



Working with Self-neglecting Clients - eLearning

Transfer of Learning Guide

We create experiences that transform the heart, mind and practice.

Module 10
Self Neglect Workbook
- Susan Castano

The Topic:

Self-neglect cases account for the majority of substantiated Adult Protective Services reports. Therefore the skills to deal with these clients are essential to effective job performance.

Learning Objectives:

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

- Define self-neglect, its prevalence, risk factors and indicators
- Assess self-neglect in the 5 domains
- Describe risk assessment tools used for evaluating self-neglect
- Describe promising methods for working with self-neglecting adults
- Develop safety and risk reduction interventions for self-neglecting adults
- Describe elements to document in self-neglect cases
- Identify community partners in self-neglect cases

Supervisor Activities:

The following pages contain a variety of activities that may be used with new workers and processed in individual or group supervision. Please read the Self

Neglect Trainer's Manual as it will give you a wealth of didactic material and resources to support these activities.

Selected reading:

Dyer, C. B., Kelly, P. A., Pavlik, V. N., Lee, J., Doody, R. S., Regev, T., et al. (2006). **The making of a self-neglect severity scale.** *Journal of Elder Abuse & Neglect*, 18(4), 13-23.

Dyer, C. B., Goodwin, J. S., Pickens-Pace, S., Burnett, J., & Kelly, P. A. (2007). **Self-neglect among the elderly: a model based on more than 500 patients seen by a geriatric medicine team.** *American Journal of Public Health*, 97(9), 1671-1676.





*neglect by others, low health literacy
- see manual)?*

Have new workers read the self neglect definition from your statute. Follow up with the following questions. You may use examples from the manual or provide your own.

Discussion Questions:

Define self-neglect, its prevalence, risk factors and indicators

To set the framework for discussion, you may consider beginning with the following questions:

- **When you think of the term self-neglect, what comes to mind?**
- **Are there ways that we neglect ourselves?** *(not watching our diet, not exercising, smoking, not going to the doctor when we need to, not taking medications that doctor prescribes, staying in a dysfunctional relationship)*
- **When do self neglecting behaviors require outside intervention?** *(answers may indicate worker's feelings about autonomy and protection... you can follow that up when discussing ethical issues.*
- **What conditions could be mistaken for self neglect** *(poverty, eccentricity, unconventional lifestyle, trauma,*

- **From that definition, what would you look for when visiting a client? What would be the indicators or red flags?** *(reluctance to leave home for medical care, lack of medical for a prolonged period of time, inability or refusal to see doctor, underdiagnosis, over medication, inadequate care, pressure ulcers, malnutrition, dehydration, unsafe or unhealthy living conditions, hoarding. Stress that identifying one red flag alone does not constitute a substantiation of self neglect. A complete assessment including the determination of capacity and level of risk is needed before a plan of action is taken)*
- **What is the impact of severe self neglect on the client?** *(includes higher than expected mortality rates, hospitalization, long term care placement, environmental and safety hazards, homelessness)*
- **How would a client's self-neglect impact the family or the neighbors or the community?** *(Have them come up with examples)*

There are many ethical dilemmas that workers will face when working with self-neglecting clients. Having a discussion of this up front will give supervisors a sense of where the worker is... and will give you the opportunity for important discourse that sets the stage for their

Self Neglect

work with this difficult population. Have them read the handout “Ethical Principles” which defines some ethical terms. Some follow up questions may include:

- **What do you see as the most challenging dilemma for APS workers when dealing with self-neglecting clients** (*balancing the client’s autonomy with our beneficence....responsibility to protect*)
- **How do you see an APS worker causing harm to a client while trying to protect her/him?** (*removal of client from family home to a LTC facility may cause quicker deterioration, - stress that workers must weigh the consequences of their actions before making a decision*)
- **What privacy issues may get in the way of your being able to provide a service to a self-neglecting client?** (*refusal to allow worker access, refusal to share income info, refusing to share names/phone numbers of family members*)

