



Intervention in situations of **SELF-NEGLECT**

A Practice Guide
October 2016 Edition



Chaire de recherche sur la maltraitance
envers les personnes âgées
Research Chair on Mistreatment of Older Adults

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GRAPHICS

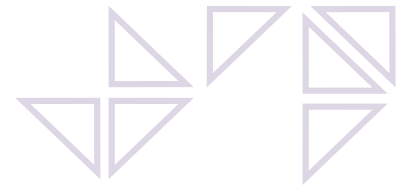
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The masculine is used in order to simplify the text and designates both men and women.

A first version of this practice guide was published in December 2014 (Calvé, 2014). It was created in close collaboration with the home-care sector's practitioner team for the clientele with physical impairment at the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke (CSSS-IUGS), which became the CIUSSS de l'Estrie - CHUS in 2015, as part of a Master's degree internship in social work at the University of Sherbrooke. The first version of the practice guide was put together after a review of the literature, group and individual discussions with psychosocial practitioners of the CSSS-IUGS, reading case files concerning situations of self-neglect, observing interventions and revision by external experts (social workers, students and professors at the University of Sherbrooke).

This second version of the practice guide is available thanks to the financial assistance of the Chair on Mistreatment of Older Adults financed by the Québec Government. The changes made are based on feedback from users of the first version of the practice guide as well as updating the literature on the theme of self-neglect.

SYMBOLS used in this practice guide



Food for Thought



Issues and
practical advice



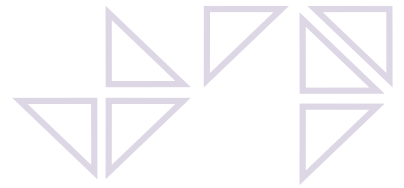
Keep in mind



Useful information

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INTRODUCTION

During recent years, interest in the phenomenon of self-neglect has increased in both the areas of research and practice. The practice guide on intervention in situations of self-neglect aims to respond to the needs of many psychosocial practitioners: to be better informed about the phenomenon and better equipped to intervene with self-neglecting persons (Neesham-Grenon, 2012).

This practice guide is addressed to all practitioners¹ led to intervene with self-neglectful persons. Its use is straight-forward, based on practice and transferable to various intervention contexts. In addition, it constitutes a tool for decision-making and does not aim to replace the clinical judgement of the practitioner. It contains guidelines for reflection and action for detecting and intervening in situations of self-neglect.



USEFUL INFORMATION

In the literature, there is no consensus whether self-neglect is a form of mistreatment or not. According to the definition adopted by the World Health Organization (World Health Organisation, 2002) and accepted by the Québec Government (Ministère de la Famille et des Aînés, 2010)² these are two distinct concepts as in situations of self-neglect, there is no question of a relation of trust with another person. However, **mistreatment by another person and self-neglect** are inter-dependent problems as one can be the cause or the consequence of the other. In this sense, a person affected by the consequences of mistreatment may adopt self-neglectful behaviour, and the inverse is also true, a self-neglectful person is more vulnerable to mistreatment by others (Lauder, Roxburgh, Harris & Law, 2009; Neesham-Grenon, 2012).

Thus, in the United States, the form of mistreatment most frequently observed by Adult Protective Services³ is neglect, either of oneself or by someone else (50 to 70% of cases reported), but self-neglect constitutes the majority of these cases (Dyer & coll., 2006).

¹The term “practitioner” designates both those working in the public sector in the health and social services network (social workers, social work technicians, occupational therapists, nurses, etc.) and those working in community organizations of the same network (community workers and neighbourhood workers, etc.).

²This definition of the mistreatment of older adults is: “Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (Ministère de la Famille et des Aînés, 2010: 17).

³While the functioning of Adult Protective Services is different from one place to another, they do exist in every American state and permit the gathering of statistics on the situations which are reported to them (Lauder, Roxburgh, Harris & Law, 2009).

CONCEPT OF SELF-NEGLECT

The definition of self-neglect used in this practice guide is inspired by Neesham-Grenon (2012) and Day, Leahy-Warren and McCarthy (2016):



KEEP IN MIND

Self-neglect includes a large range of behaviours, distributed along an intensity continuum, culturally and socially framed, done intentionally or not, which result in a failure to respond to one's own needs or to obtain care, and which may potentially result in negative consequences for the well-being, health, and security of the person and others.

