

Self Neglect and Abandonment

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Module Overview

Some find themselves isolated; some isolate themselves. In the field we are seeing a rise in numbers of elders who are no longer able or willing to provide self-care and are “self neglecting.” But what constitutes self neglect? Does it occur by choice, by reason of mental illness, due to cognitive impairment? How should we respond? Although a clear definition of self neglect has proven somewhat elusive, we do know that self neglect in elders presents a challenge to protective services workers, their personal values, their professional skills and community resources. In this module we will examine this challenge, focusing on risk factors, indicators, assessment, ethical and cultural issues and intervention strategies for self neglecting elders.

Learning Objectives

By the end of this module, you will be able to:

- ❑ Define self neglect
- ❑ Discuss risk factors for self neglect
- ❑ Describe the indicators of self neglect
- ❑ Discuss techniques to engage the resistant self neglecting elder
- ❑ Discuss methods of assessing self neglect
- ❑ Discuss the dilemma between the client’s self determination and the worker’s obligation to protect
- ❑ Explain how understanding the elder’s culture and belief system helps in the helping process
- ❑ Identify types of resources that may help lessen the risk to self neglecting elders

Study Steps

1. Review the content of this section.
2. Review recommended Acts, Laws and Regulations.
3. Complete the self-evaluation quiz and use the answer key to review your answers.
4. Review the content of any of the questions you answered incorrectly.
5. Plan with your supervisor to complete transfer of learning activities.

Content

Read the module, Self Neglect.

Self Neglect

Definition

Self neglect is defined by NAPSA (National Adult Protective Services Association) as the result of an adult's inability, due to physical and/or mental impairments or 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
- Managing financial affairs

This definition excludes people who make a conscious and voluntary choice not to provide for certain basic needs as a matter of life style, personal preference or religious belief and who understand the consequences of their decision.

Legal Definition of Neglect:

According to the PA Older Adults Protective Services Act, neglect is defined as the failure to provide for oneself or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health. No older adult who does not consent to the provision of protective services shall be found to be neglected solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care. 35 P.S. § 10225.103.

Risk Factors

Social Isolation

Self-imposed

- Loner
- Recluse
- Estrangement from family

Situational

- Loss of spouse/caregiver
- Outlived friends and family

Geographic

- Lack of transportation
- Far from doctor/hospital

Demographic

- Neighborhood changes; fear of going out

Increased physical impairments

- Vision and hearing deficits
- Mobility

Cognitive impairments

- Confusion

- Frontal lobe dementia
 - Neglect of personal hygiene
 - Social breakdown
 - Personality change
 - Lack of concern
 - Loss of initiative and insight
 - Paranoid symptoms

Mental illness

- Depression
- Paranoia (refusing to let anyone in)
- Personality disorders
- Psychosis

Substance abuse

- Malnutrition
- Poor health care
- Medical problems (liver)

Indicators of Self Neglect

- Physical
 - Malnutrition
 - Dehydration
 - Bedsores
 - Untreated medical problems
 - Elder refuses needed dentures, hearing aide, commode, walker, wheelchair
 - Under or over medicating
 - Poor personal hygiene (inconsistent with history)
 - Soiled or inadequate clothing
 - Fecal/urine smell
 - Urine soaked or soiled bed
 - Matted or lice infested hair
 - Misuse of medications/substance abuse
 - Inadequate medical supplies
- Mental
 - Wandering
 - Hallucinating
 - Delusional
 - Confused
 - Hoarding that interferes with safety
- Environmental
 - Hazardous or unsafe living arrangements
 - Lack of heat
 - Lack of electricity
 - Lack of running water
 - Lack of toilet facilities

- Lack of refrigeration
- Roof leaks
- Improper wiring or lighting
- Extreme clutter, making it impossible for elder to move about safely
- Hazardous substances
- Architectural barriers
- Unsanitary or unclean living conditions
 - Animal or insect infestation
 - Unusable toilet facilities
 - Uncared for animals
- Excessive clutter that interferes with elder's safety via mobility or fire hazard
- Lack of food even though elder can afford it
- Note: Conditions must reach a point to put the elder at severe risk of harm or death. Individuals, including elders, have a right to live in circumstances that others might not appreciate.