Explain that there may be conflicts between the client’s wishes and your commitment to protect. As long as clients understand risks and make choices voluntarily, their wishes must be respected. When victims do not understand the risks they are taking or are operating under coercion AND the threat is substantial, we may be obligated to take actions. Ask:

- **When might a self-neglecting person’s behavior constitute a crime?** (*animal cruelty, fire hazard, condemned home*)



Written Activity:

Define self-neglect, its prevalence, risk factors and indicators:

Assess self-neglect in the 5 domains

In this activity, new staff will be able to explain the 5 domains of assessment and will begin to examine the indicators of self neglect under each domain.

The following page is a worksheet that workers will use to identify self-neglect indicators in the five domains. Have them write as many as possible on the sheet. If you have more than one new worker, have them exchange papers and discuss the differences.



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Ethical Principles

The 5 Domains of Assessment

For each domain, list as many possible indicators of self neglect as you can think of:

Domain 1: Physical/Medical Factors:

Domain 2: Psychological/Mental Health

Domain 3: Environmental

Domain 4: Financial

Domain 5: Social and Cultural

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Case Vignettes: Assess self-neglect in the 5 domains

1. Joe Smith, age 82, lives alone. He is diabetic and is not keeping his diabetic diet. Sometimes he forgets to take his insulin. He has been having pain in his foot as well. He has a 2nd grade education and has minimal reading and writing abilities.

What may be the impact



2. Maria Rodriguez, age 74, has moderate dementia. She believes that there are people in her attic who are trying to kill her. She calls law enforcement frequently to complain, but she doesn't speak enough English to make herself understood. She sometimes runs out of the house and knocks on neighbor's doors in the middle of the night.

What may be the impact?

3. Hanna Rupinska, age 80, is an animal lover, taking in stray cats. Presently she has 45 cats. She believes she is taking good care of them and preventing them from being euthanized. She has some vision problems and her home is extremely cluttered. The smell has reached the neighbor's home.

What may be the impact?

4. Harriet Demone, age 79, is a recent widow. Her husband always managed the finances and paid the rent. She does not open the bills and has been avoiding the landlord. She says her daughter comes every so often to help her. Her daughter lives 500 miles away.

What may be the impact?

5. Lakshmi Patel, age 88, lives with her son Proful. She is frail and almost bedbound. She will not allow her son to assist her with bathing and she refuses to let strangers near her.

What may be the impact?

Self Neglect

Answer Sheet

Case Vignettes: Assess self-neglect in the 5 domains

1. Joe Smith, age 82, lives alone. He is diabetic and is not keeping his diabetic diet. Sometimes he forgets to take his insulin. He has been having pain in his foot as well. He has a 2nd grade education and has minimal reading and writing abilities.

What may be the impact? (*complications of diabetes, amputation, inability to understand the medications or inability to read the prescriptions or diet, malnutrition*)

2. Maria Rodriguez, age 74, has moderate dementia. She believes that there are people in her attic who are trying to kill her. She calls law enforcement frequently to complain, but she doesn't speak enough English to make herself understood. She sometimes runs out of the house and knocks on neighbor's doors in the middle of the night.

What may be the impact? (*neighbors filing charges, mental health commitment, client refusing to return home*)

3. Hanna Rupinska, age 80, is an animal lover, taking in stray cats. Presently she has 45 cats. She believes she is taking good care of them and preventing them from being euthanized. She has some vision problems and her home is extremely cluttered. The smell has reached the neighbor's home.

What may be the impact? (*cruelty to animal charges, health and safety hazards, falling, house may be condemned leaving client homeless*)

4. Harriet Demone, age 79, is a recent widow. Her husband always managed the finances and paid the rent. She does not open the bills and has been avoiding the landlord. She says her daughter comes every so often to help her. Her daughter lives 500 miles away.