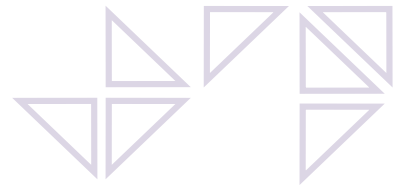
The degree of intensity of the behaviours and the consequences of self-neglect vary from one situation to another. The following checklist helps identify the **observable behaviours** of the self-neglectful person and aids in the quick preparation a portrait of the situation.

Physical environment

- Compulsive accumulation (Diogenes syndrome⁴ or hoarding⁵): difficulty getting rid of possessions and amassing various objects
- Collecting⁵: amassing one type of object
- Squalor⁵, uncleanliness
- Litter, disorder, accumulation of garbage inside or outside the home
- Disrepair of the home, mold, bad smells
- Defective household appliances, water systems, insulation, or heating systems
- Inaccessible sanitary installations, absence of a proper place to sleep
- Sheltering numerous animals, vermin or excrement
- Accumulation of dirty dishes and stale food

⁴ Until recently, Diogenes Syndrome referred to a mental problem of which extreme self-neglect was a symptom. Today, this term has been replaced by hoarding.

⁵ The distinctions between these concepts are taken from McDermott (2008).



Personal hygiene

- Unkempt appearance, uncleanliness and smelliness: body, skin, hair, nails, teeth, clothes

Health

- Food and fluid intake insufficient or inexistent
- Poor management of medication, of treatment or of other clinical procedures, despite a clear comprehension of one's state of health, of current and potential consequences, as well as of the recommendations
- Lack of follow-up or absence at medical appointments
- Ineffective preventive practices: unhealthy diet, lack of exercise, consumption of tobacco, drugs, alcohol and non-prescription medication, etc.

Property

- Poor financial management
- Little or no protection of their heritage

Psychosocial

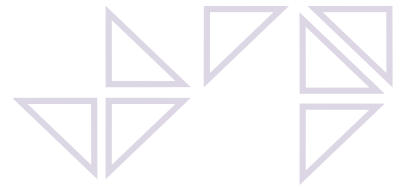
- Few or no social or family activities
- Absence of or instability in living routine

CHARACTERISTICS OF SELF-NEGLECTFUL SITUATIONS

Personal characteristics

Self-neglect is characterized by **personal limitations** which a person does not try to compensate for through external resources, combined with **altered judgement** or **inadequate adaptation strategies**. The practitioner is invited to check off the personal aspects present in the situation in order to obtain a quick summary:

- Loss of functional independence (reduction of cognitive or motor capacities):
 - Total or partial capacity or incapacity to manage their property or themselves, either temporarily or permanently
 - Difficulty accomplishing the activities of daily life
 - Difficulty accomplishing domestic activities
 - Mobility difficulties
 - Communication difficulties
 - Cognitive troubles, whether diagnosed or not: attention, concentration, memory, planning, organization, judgement, perception, and execution (capacity to make choices and to realize these choices)
 - Neurological disorders or degenerative disease: Amyotrophic lateral sclerosis, Chronic Obstructive Pulmonary Disease, etc.
 - Physical problems: chronic pain, malnutrition, etc.
 - Illness: chronic, infections, etc.
 - Medical complications: presence of open wounds, uncontrolled diabetes, etc.
 - Deterioration of physical health
- Reduction of the senses: vision, hearing, smell, touch, taste
- Personality troubles, whether diagnosed or not: limits, histrionics, evasion, narcissism, etc.
- Personality traits: independence, distrustfulness, aggressiveness, immaturity, passivity, etc.
- Mood disorders, whether diagnosed or not: depression, bipolarity, anxiety, etc.
- Intellectual impairment, whether diagnosed or not: mild, severe, or profound
- Inappropriate consumption: tobacco, drugs, alcohol, medication
- The person's beliefs, values and perceptions:
 - Denial, living with shame, or minimizing a reality
 - Not recognizing oneself as self-neglectful
 - Refusing to recognize or difficulty accepting a disease
 - Fear of having to move
 - Thinking oneself capable of doing everything for oneself
 - Maintaining poor living habits and depending on "miracle solutions" to improve the situation
- Life experiences and patterns
 - Not accepting, partially or totally, the use of available services