Engaging the Self Neglecting Elder

- Reasons for resistance
 - Shame
 - Of deterioration of personal hygiene
 - Of condition of home
 - Fear
 - Of institutionalization
 - Of losing independence
 - Of strangers coming into their home
 - Anxiety
 - Of others finding out
 - Helplessness
 - Hopelessness
- Start where the client is

Case Scenario

Jim receives a referral on Mr. B. who is described as severely arthritic, in his wheelchair, living in his own home with numerous friends who are substance abusers and are supposed to be providing care. At the door, Jim is shocked at the condition of the home and of Mr. B. himself. Mr. B is naked and covered in his own waste, twisted in his wheelchair, in a dirty, vermin filled home. Mr. B. appears angry and ready to throw Jim out of the house, and starts complaining that he gets no help from anyone. Jim asks Mr. B. what kind of help he would like. Mr. B. replies that he would like a loaf of bread. Jim brings Mr. B. the bread, and at each subsequent visit brings some small food item.

- Bring your **L.O.A.F.**
 - **Listen**

- Address elder by name. If elder appears confused, use his/her name frequently.
- Let elder describe his/her perspective on the situation.
- Create a relaxed comfortable atmosphere free from too much noise.
- If in the elder's home, ask permission before taking any action. *Examples include lowering the volume on the television, sitting in a particular chair, looking at medication bottles.*
- Be self-aware. *If the elder senses you are uncomfortable or that you disapprove of what he/she is saying, it will be difficult to build trust.*
- Maintain attentive body posture
- Pay attention to elder's emotional level listening for voice tone, speech patterns, rambling, delusions, as they may indicate some form of emotional stress or possibly mental illness.
- **Observe**
 - Use your five senses to take in the surroundings and the individuals in those surroundings.
 - Look for clues in the environment such as photographs, pets, hobbies, handcrafts, food that may help you to connect to the elder.
 - Look for non verbal cues in elder's body language that may indicate emotional stress, hostility, or mental illness
 - Look for indicators of neglect in the elder
 - Look for indicators of neglect in the environment
- **Ask**
 - Start slowly
 - Use an icebreaker statement or question that may be unrelated to the reason you are making the visit. *"It certainly has been hot this week." "What a lovely quilt. Did you make it?"*
 - Use active listening techniques and verbal follow, repeating what elder has said to clarify or by going back to what elder has said previously and asking a question about it.
 - Invite elder to talk, using open-ended questions
 - Use empathy, communicating that you can understand and affirm elder's feelings.
 - Check your understanding of what elder has said, summarizing it and highlighting what seems most important.
 - Adjust your speech patterns to meet the apparent educational level or language ability of the elder.
 - Speak clearly but do not yell. Talk directly to elder even if using interpreter.
 - Do not use lingo, acronyms, or other terms that elder may not understand.

- Watch your language. *Do not use inflammatory or judgmental questions or statements.*
 - Do not interrogate or bombard elder with questions.
 - Be realistic in your expectations of the elder.
- **Facilitate**
 - Use a collaborative approach.
 - Offer options.
 - Maintain elder's ability and opportunity to exercise options.
 - Explore jointly the consequences of change
 - Explore and strengthen the actual and potential resource system for elder.
 - Give elder honest and correct information about nature of help being offered and the consequences of accepting them.
 - Acknowledge elder's fears.
 - Be prepared to take small steps.
 - Respect elder's wishes, even if you do not agree with them. *It is important to leave the door open....*

Assessment of Self Neglect

- Functional Assessment - The purpose of the functional assessment is to determine what the elder can/will do for her/himself, kinds of assistance/support that she/he needs and who is available to provide these supports.
 - Activities of Daily Living
 - Toileting: Incontinence, diapers, smell in home?
 - Feeding: Is there evidence of malnutrition?
 - Dressing
 - Grooming
 - Physical Ambulation: Are there mobility issues in or outside of home?
 - Bathing: Are there impediments to using tub? Lifestyle issues?
 - Instrumental Activities of Daily Living
 - Communication: Does elder know what to do in case of emergency?
 - Shopping: How is food obtained?
 - Food Preparation: Can elder prepare meals adequately and safely?
 - Housekeeping
 - Laundry: Does elder do own laundry or is assistance required?
 - Transportation: How does elder get around?
 - Medication: Does elder regulate medications, understand medication protocol?
 - Finances: Who manages is, how is it managed, are bills being paid?

