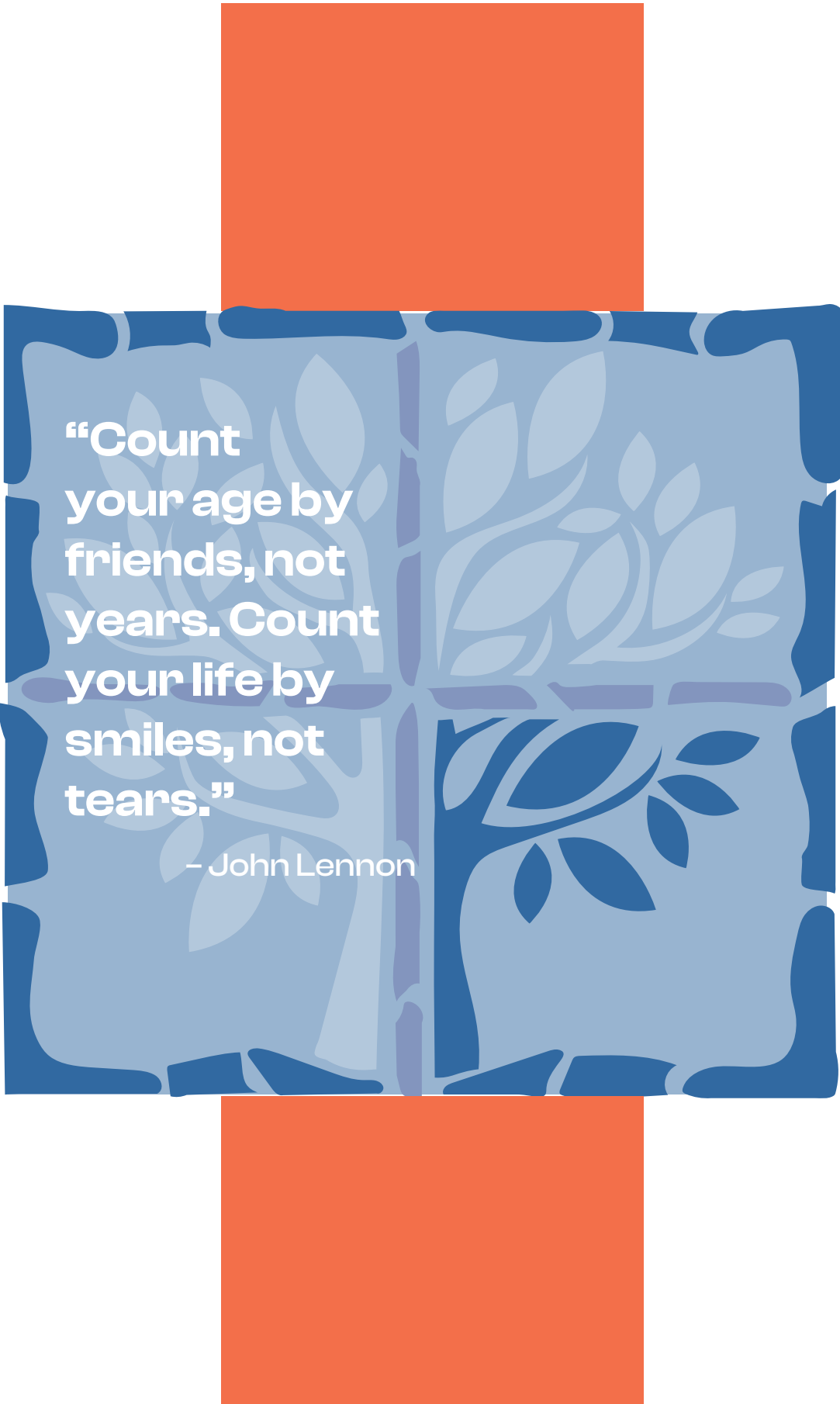
To inform participants of addiction and substance misuse in older adults and how to better evaluate and address their needs.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



**“Count
your age by
friends, not
years. Count
your life by
smiles, not
tears.”**

– John Lennon



SENIOR-TO-SENIOR AGGRESSION

DESCRIPTION:

An estimated 10-20% of seniors have experienced some type of senior-to-senior aggression in places where older adults spend a lot of time together, including senior centers, nursing homes or assisted living facilities. “Bullying” behavior of older adults can range from verbal intimidation even to physical altercations and the manifestation of aggressive behavior in older adults can vary significantly. This presentation is meant to shed light on the growing issue of senior-to-senior aggression, the varying causes, and how to address senior-to-senior aggression when it hits “home.”

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize causes and manifestations of senior-to-senior aggression in older adults.
- Understand the impact of senior-to-senior aggression on the aggressor, the victim, and the bystander(s).
- Identify strategies for managing aggressive behavior in older adults.