Contextual characteristics

Self-neglect is also characterized by limits due to a **social, cultural or political context** which the person does not try to overcome. The practitioner is invited to check off the contextual aspects present in the situation in order to quickly form a picture:

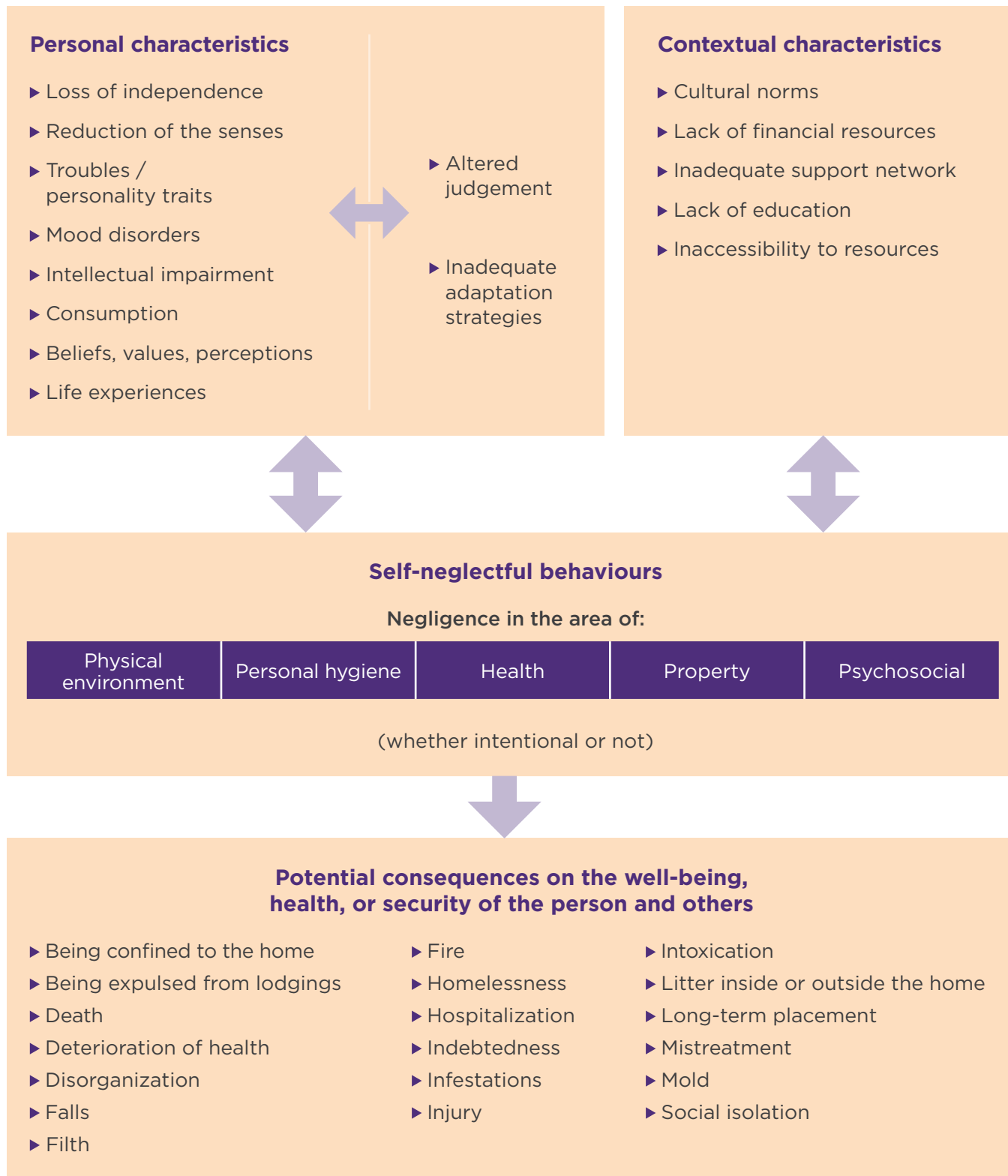
- Cultural norms
- Lack of financial resources
- Inadequate support network, social isolation
- Lack of education, awareness, or poor understanding of social norms
- Lack of accessibility to health and social services resources (ignorance of services, unavailability of resources, strict criteria for admission, physical distance, few transport options)