- Environmental Assessment - The purpose of the environmental assessment is to determine if there are any safety factors in the environment that severely threaten the elder's health and safety
 - Outside the home
 - Porch/entryway not usable
 - Overgrown yard harboring vermin
 - Inability of mail delivery
 - Inside the home
 - Fire hazards
 - Smell of gas
 - Rotting food and garbage
 - Water leakage/flooding
 - Unusable toilet/tub/shower/sink
 - Lack of heat/water
 - Exposed wiring
 - Clutter/hoarding which impede elder's safe mobility
 - Animal feces/vermin
 - Uncared-for pets
- Cognitive Assessment - The purpose of the cognitive assessment is to determine if there is a cognitive impairment or mental illness which could be contributing to the self neglect. Early identification of cognitive impairment is critical to help us better understand the world and the decisions of the elder. (*Please review mental health issues in the elderly for more detailed information*).
 - Dementia
 - Reversible or irreversible?
 - Stage
 - Behaviors exhibited
 - Extent of confusion/memory loss
 - Need for Folstein Mini Mental/ results of test
 - Depression
 - Signs and symptoms
 - Reactive or generalized
 - Suicidal ideation
 - Delirium
 - Need for immediate hospitalization
 - Hoarding behavior
 - Lifestyle or obsessive-compulsive disorder
 - Extent
 - Paranoia
 - Signs and symptoms
 - Ability of worker to gain entry
 - Elder's allowing others to enter, i.e., service providers
 - Substance Abuse
 - Early or late onset
 - Type of substance

- Alcohol
 - Prescription medication
 - Both
 - Tobacco (smoking while using oxygen)
 - Severity: amount
 - Effect on cognitive functioning
 - How substance interferes with safety of elder
- Risk Assessment - The purpose of a risk assessment is to determine how/if the deficits in functional abilities, the environmental/safety concerns relate to the elder's ability to understand the consequences of her/his decisions and if the result threatens the elder's safety to a point where her/his life is at risk. A comprehensive risk assessment will lead us to development of a care plan that will reduce or ameliorate the self neglect. The steps in assessing risk include a description of the self neglect, a historical perspective on the situation, ability of elder to protect him/herself from further neglect, and a projection into the progression of the neglect if left unattended.
 - Description
 - Elder's perception of her/his situation and what remedy (if any) will be accepted
 - Support systems and their role: other services, professionals, family members, friends
 - Your observations and recommendations
 - Historical perspective
 - Length of time situation has existed
 - Lifestyle or new problem
 - Trigger of crisis
 - Collateral information
 - Elder's ability/willingness to self-protect
 - Elder's physical ability to deal with the situation
 - Elder's cognitive ability to understand the impact or the consequences of the situation
 - Elder's level of acceptance or resistance to help
 - Future Progression
 - Elder's wishes
 - Elder's ability to make that decision
 - Least restrictive alternative
 - Results if no action is taken

Ethical Considerations

How far can we go in protecting someone who does not wish protection, or to provide needed services (at least in our opinion) to someone who does not see the need for these services? Where do we draw the line? When can we walk away? When do we intervene in spite of the wishes of the elder?

- Ethical Concepts
 - Self-determination: Autonomy
 - Right to make decisions that are voluntary and intentional
 - Not the result of coercion, duress, or undue influence
 - Right to make bad decisions as long as they understand the consequences of the decisions
 - Worker as advocate
 - Beneficence: Doing good
 - Protecting elder
 - Worker commitment to best interest of elder
 - Non-maleficence: Do no harm
 - Action which will not cause or inflict further harm to elder
 - Unforeseen consequences
 - Worker's need to think and analyze before action is taken
- Ethical dilemma: protecting elder while safeguarding her/his autonomy
 - Know your client
 - Engagement
 - Relationship and rapport-building
 - Strength-based outlook
 - Engaging and involving family members and friends
 - Strengthening support system
 - Comprehensive assessment: functional, environmental, cognitive and risk
 - Know yourself
 - Value system
 - Role within the agency, system
 - Know resources
 - Referral and follow-up
 - Networking and building relationships with other agencies, hospitals, law enforcement, etc
 - Options that meet needs of individual client
 - Services consistent with elder's value system and life style
 - Know legal responsibilities
 - Written documentation
 - Use of orders of protection
 - Protocols when guardianship is necessary
 - Least restrictive alternative

Cultural Considerations

Cultural values and belief systems influence norms about daily life and structure and how abuse, neglect and exploitation are defined. Culture, race, and ethnicity influence help-seeking and help-accepting patterns. Workers will need to become more culturally aware and sensitive to the cultural norms, belief systems, and needs of culturally diverse elders in order to provide culturally relevant services and interventions.