PURPOSE:

To inform participants of the rising trends in senior-to-senior aggression and the best approaches for managing aggressive behavior in older adults.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

45 minutes to 60 minutes



UNDERSTANDING ELDERLY HOARDING: SIGNS, CAUSES, AND HELP

DESCRIPTION:

Hoarding among older adults is a growing concern, as these behaviors are often self-destructive and leads to poor health outcomes and unsanitary living conditions. Referrals of older adults who hoard are simultaneously amazing and confounding for services providers. Who are these people and how can we assess this problem? This presentation will offer insight on the problem of hoarding from different professional and community perspectives. In addition, participants will learn what intervention strategies are most effective with older adults who experience problems with hoarding.

OBJECTIVES:

By the end of this presentation, participants will be able to:

- Recognize the signs and risk factors of hoarding and its connection to emotion and mental health issues.
- Identify the consequences of hoarding and the impact on an older adult's well-being and safety.
- Recognize resources and strategies to assist older adults who hoard.

PURPOSE:

To inform participants of hoarding among older adults, the complexity of this disorder as well as to offer practical tips in assisting older adults who hoard.

TARGET AUDIENCE:

Social workers, physicians, nurses, mental health counselors, employees of assisted living and long-term care facilities, behavioral health technicians, licensed professional counselors, clergy, and other allied professionals who work with older populations.

SUGGESTED TIME:

30 minutes to 45 minutes



ABOUT MOZAIC SENIOR LIFE AND THE CENTER

For over 50 years, Mozaic Senior Life has been a leader and trusted provider of skilled nursing and senior care services. Through the years, the needs of seniors and the community have changed and we have responded by introducing community programs with Mozaic Senior Life as the umbrella for our services. Our vision is to be the premier provider to support individuals and families. Mozaic Senior Life's over 900 staff members provide care and services with compassion and a commitment to excellence.

Our flagship nursing home, Mozaic Jewish Home, is known for its commitment to education and teaching programs. We partner with area hospitals and train students and nurses from a number of universities and programs. Our clinical staff receives ongoing education to ensure that they are providing the highest possible quality of care — and quality of life to those in our trust. Each of our programs and services reflect a person-centered philosophy that fosters commitment with a customized care plan to meet individual needs. We welcome the opportunity to serve you in either our home or yours through one of our many services. Providing the best healthcare for seniors- wherever and whenever they need our services- remains our top priority. Mozaic Senior Life provides long-term care, rehabilitation services, home care, adult family living, hospice, day services, advocacy and education, and long-term care protection on the Bridgeport campus and in peoples' homes throughout Fairfield and New Haven Counties.

MAKE A DONATION TO MOZAIC CENTER FOR ELDER ABUSE PREVENTION (CEAP)

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If you have any questions or concerns, please call the Center at 203-396-1097.



PROVIDING SENIOR CARE THROUGHOUT SOUTHERN CONNECTICUT

Mozaic Jewish Home

Progressive skilled nursing home providing long-term care in the Household Model

Mozaic Assisted Living by Roz and Les Goldstein

One bedroom apartments and memory care studios for individuals and couples.
Meals, activities and fitness center membership (if medically qualified)

Mozaic Rehabilitation Center by Roz and Les Goldstein

Short-term care post hospitalization

Mozaic Home Care by Roy and Aline Friedman

Skilled nursing services, licensed nurses, therapists, and aides

Mozaic Companions & Homemakers

Aide services, household support, and transportation

Mozaic Hospice by The Chaifetz Family

Palliative care, pain management, emotional, spiritual, and bereavement support

Mozaic Outpatient Therapy

Physical, occupational, and speech therapy, exercise programs

Mozaic Adult Family Living

Safe, comfortable care and arranges caregiver support in your home

Mozaic Adult Day Program

Nurse supervised care and social activities, meals

Mozaic Memory Workshop

Early memory loss program

Mozaic Institute on Aging

Geriatric assessment, ElderCare Navigation, and The Center for Elder Abuse Prevention

Geriatric Medical Practice

Geriatric primary care medical services

Mozaic at Home

Pays for and provides a lifetime of in-home/facility care for Members

Mozaic Concierge Living

A new Life Plan Community in Stamford, CT. 168 luxury residences opening in early 2027

Mozaic Child Development Center

State licensed program for children from 6 weeks to 5 years of age of all denominations

B'Tayavon Catering

Kosher catering for any size event, on our campus or any area location

JFitness

Your local neighborhood gym providing group and personal training, swim lessons, and more



The Harry and Jeanette Weinberg Campus ■ 4200 Park Avenue, Bridgeport, CT 06604
203-396-1097 ■ centerforelderabuseprevention@jseniors.org ■ mozaicsl.org

For more information on all services, call 1-833-MSL-LINK (675-5645)