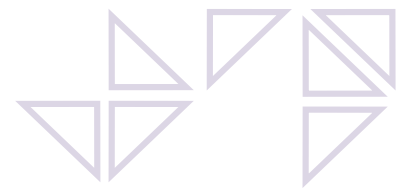
Self-neglectful situations are very complex and varied. The characteristics enumerated above may be **the causes or the consequences** of self-neglect.

The **diagram on the following page** summarizes the characteristics, the observable behaviours and the consequences of self-neglect. It illustrates the complexity of a self-neglectful situation as well as the importance of evaluating the person and his situation globally with a nuanced analysis in order to favour an effective intervention.

CONCEPTUAL DIAGRAM OF SELF-NEGLECT

The characteristics, behaviours and consequences of self-neglect presented below permit the identification of those **aspects towards which interventions should be oriented**:





INTERVENING IN A CONTEXT OF SELF-NEGLECT

In a situation of self-neglect, it is important that the practitioner be **proactive** in taking steps to correct the situation, while respecting the **rhythm** of the person as well as his **rights and freedom**.

The interventions are essentially centred on:

- ▶ Providing a “safety net” for the person
- ▶ Reducing harm
- ▶ Searching for solutions
- ▶ Energy economy or the capacity reinforcement approach
- ▶ Teaching or coaching
- ▶ Accompaniment or support
- ▶ A cognitive behaviour approach



KEEP IN MIND

The intervention process in a situation of self-neglect is **not linear**, that is the practitioner may modify the intervention process at any time as the situation evolves.

The **diagram⁶ on the last page of this practice guide** describes the intervention process in a situation of self-neglect. The following pages outline each of the steps of this diagram.

1. Making contact with the person and creating a transparent relationship...

A relationship of therapeutic trust can be difficult to establish with a self-neglectful person. It is therefore most appropriate to establish a transparent relationship. This aims to orient the person in his reality, among other things by explaining the situation, the interventions to come and the potential consequences of his behaviour. The practitioner must “stick to the essentials” and maintain an emotional distance from the person and his situation.

... or a relationship of therapeutic trust

From the beginning of the intervention process, it is preferable to avoid creating a sense of menace for the person, dictating behaviour, doing things in his place, treating him like a child, confronting him or being stubborn with him.

If possible, the practitioner avoids raising the subject of self-neglect in his first meeting with the person. It is better to let the person express his own thoughts and perceptions of the situation. This dialogue may serve as an opening to the intervention.

It is therefore very important to express empathy and to be reassuring, to listen actively (reflecting back, asking open questions, etc.) and to show respect. The climate of safety and the relationship of therapeutic trust will thus develop gradually between the practitioner and the self-neglectful person.

⁶ This is inspired by the tool In Hand (Beaulieu, 2010) developed for situations of mistreatment of older adults.

2. Evaluating the situation

In the self-neglect context, evaluating the situation is an **on-going process** which begins with the first contact with the person. It is important to continually analyse the situation and to adapt according to the evolution of the person.

For certain aspects of self-neglectful situations, it may be pertinent to access other resources, for example a medical evaluation.



FOOD FOR THOUGHT

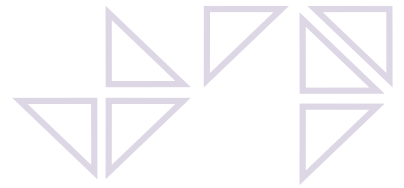
The practitioner is in a relationship with a **whole person** having capacities, limitations and a life experience of his own. Here are some questions to ask so as to know him better:

- ▶ When did the person begin to demonstrate self-neglectful behaviours? What changed? What may have set off the behaviour? Is the person dealing with a specific problem which may influence his life-style?
- ▶ How does the person perceive his situation?
- ▶ Does the self-neglect appear intentional or not?
- ▶ Does the person demonstrate resilience? Has he surmounted difficult situations in the past? What are his strengths and capacities?
- ▶ Is the person able to conceive and to maintain a project in his life? What level of energy does he have? What is his capacity for self-criticism?
- ▶ What is the level of involvement of the person in the intervention process?