What may be the impact? (*utility shutoff, eviction, privacy issues, shame issues*)

5. Lakshmi Patel, age 88, lives with her son Proful. She is frail and almost bedbound. She will not allow her son to assist her with bathing and she refuses to let strangers near her.

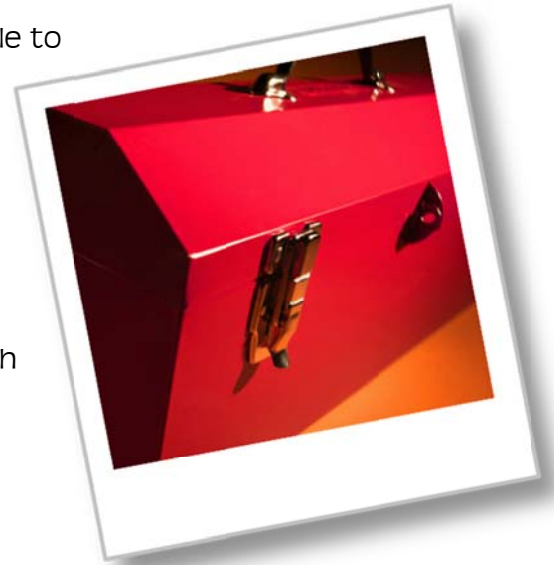
What may be the impact? (*bedsores, illness resulting from lack of hygiene, son may become frustrated and neglect her*)

Self Neglect

Case Vignettes: Describe risk assessment tools used for evaluating self-neglect

Discuss the kinds of risk assessment tools available to them and their uses. Provide the handouts for the IADL Scale, ADL Scale, and Hoarding Scales. Share Handout “Neglect and Self-Neglect as the Absence or Breakdown of Caregiving Systems” and emphasize the tools that they would be most likely to use in your APS program.

In preparation for the Transfer of Learning activity which follows, you may use these vignettes to help new workers begin thinking about ADLs and IADLs vulnerable elders may need.



Functional Assessment

- Mrs. F is a frail 85 year old woman. She recently fell and hurt her wrist. The doctor doesn't want her lifting anything weighing more than 5 lbs.
 - **What assistance might she need?**
 - **How severe or urgent is this situation?**

- Mrs. S. is 76 and a recent widow. She is depressed and has not paid her utility bills. Her home is in disrepair. She says she has never handled money and her husband used to take care of everything. She has isolated herself from others. She does not drive.
 - **What assistance might she need?**
 - **How severe or urgent is this situation?**

- Mr. G. age 80 has some dementia and is taking Coumadin, Aricept, blood pressure medication. He often forgets to take his medications and is unsteady on his feet. His home is full of clutter and trash. There are newspapers stacked to the ceiling. He is dirty, his clothing is soiled and ill-fitting and he is wearing his boxer shorts over his pants. There is little food in the house.
 - **What assistance might he need?**
 - **How severe or urgent is this situation?**

Self Neglect

Answer Sheet

Functional Assessment

- Mrs. F is a frail 85 year old woman. She recently fell and hurt her wrist. The doctor doesn't want her lifting anything weighing more than 5 lbs.
 - **What assistance might she need?** (*laundry- can't lift the basket, shopping- can't carry bags, some cooking- can't lift pan of water, making beds- can't lift corner of mattress, depending on leg strength she might even need help rising from a chair.*)
 - **How severe or urgent is this situation?** (*not severe or urgent, but in need of home health services.*)

- Mrs. S. is 76 and a recent widow. She is depressed and has not paid her utility bills. Her home is in disrepair. She says she has never handled money and her husband used to take care of everything. She has isolated herself from others. She does not drive.
 - **What assistance might she need?** (*money management, companion services, reassuring calling, reconnect with friends and/or family, handyman services, mental health treatment, medication, transportation*)
 - **How severe or urgent is this situation?** (*moderate. If client doesn't get mental treatment, her depression may worsen and the self neglect also.*)