- Issues to consider
 - Individualism vs. collectivism
 - Roles of children in the family
 - Showing of respect via body language and verbal interaction
 - Gender roles
 - Level of acculturation
 - Language ability
- Worker needs
 - Open mind
 - Documenting
 - Interaction/discussion with people from various ethnic or cultural groups
 - Not jumping to conclusions or stereotyping
 - Asking questions to aid understanding
 - Respecting and understanding differences
 - Making sure intervention is consistent with cultural values and belief systems

Interventions and Resources

- In-home/home health aide services
- Clean-up services
- Mr. Fix-it services
- Companionship services
- Reassuring calling services
- In-home medical, nursing, geriatric assessment
- Animal control
- Board of health

Case Scenario

Mary, age 82, is a widow who lives alone in her own home. She recently suffered a stroke, which left her weak on her left side. She uses a wheelchair, transfers with some difficulty, and uses the commode when she can maneuver into it. Her personal hygiene is poor. She is oriented most of the time, although she sometimes forgets her medication. Her vision is deteriorating. She believes she is cleaning up after herself, but she cannot really see, or ignores the dirt around her. It seems as though her home hasn't been cleaned in many years, perhaps since her husband died. The house is in disrepair. There are some plumbing problems and there is something wrong with the furnace.

Mary receives over \$1600/month in income, making her ineligible for most programs. The checks are mailed to the house and it is difficult for Mary to get to the bank. Sometimes a neighbor will go to the bank for her (for a fee) but Mary resists spending money. Her husband had been the money manager and always told her to save for a rainy day. Mary will accept free services although she can be demanding, accusatory, and nasty to the home health aides. She does not feel she should have to pay for anything. She is behind in her utility bills.

Mary's children do not live that far away, but express resentment towards their mother for her critical, blaming nature. They also state their father had been abusive to them and their mother always rationalized his behavior. They suspect their mother has money in CDs and stocks, but they do not know where or how much. They appear burned out.

Questions

1. What are the indicators of self neglect?
2. How would you engage Mary?
3. How would you approach the assessment?
4. What services/resources might you consider?

Transfer of Learning Activities

- Read the case study at the end of the module and answer the questions. Discuss your answers with your supervisor.
- Accompany a more experienced worker on a home visit to a self neglecting elder. Listen carefully to what the client says and observe the individual and the environment. Share your observations with the worker.
- Ask a coworker to describe a comprehensive assessment on a difficult self neglecting elder. Discuss the ethical dilemmas that you find in the case.

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ANSWER KEY Self Neglect
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1. In Pennsylvania, the legal definition of neglect excludes older people who are in a state of neglect solely due to environmental factors beyond their control. **True.**
2. Substance Abuse is not a risk factor in self neglect. **False.** (*Substance abuse is one risk factor that may lead to self neglect*).
3. Excessive clutter is one indicator of self neglect. **True.**
4. To properly engage the resistant self neglecting elder, the first step is to contact extended family. **False.** (*In self neglect, the first step to engaging the elder is building a relationship with the elder and starting where the client is*).
5. Asking open-ended questions may invite the self neglecting client to talk. **True.**
6. A comprehensive assessment focuses on evaluating the elder's functional ability. **False.** (*A comprehensive assessment includes a functional, environmental, cognitive, and risk assessment*).
7. It is important to evaluate whether the behavior is recent or if it is part of the elder's historical lifestyle. **True.**
8. Developing an appropriate intervention depends on your assessment and not on what the elder states that she/he would like to happen. **False.** (*The wishes of the elder should be the first point of consideration. The assessment determines if the elder understands the consequences of the decision. If the elder has capacity to understand, worker respects her/his wishes and uses the relationship to offer options that may reduce risk, which are consistent with the client's lifestyle, culture, beliefs*).
9. The ethical concept of non-maleficence means that we should protect our clients at all costs. **False.** (*Non- maleficence means "do no harm" and that the worker should not take an action that will put the elder at greater risk*).
10. It is important to be sensitive to a client's culture and ethnicity so we understand how their world-view influences how they accept help. **True.**