A- Evaluating the person's needs

The person's needs may vary depending on the way his situation is looked at. In order to orient the intervention, it is necessary to identify the needs:

- ▶ Which the person recognizes
- ▶ Which take priority, according to the person
- ▶ Which, according the practitioner, are not met
- ▶ On which the person does not want to act
- ▶ Which are to be met in the short, medium or long-term



ISSUES AND PRACTICAL ADVICE

The practitioner may **identify needs** which the self-neglectful person does not recognize or does not wish to meet. The reasons may be numerous. Perhaps the person is marginal, perhaps he believes in a certain life-style which he feels is adequate, perhaps he is losing physical or cognitive independence, etc. In order to determine this, the practitioner must communicate with the person and do a global evaluation of the situation.

In order to maintain a relationship of trust with the person, it may be pertinent for the practitioner to respond to the needs which are a priority for the person, even though they may not be for the practitioner.

B- Evaluating the levels of urgency or danger in the situation

The levels of urgency or danger in a situation depend on the intensity of the **characteristics**, the **behaviours** and the current and potential **consequences** of self-neglect. Evaluating these aspects is primordial, notably:

- ▶ The danger for the person or for others
- ▶ The urgency to intervene

C- Evaluating the presence of a support network for the person

In a situation of self-neglect, the absence of significant relationships between the person and others may have various explanations⁷:

- ▶ The self-neglectful person may have pushed away his social network
- ▶ The network of the person may have chosen to distance themselves for a number of reasons, for example burnout, shame, anger, to set limits to the relationship or for their proper protection



KEEP IN MIND

If they are solicited, it is important to keep the **person's network** informed about the situation and the possible actions which may be taken as well as to support them in the actions they undertake.

It is sometimes beneficial to solicit or re-engage the person's support network, particularly the members of his entourage, in order to support the intervention. This may be:

- ▶ The **person's entourage**: family, friends, neighbours, the owner of the dwelling, etc.
- ▶ **Resources in the community**: a home-maintenance organization, a readaptation centre, a pharmacy, a family doctor, the municipal building inspector, the police, the fire department, etc.
- ▶ **Resources of the health and social services network**: a psychosocial practitioner, a psychoeducator, an occupational therapist, a respiratory therapist, a personal service worker in health and social services, etc.

⁷ In a case where there is a person present who is able to respond to the person's needs, but those needs are not being met, it may be pertinent to explore whether there is negligence by another person.



FOOD FOR THOUGHT

While evaluating the presence and the pertinence of the **person's support network**, the practitioner is invited to ask himself a few questions:

- ▶ Are there members of the person's network who are available to support him?
 - If yes, what is their perception of the person and his situation? What are their reactions to the person's self-neglectful behaviours?
- ▶ In what way are they prepared to become involved in the intervention process?
- ▶ Finally, what members of the person's support network can be solicited, and in what way?

Working with other resources

In a context of self-neglect, working with other resources or in an interdisciplinary fashion is very important. For example, depending on the analysis which he has done of the situation, the practitioner must evaluate:

- ▶ What are the most appropriate resources to respond to the needs of the person?
 - In function of their mandates, waiting lists, criteria of admission, availability of services, etc.
 - To what type of resource should the principal practitioner be attached: Physical impairment, loss of independence resulting from aging, mental health, readaptation, social isolation, etc.
- ▶ What resources are available to support the principal practitioner?

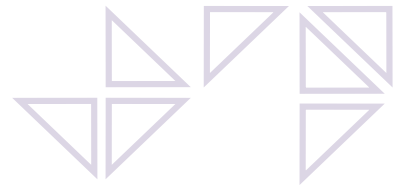


ISSUES AND PRACTICAL ADVICE

Working with other resources, in order to respond to the needs of the person or of the practitioner, raises **issues with respect to information exchange**.