- Mr. G. age 80 has some dementia and is taking Coumadin, Aricept, blood pressure medication. He often forgets to take his medications and is unsteady on his feet. His home is full of clutter and trash. There are newspapers stacked to the ceiling. He is dirty, his clothing is soiled and ill-fitting and he is wearing his boxer shorts over his pants. There is little food in the house.
 - **What assistance might he need?** (*medication monitoring, home health services, meal prep or delivery, assistance with dressing and bathing, cleaning services*)
 - **How severe or urgent is this situation?** (*risk may be imminent and become an emergency if services aren't provided. Client may also require a capacity assessment.*)

Neglect and Self-Neglect as the Absence or Breakdown of Caregiving Systems



1) Overwhelmed Caregiving Systems.

- Definition: The older person has family, friends, or paid caregivers who are actively involved in providing care but are not doing everything that's necessary.
- Examples:
 - * The caregiving system was adequate at one time - but then there were changes, a gradual deterioration or an abrupt incident - a stroke for example - which rendered the care inadequate.
 - * The caregiver is trying to balance caregiving with a job or other responsibilities.
 - * the elder really should be in nursing home - they need extensive care - but they're refusing to go
 - * The family cannot afford nursing home care or support services
- Prognosis: highest rates of success because there is a system in place, the senior is willing to accept help, and people are willing to provide care.
- Promising Approaches: Because caregivers are exhausted, they are unwilling to agree to interventions that require them to do more. If caregivers are offered help that takes burden off, the situations can be improved.

2) The Dysfunctional Caregiving System

- Definition: A caregiving system is in place but the dynamics between caregivers, or between caregivers and older person are characterized by dysfunction.
- Examples:
 - * The older person is difficult and alienates others - choreworkers quit or the older person fires them
 - * Family members are estranged
 - * Feuding families. You may have sibling feuding with each other or with the older person.
 - * Alcoholic families
- Prognosis: Not good unless "tolerant outsiders" (people who are not involved in the conflict) can be found.
- Promising Approaches: The likelihood of success improves if feuding family members are kept involved (so that they won't sabotage treatment plans), but are not in control. Guardianship can be very helpful to shift responsibility away from people who are enmeshed in the conflict.

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3) The Self Interested Caregiver

Definition: Someone has responsibility for providing but the care is inadequate because the caregiver is really just in it for the money.

Examples:

- * Caregiver is being paid or stands to inherit.
- * Caregiver is concerned or preoccupation with their own interests.
- Accounted for the fewest number of cases
- Prognosis: Interventions are relatively simple if caregivers were removed as responsible parties.
- Promising Approaches: Guardianship. Money management.

4) The Elder Alone

Definition: Elders who have no one to provide care. Since the neglect in these situations can not be attributed to anyone other than the elders themselves, these cases are often referred to as self neglect.

Examples:

- * Elder recently lost close friends or relatives, or spouses who were providing care and alternative arrangements haven't been made.
- * Elders who have chosen to be alone or to live with animals.
- * Debilitated couples where neither member is capable of providing care to the other.
- Prognosis: Depends on the reason that the older person or couple is alone. Many older people and their families don't know about services. Some may agree to services when they hear about them.
- Promising Approaches: Educate seniors and their families about services.

5) Elders who Refuse Care

Definition: Same as above but senior has refused help.

Examples:

- * Senior is depressed. May be close to die and wants to die
- * Senior doesn't want to have their affairs scrutinized
- * Senior is committing slow form of suicide.
- Prognosis: Poor but depends on reasons that clients are refusing help. If they really want to die, there may be little that can be done.
- Promising approaches: If judgment is shaded by depression, it may be treatable. Bringing services in to home. Crisis may precipitate change.