- ▶ The time and energy needed to collect information from various resources
- ▶ Poor communication between the resources: availabilities, vocabulary, etc.
- ▶ Different perceptions, from one resource to another, about the person and his situation
- ▶ Respecting confidentiality: What to exchange? With whom? When? How?
(Certain exceptions apply in situations where the levels of urgency or danger are high.)

To facilitate the exchange of information with other resources, the practitioner exchanges with them, for example, about their respective mandates, their preferred approaches, the manner in which they share responsibilities, etc. With the consent of the person, certain interventions can be planned and carried out working with one or more outside resources.



3. Is the person capable of making informed decisions?

The capacity of the person to make decisions for himself as well as for his property, his **judgement** and his capacity for **understanding** constitute one of the issues encountered in a situation of self-neglect. Thus, an evaluation of the capacities of the person is sometimes necessary.

Is the person able to make informed decisions?

Yes: try to obtain the person's consent for the intervention

No: put temporary or permanent protection measures in place

4. Does the person consent to the intervention?

The person must be capable of giving consent **freely** and in an **informed manner**. As well, his consent must include the possibility of **sharing information with other resources**, in anticipation of eventually working with other resources or in an interdisciplinary approach.

Does the person give his consent to the intervention?

Yes: begin the process of accompaniment

No + levels of urgency or danger judged to be high minimal: begin to reduce follow-up

No + levels of urgency or danger judged to be high: put protection measures in place



ISSUES AND PRACTICAL ADVICE

One of the principal characteristics of self-negligent persons is their **reticence to accept help**. Obtaining their consent and being accepted in their environment is therefore sometimes difficult. This reticence may be associated with:

- ▶ The fact that the person does not recognize his self-negligent behaviours
- ▶ The fact that the person has had bad experiences with the health and social services network
- ▶ His life-style
- ▶ A poor understanding of the role of the practitioner

Once again, it is important to communicate with the person and to do a global assessment of his situation. Perhaps there is someone in his network, a person with whom he has a significant relationship and who will be able to bring him along to consent to some sort of process.



ISSUES AND PRACTICAL ADVICE

Depending on the organizational context of the practitioner, the **principles of independence and self-determination** of the person take precedence over the **principles of protection and security**. Generally, the practitioner acts in a voluntary context and should respond to the needs expressed by the person.

Nevertheless, in a situation where the person does not recognize his unmet needs, where he is unable to express a clear request or when the situation presents high levels of urgency or danger for the person or for others, it may be necessary to resort to protection measures.

Reduction of the intensity of follow-up

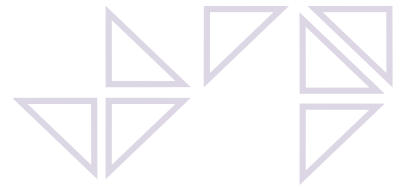
In a context where the person is able to consent, where he does not desire services and where the levels of urgency or danger are judged to be minimal, a reduction of services may be an option. In this case, certain points need to be considered:

- ▶ Let the dust settle after a crisis or a refusal of services by the person. Re-engage with the person later
- ▶ Keep an eye open, do follow-ups for problems other than self-neglect, be present if needed
- ▶ Validate this approach with the support network of the person, or mobilize this network to ensure follow-up with the person
- ▶ Intervene rapidly if the situation or the health of the person seems to be on the point of deteriorating



KEEP IN MIND

It is not advisable to completely end follow-up with a self-neglectful person, for if the situation deteriorates, the practitioner must restart the process undertaken with the person. At the same time, as a relationship of trust is difficult to establish or maintain with a self-neglectful person, it is important for the practitioner to inform the person that he can always ask for support if he wants it.