* Dubin, T., Garcia, R., Lelong, J., & Mowesian, R. (1986). *Family neglect and self-neglect of the elderly: Normative characteristics and a design for intervention*. Austin, TX: Hogg Foundation for Mental Health, Family Eldercare, Inc. **Transfer of Learning:** Describe risk assessment tools used for evaluating self-neglect

Self Neglect

Now that they have learned about functional assessment issues, assign a case (non emergency) where there are functional issues. Have them conduct a functional assessment and complete the IADL and ADL Scales. The forms follow.

In supervision, discuss the case with them. Some questions you may ask:

- What was your general impression of the client and the home?
- What were you expecting and what did you find?
- Did the Tools help you to focus and identify areas of concern? If so, how?



Self Neglect

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 UNIVERSITY HOSPITAL & UNIVERSITY MEDICAL ASSOCIATES
GERIATRIC ASSESSMENT CENTER
SCALE FOR INSTRUMENTAL
ACTIVITIES OF DAILY LIVING

Visit: 1st 2nd 3rd
 (Circle one)

Patient Identification (Stamp)	
Name	
Reg. No.	
Location	
Date	

Instructions: Write in the appropriate value number on the score lines provided to the right of the responses. Add the value numbers to obtain total score.

- | | <u>Value No.</u> |
|--|------------------|
| 1. ABILITY TO USE TELEPHONE
3 Operates telephone on own initiative; looks up and dials numbers, etc.
2 Dials a few well known numbers
1 Answers telephone but does not dial
0 Does not use telephone at all | _____ |
| 2. SHOPPING
3 Takes care of all shopping needs independently
2 Shops independently for small purchases
1 Needs to be accompanied on any shopping trip
0 Needs to have meals prepared and served | _____ |
| 3. FOOD PREPARATION
3 Plans, prepares and serves adequate meals independently
2 Prepares adequate meals if supplied with ingredients
1 Heats and serves prepared meals, or prepares meals but does not maintain adequate diet
0 Needs to have meals prepared and served | _____ |
| 4. HOUSEKEEPING
4 Maintains house alone or with occasional assistance (e.g., heavy-work domestic help)
3 Performs light daily tasks such as dish-washing and bed-making
2 Performs light daily tasks but cannot maintain acceptable level of cleanliness
1 Needs help with all home maintenance tasks
0 Does not participate in any housekeeping tasks | _____ |
| 5. LAUNDRY
2 Does personal laundry completely
1 Launders small items; rinses socks, stockings, etc.
0 All laundry must be done by others | _____ |
| 6. MODE OF TRANSPORTATION
4 Travels independently on public transportation or drives own car
3 Arranges own travel via taxi, but does not otherwise use public transportation
2 Travels on public transportation when assisted or accompanied by another
1 Travel limited to taxi or automobile, with assistance of another
0 Does not travel at all | _____ |
| 7. RESPONSIBILITY FOR OWN MEDICATION
2 Is responsible for taking medication in correct dosages at correct time
1 Takes responsibility if medication is prepared in advance in separate dosages
0 Is not capable of dispensing own medication | _____ |
| 8. ABILITY TO HANDLE FINANCES
2 Manages financial matters independently (budgets, write checks, pays rent and bills, goes to Bank) collects and keeps track of income
1 Manages day-to-day purchases, but needs help with banking, major purchases, etc.
0 Incapable of handling money | _____ |

TOTAL SCORE _____

1st Check _____
 2nd Check _____

 Interviewer Signature

From: Lawton MP, Brody EM. Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. Gerontologist 9(1969):179-186.

Self Neglect

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 UNIVERSITY HOSPITAL & UNIVERSITY MEDICAL ASSOCIATES
GERIATRIC ASSESSMENT CENTER
ACTIVITIES OF DAILY LIVING
PHYSICAL SELF-MAINTENANCE SCALE

Visit: 1st 2nd 3rd
 (Circle one)

Patient Identification (Stamp)	
Name	
Reg. No.	
Location	
Date	

Instructions: Write in the appropriate value number on the score lines provided to the right of the responses. Add the value numbers to obtain total score.