Accompaniment

When the person is able to make decisions and when he gives his consent to the intervention, the practitioner continues the process of accompaniment using **realistic means and deadlines**:

- ▶ Mobilize the person, encourage his participation and the sharing of responsibilities between him and his support network
- ▶ Encourage him, reinforce positive experiences
- ▶ Develop the skills and the competence of the person
- ▶ Favour shared decision-making, negotiate, make compromises on certain aspects
- ▶ Adopt a “small steps” process, gradually engage the person in a process of change
- ▶ Accompany the person to different services, preferably gradually



FOOD FOR THOUGHT

Characteristics of the practitioner have an influence on his analysis of the situation as well as on the intervention process. For this purpose, here are some aspects to consider in order to minimize this influence:

- ▶ His **personality**, his intervention style and his past experiences, both personal and professional. For example:
 - Does he intervene with a paternalistic approach or an approach based on free choice?
 - Has he lived through a traumatic event which tints his perception?
 - Does he anticipate the reaction of the person?
- ▶ His level of **comfort** with the situation
- ▶ His level of **tolerance** of the current and potential **consequences**
- ▶ His **work environment**, for example the presence of organizational stress, his accountability for the services offered

Protection measures

When the person is unable to make informed decisions or does not consent to intervention and the levels of urgency or danger are judged to be high, the practitioner may resort to protection measures, **with or without the authorisation of a tribunal**. Here are some examples:

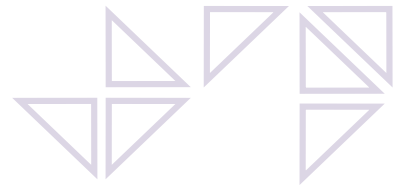
- ▶ Act respecting the protection of persons whose mental state presents a danger to themselves or to others (L.R.Q., c. P-38.001)
 - Request for a clinical examination
 - Preventive confinement (observation, maximum 72 hours)
- ▶ Québec' civil code
 - Art. 15: Substituted consent for care
 - Art. 16: Request for care and placement
 - Art. 272: Provisional custody (psychiatric examination)
 - Art. 274: Provisional administration of the property
 - Art. 281 to 294: Institution of protective supervision (curator, tutor, advisor to a person of full age. Public Curator Act)
 - Mandate in case of incapacity (to draw up or ratify)
 - Art. 1974: Resiliating a lease (Régie du logement)
- ▶ Administration by a third party
 - Québec Pension Plan
 - Old Age Security program
 - Société de l'assurance automobile du Québec
 - Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)
 - Indemnisation des victimes d'actes criminels (IVAC)
 - Etc.
- ▶ Municipal code on lack of sanitation



USEFUL INFORMATION

For more information, the practitioner may consult various sections of the **Reference guide to counter elder abuse** (French version only), in which these protection measures and other solutions are explored (Ministère de la Famille, 2016).

The practice guide "**L'évaluation psychosociale dans le contexte des régimes de protection, du mandat donné en prévision de l'inaptitude et des autres mesures de protection au majeur**" (French version only) can also provide relevant information to the practitioner (OTSTCFQ, 2011).



ISSUES AND PRACTICAL ADVICE

In certain situations, the practitioner may be **uncomfortable** because of:

- ▶ Difficulty identifying the causes and the consequences of the person's self-neglect
- ▶ The impossibility of predicting the evolution of the situation or the impacts of an intervention
- ▶ Contradictory feelings: empathy and distaste, patience and confrontation, understanding and rejection, etc.

If he does not feel ready to live with this discomfort, the practitioner may:

- ▶ Ask for help from a colleague who has more expertise in the area of self-neglect
- ▶ Ask for clinical support from his colleagues through case discussions or co-development meetings
- ▶ Validate with a superior, a clinical supervisor or a multidisciplinary team
- ▶ Transfer the dossier to another colleague

5. A- Explaining the situation to the person

Whether he has a perspective of accompaniment or of protection measures, the practitioner must be **transparent** and explain the situation to the person, that is reflect back to him the extent of his **behaviours** and their **consequences** as they pertain to social norms.



ISSUES AND PRACTICAL ADVICE

Self-neglect causes practitioners to live with **conflicts in values**. In order to identify the issues, the practitioner may make a list of his values and those of the person with whom he is in contradiction in the situation:

Values of the person

- ▶ Personal
- ▶ Social or cultural

Values of the practitioner

- ▶ Personal
- ▶ Social or cultural
- ▶ Professional
- ▶ Organizational

B- Favouring the awakening of awareness in the person

Frequently persons do not recognize their self-neglecting behaviours. Ideally the person should become aware of the importance of his **behaviours** and the current and potential **consequences** of his situation, in order to involve him in the joint elaboration of an intervention plan. This recognition is desirable in a perspective of accompaniment as well as when protection measures are to be put in place, according to the capacities of the person.