- | | <u>Value No.</u> |
|---|------------------|
| 1. TOILET | |
| 4 Cares for self at toilet completely, no incontinence | |
| 3 Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents | |
| 2 Soiling or wetting while asleep, more than once a week | |
| 1 Soiling or wetting while awake, more than once a week | |
| 0 No control of bowels or bladder | _____ |
| 2. FEEDING | |
| 4 Eats without assistance | |
| 3 Eats with minor assistance at meal times, with help preparing food or with help in cleaning up after meals | |
| 2 Feeds self with moderate assistance and is untidy | |
| 1 Requires extensive assistance for all meals | |
| 0 Does not feed self at all and resists efforts of others to feed him | _____ |
| 3. DRESSING | |
| 4 Dresses, undressed and selects clothes from own wardrobe | |
| 3 Dresses and undresses self, with minor assistance | |
| 2 Needs moderate assistance in dressing or selection of clothes | |
| 1 Needs major assistance in dressing but cooperated with efforts of other to help | |
| 0 Completely unable to dress self and resists efforts of others to help | _____ |
| 4. GROOMING (neatness, hair, nails, hands, face, clothing) | |
| 4 Always neatly dressed and well-groomed, without assistance | |
| 3 Grooms self adequately, with occasional minor assistance, e.g., in shaving | |
| 2 Needs moderate and regular assistance or supervision in grooming | |
| 1 Needs major assistance in dressing but cooperates with efforts of others to help | |
| 0 Actively negates all efforts to others to maintain grooming | _____ |
| 5. PHYSICAL AMBULATION | |
| 4 Goes about grounds or city | |
| 3 Ambulates within residence or about one block distant | |
| 2 Ambulates with assistance of (check one): _____ another person, _____ railing, _____ cane, _____ walker, or _____ wheelchair: _____ gets in and out without help _____ needs help in getting in and out | |
| 1 Sits unsupported in chair or wheelchair, but cannot propel self without help | |
| 0 Bedridden more than half the time | _____ |
| 6. BATHING | |
| 4 Bathes self (tub, shower, sponge bath) without help | |
| 3 Bathes self, with help in getting in and out of tub | |
| 2 Washes face and hands only, but cannot bathe rest of body | |
| 1 Does not wash self but is cooperative with those who bathe him | |
| 0 Does not travel at all | _____ |
| 7. RESPONSIBILITY FOR OWN MEDICATION | |
| 2 Is responsible for taking medication in correct dosages at correct time | |
| 1 Takes responsibility if medication is prepared in advance in separate dosages | |
| 0 Does not try to wash self, and resists efforts to keep him clean | _____ |

TOTAL SCORE _____

1st Check _____
 2nd Check _____

Interviewer Signature _____

From: Lawton MP, Brody EM. Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. Gerontologist 9(1969):179-186.

Role Play:

Describe promising methods for working with self-neglecting adults. Develop safety and reduction interventions for self-neglecting adults,



In this role play, new workers will have the opportunity to practice interviewing a difficult self-neglecting client. The goal is for them to develop rapport with the client and get a sense of who the client is and how she sees the world and the presenting problem. You the supervisor can play the role of client or ask an experienced worker to play the role so you can observe. To prepare for the role play, ask them to read handout “Using Empathy to Counter Resistance.” Stress that their purpose is to connect with the client and try and understand the self-neglecting behavior. They are not expected to solve the case...

Client Role:

You are Florence Maccio. You are 80 and live alone in a 2nd story apartment where you have lived for 45 years. You had been a nurse and always took care of yourself and your own things. You have never been married and always wanted to do things your own way. You never asked anyone for anything. You never wanted anyone in your business. You love animals, especially birds. You have 5 birds and don't like to see them caged up, so you let them fly around the apartment. They give you a lot of pleasure and comfort.