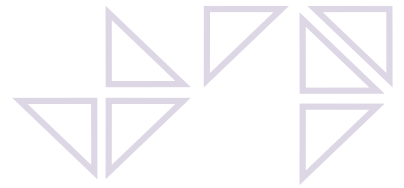
FOOD FOR THOUGHT

The answers to these questions may serve to **open a dialogue**:

- ▶ How does the person perceive his situation?
- ▶ To what point is the person motivated or apt to undertake a process of change?
- ▶ What will the advantages and disadvantages be of a change in the situation of the person?
 - According to the practitioner and according to the person. With respect to the emotional or material aspects. In short, what is the decisional balance?
- ▶ Can the practitioner and the person arrive at a common understanding of the situation?

Here are some **strategies** which can be used to favour the **awakening of awareness** in the person. These are generally carried out in an accompaniment approach, but when appropriate, the practitioner may use confrontation:

- ▶ Help the person express his requests, his needs and his expectations
- ▶ Share the expectations of the person and of the practitioner, each to the other, with respect to the interventions to come
- ▶ Help the person recognize or accept an illness
- ▶ Accompany the person in a grieving process concerning his reduced independence or his reduced capacities, etc.
- ▶ Dialogue about the beliefs, values and perceptions of the person, inform him, coach him
- ▶ Lead the person to increase his willingness to receive help
- ▶ While respecting the person's consent, solicit his support network, particularly the person or persons with whom he has a significant relationship
- ▶ Elaborate or demonstrate scenarios with the person to illustrate his behaviours and their consequences
- ▶ Ultimately, opt for protection measures. Legal interventions can be envisaged, among other things to evaluate the decision-making aptitude of the person and his capacity to give consent



6. Elaborating an intervention plan and putting it into action

In a perspective of accompaniment, **the practitioner and the person share decisions and responsibilities** with regard to the intervention plan. To the extent possible, this is also the case for persons who need protection.



FOOD FOR THOUGHT

Here are some questions whose answers may serve as **levers in the intervention**:

- ▶ Until now, what actions have been undertaken in attempting to meet the identified needs and to manage the urgency or the danger? What has not worked and why? What has been beneficial and why?
- ▶ On what aspects of the conceptual diagram of self-neglect should the intervention be based?
- ▶ Should the practitioner base his actions on the principles of independence and self-determination or on the principles of protection and security?
- ▶ What are the protection factors towards which the intervention should be oriented?
 - The strengths and capacities of the person, his culture, his education, his support network, etc.
- ▶ What means and timelines are realistic?

7. Following up

In a situation of self-neglect, it is important to **constantly evaluate** the person's needs, the levels of urgency or danger of the situation for himself and for others, the presence of a support network, as well as the person's aptitude to make decisions.

Because situations of self-neglect can evolve rapidly, it is important that the practitioner documents the situation, that he updates his clinical judgement and that he evaluates the pertinence of the actions posed and the representation of the situation by each person involved.

On the other hand, it is beneficial to encourage the person to develop, to maintain or to improve his capacities, his life habits and his social relationships. If the person **maintains the changes** made in the intervention process, the follow-up continues.

However, if the person **once again adopts self-neglectful behaviours**, the practitioner must then re-evaluate the situation, as demonstrated in the diagram on the last page of this practice guide.

CONCLUSION

Interventions in situations of self-neglect are complex and time-intensive. The practitioner must therefore arm himself with patience, must demonstrate openness, comprehension, and flexibility and must adapt to the rhythm of the person, which is sometimes very demanding. It is thus primordial to open a dialogue with the person, to respect his choices as much as possible and to work in a team, whether it is with the person as a partner in the intervention or with colleagues or other resources.



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DIAGRAM: INTERVENTION IN A SITUATION OF SELF-NEGLECT