5 years ago you had a stroke which left you weak on one side. You take lots of different medications and sometimes it is confusing which ones to take at which time. The doctor you used to have has died and some young doctor has taken over the practice. He doesn't know you and gets mad when you don't make it to your appointments.

It has been difficult for you to clean the apartment but you do the best you can. Last year the landlord sent an exterminator, but you didn't want to have all those poisons in your house. They might hurt your birds. A few months ago the building manager sent you a notice that you had to clean or you would be evicted. Imagine that! After all these years! They sent some kind of social worker to talk to you but she was really pushy and criticized your housekeeping... and told you to get rid of the birds. You kicked her out. Now the landlord is really angry and called some other social worker to come see you.

After the role play ask the worker the following questions:

- How did it feel to be confronted with a resistant client?
- What do you think caused the resistance?
- What were some of the challenges in connecting with this client?
- What would be your next steps in this case? How would you decrease risk?



Role Play

To prepare for this role play, review handout “Using Empathy to Counter Resistance.”

The Case:

You have been assigned the case of Florence Maccio, age 75. She was referred by the landlord of her apartment because she may be evicted due to the condition of her apartment. Landlord reports that Ms. Maccio had a stroke and cannot do anything for herself. She hasn’t cleaned the apartment in years and has birds flying around loose in the apartment. He also reports that Ms. Maccio is confused and has been resistant to anything she has been offered – exterminator, help from the office on aging. He believes that Ms. Maccio is not realistic about her situation and probably needs to go into a nursing home.

Your assignment:

- Make an initial visit to Ms. Maccio
- Use empathy to try and understand her perception of her situation
- Try to understand where her resistance comes from

After the role play, think about the following:

- How you handled any resistance
- How you showed empathy
- What you did well
- What would you do differently
- What would your next steps be in this case

Using Empathy to Counter Resistance

Causes of Resistance

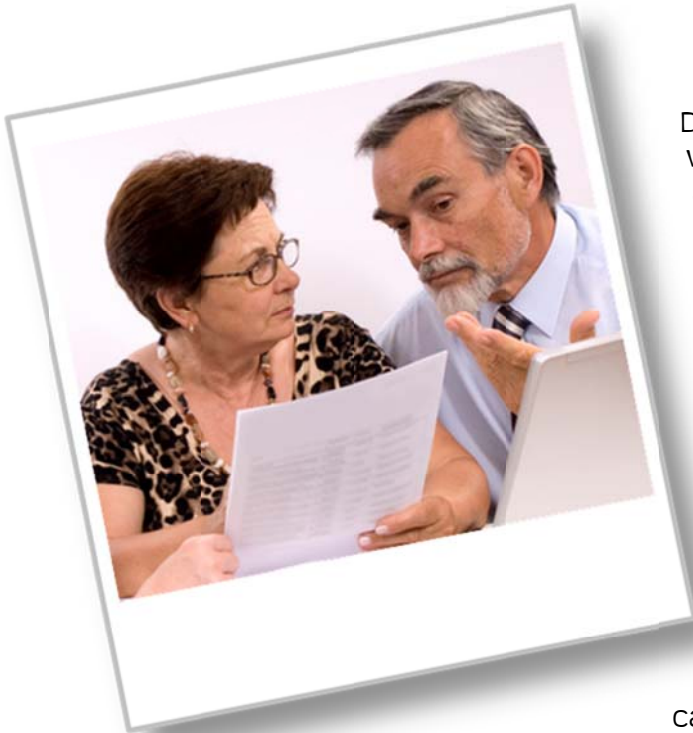
- Dementia
- Anxiety
- Grief
- Depression
- Lack of insight
- Personality problems
- Shame
- Distrust
- Fatigue
- Fear
- Pain
- Anger

Express Empathy

- Listen
- See the world through the client's eyes
- Think about things as the client thinks about them
- Feel things as the client feels them
- Share in the client's experiences
- Respect the client's perceptions
- Take your time
- Do not rush to judgment

Benefits to using empathy

- Lessens resistance and denial
- Helps you get more information
- May make client more open to suggestions and incremental change



Case Consultation Methods:

Describe promising methods for working with self-neglecting adults, Develop safety and risk reduction interventions for self-neglecting adults, Describe elements to document in self-neglect cases

When consulting with new workers on their self neglect cases, here are some ways to work with them around these cases.

- **Individual supervision:** have worker bring the case to you. In the session, you can discuss/review
 - Their feelings about the case
 - Their assessment in the 5 domains
 - Their proposed plan of action; is it ethical, workable, and the least restrictive alternative, does it reduce risk, how?
 - Their documentation on the case: what is documented, what should be documented, why it should be documented, how it should be documented (share Handout #13)
- **Group supervision:** have worker present the case to the group/unit at a staff meeting or use to forum to highlight a practice problem/issue such as termination, determining capacity, dealing with family members. A speaker can be invited to address the group as well. This can include:
 - A successful case: highlighting good work reinforces practice strengths
 - A “stuck” case: examining some personal issues that all workers can identify with, helping the worker see the forest from the trees
 - A difficult APS issue/topic that an expert may be able to help with
- **Mentoring:** Have new workers shadow more experienced workers on cases. Some self-neglect cases can be shocking to new workers. It is best to send them out with more experienced workers for the following reasons:
 - Debriefing
 - Conquer fear of the unknown
 - Safety in numbers
 - Another pair of eyes helps in the assessment

Self Neglect

- **Exploration of personal issues relating to the work with APS clients:** working with this population may arouse feelings in all workers, especially new ones. Self awareness is critical for workers in APS – is it the client? Is it the worker? Where is the issue coming from? Some topics for exploration may include:
 - Independence/dependence
 - Loss/grief/death
 - Ageism and attitudes toward
 - Isolation
 - Illness: physical and mental
 - Reframing situations from a strengths perspective (instead of seeing issues as problems)
 - Countertransference: linkage between the worker’s personal feelings and professional interventions and behaviors. Signs may include
 - Depressed or uneasy feelings during or after contact with certain clients or family members
 - Forgetting/avoiding appointments
 - Strong or sharp comments relating to a client or family member
 - Doing more for certain clients due to very positive/affectionate feelings
 - Doing less than what is required or available due to negative feelings about a client/situation
 - Ongoing arguments with certain clients or family members
 - Sudden increase or decrease of interest in a certain case
 - Rush to terminate

References:

Burack-Weiss, Ann and Coyle Brennan, Frances. Gerontological Social Work Supervision Haworth Press (New York, 1991)

Genevay, Bonnie and Katz, Renee S. Countertransference and Older Clients Sage Publications (California, 1990)

Self Neglect

Transfer of Learning: Identify community partners in self-neglect cases

Share Handout “**Community Partners in Self-Neglect Cases**” with new workers. This handout identifies community partners.

Have workers research who the most appropriate community partners are for their particular caseload/area. They can do this by asking coworkers or colleagues for recommendations, by calling other agencies and developing their own contacts. When they have completed the worksheet to follow, they should discuss their findings with you and then keep that worksheet as a resource list that they can use in the future.

Self Neglect

Community Partners in Self-Neglect Cases	
Professional, entity or group	Who Do I Call?
Mental health professionals, including county geriatric mental health program personnel or professionals in private practice (geriatric psychologists, psychiatrics, etc.)	
Geriatric physicians and nurses	
Conservators, including private professionals	
Public Guardians	
Clergy	
Local law enforcement, including police and sheriffs	
Animal Welfare Organizations (municipal animal care and control agencies, humane societies and SPCAs, and rescue organizations)	
Ethics Committees (most are convened by hospitals and nursing homes)	
Multidisciplinary teams, including elder abuse multidisciplinary teams and death review teams.	

OUR WHY:

REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
THE WORLD IS A
HEALTHIER PLACE.



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