

# Self-neglect: Challenge and Opportunity

## **Empowering Mindfulness Conference**

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# Road map...

- Definition
- Signs and symptoms
  - Types of indicators
- Possible actions/responses
  - Interventions?
  - Who should be involved?
- Issues to consider
  - Welfare, legal, practical, ethical?
- Case study
  - Decision-making protocol
- Discussion & conclusion

# The case of Mr. Albee Kranky...

Albee Kranky is 76 years old and a former Kentucky high school history teacher. A year ago his wife of 53 years died suddenly due to a massive stroke. Since that time, he has begun to show signs of memory loss. Albee, who has always really liked to “hold onto things,” has begun to hoard newspapers.

He claims they are a defense against future terrorist attacks by al-Qaeda as well as lone gunmen who “go postal.” His three underfed dogs bark incessantly and are bothering his neighbors, who are wearing out of patience with him. The siding is falling off his home, and two of his neighbors have complained to the health department about an unpleasant odor emanating from his basement. Some very shady people seem to be frequenting Albee’s home and coming and going at odd hours. Albee rarely comes to the door anymore if someone rings the bell or knocks.

Albee rarely bathes and leaves the house once a month around 2:00 a.m. to buy groceries. Recently, there was a small fire in his kitchen because he forgot to turn off the stove. His two children, who live out of state, are very worried, but Albee insists that there is nothing wrong with him.

Source: Original case study created by P.B.Teaster (2010). Case is fictional, and illustrative only.

## QUESTIONS:

- a) What is going on (your diagnosis)?
- b) What (if anything) should be done? Why?
- c) What are the risks, benefits?
- d) What informs your decisions/actions?

# Definitions...

- Elder abuse in general

“... any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” The National Center on Elder Abuse (NCEA, 2005)

- Includes 6 major typologies of mistreatment

- physical abuse, sexual, emotional and psychological abuse, financial exploitation, as well as neglect and **self-neglect**
- Are not mutually exclusive and different types may co-exist

# Self-neglect defined...

...Failure by an older person to adequately meet or satisfy his/her own psychological, social or physical needs. *Source: National Center on Elder Abuse*

*Self-neglect is 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; and/or managing financial affairs.*

Source: The National Adult Protective Services (APS) Association

Where medical and social supports are inadequate, *executive dyscontrol* results in functional impairment (Dyer et al, 2007)

**Is interplay of cognitive+physical+socio-economic factors**

First appeared in scientific journals in the 1950s

Also referred to as **Diogenes Syndrome** and **failure to thrive**

# Self-neglect defined...



- Common among persons 65+
- Independent risk factor for early death (Dyer et al, 2007)
- Self-neglect is different from the others because:
  - There is no perpetrator
  - Results from actions/omissions of older person
    - Fail to meet own social, physical, psychological needs – Diogenes syndrome
  - Refusal of care
  - Behavior or choices create or increase risk

# Risk factors...

Association found between self-neglect and :

- mental health problems:
  - Substance abuse
  - Dementia
  - Depression.
- Lifestyle choices
- Lack of resources

# Signs and symptoms...

- Indicate that older adult may be self-neglecting
- May be isolated, a pattern, or mix/collection
- Fall into broad categories:
  - Physical indicators
    - E.g. Poor personal care
  - Environmental indicators
    - E.g. Condition of home
  - Behavioral indicators/characteristics
    - E.g. Confusion, disorientation

# Signs and symptoms...

## Physical

- Poor personal hygiene
  - soiled clothes, dirty nails/skin/hair
  - odors, presence of feces or urine
- Unclothed, or improperly clothed for weather
- Decubiti (bedsores)
- Skin rashes
- Dehydration, lack of energy, and mental confusion
- Untreated medical or mental condition
- Absence of needed aids/prosthetic devices
  - dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces, or commodes
- Chronic diseases worsen despite care plan
- Worsening dementia

## Environmental

- Lack/absence of necessities
  - food, water, heat
- Inadequate living environment
  - utilities, space, ventilation
- Animal or insect infestations
- Hoarding
- Safety hazards
  - faulty wiring, poor sanitation, structures
- Evidence of medication mismanagement
  - Empty/unmarked /outdated bottle
  - Disrepair, cleanliness, or architectural barriers

Source: NCPEA

# Signs and symptoms...

## Behavior

- Emotional distress
  - crying, despair, depression
- Nightmares or difficulty sleeping
- Non-medical condition related loss of appetite
- Confused and disoriented
  - (this may be the result of malnutrition)
- Withdrawn, detached, numb
- Exhibition of poor social behaviors:
  - Regressive
  - Self-destructive
- Unrealistic expectations

## Other

- Recent significant event/life change
  - e.g. death of spouse
- Ongoing stressful life event/change in family circumstance(s)
- Poverty
- Absence of capable guardian

Source: NCPEA

# Responding to self-neglect...

## First consider:

- **Safety and wellbeing of older adult**
- **Mandatory reporting laws e.g. KRS**
  - **Adult protective services (APS)**
  - **Law enforcement**
  - **Long-term care ombudsman.**
  - **Medicaid fraud and control units**
- Investigation will address /assess the following:
  - Is the subject of the report in imminent danger?
  - Is the person in need of emergency services to prevent injury or loss?
  - What is the nature and extent of the abuse?
  - Is abuse likely to occur again?
  - What is the level of risk?
  - Is the person able to make decisions about his or her care?
  - What measures are needed to prevent future abuse and ensure the well being of the elder or dependent adult.

## **Older adult can refuse services/APS intervention - Adult protective services are voluntary.**

Exceptions: Crime committed or Lacks sufficient mental capacity to protect self

- SOURCE: NCPEA, 2008

# Responding to self-neglect...

## Interventions:

- Mental health assessments
  - Ability to meet basic needs/decision-making
- Counseling
  - Assess options, educate, support
- Legal assistance
  - Guardianship/conservatorship
- Support services
  - Risk reduction, home meals, home help, companionship, etc
- Case management
  - Comprehensive and integrated, **Multidisciplinary Teams (MDTs)**
- Medical care/assessments

*SOURCE: NCPEA, 2008*

# Critical issues...

- Welfare, legal, practical, ethical
- **Ethical:**
  - autonomy vs. beneficence; self-determination vs. protection
  - decision-making capacity/mental capacity/competence
  - Informed consent/undue influence
  - Client/victim centered care
  - Role of culture

**Goal: Protect rights and freedoms, balance health and safety?**

**Include older adult as best as possible in protective intervention decisions!**

# Critical issues...

## Elder abuse (including self-neglect) requires a multidisciplinary approach

- Medical-social model of care
  - Geriatric syndrome/social supports
- MDTs important
  - Identify other stakeholders
  - Social services, Criminal Justice System, Healthcare, Community
- **Community Partnerships are key**
  - Resources/referrals (APS , service orgs. etc)
  - Support groups (victims/perpetrators)
- Collaboration
  - Improve body of knowledge, bio markers of mistreatment
  - Balance autonomy vs. beneficence

# Case review

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**Discussion:**

**Back to Mr. Albee Kranky...**

# Sample Decision-making Protocol

- Maintain ‘high index of suspicion’
- Identify self-neglect – check signs and symptoms, risk
- Can we determine cause?
- Consider viable responses (interventions)
- Consider pertinent players (multidisciplinary teams/approach)
- Consider potential issues: legal, welfare, practical
- Consider ethical issues: competence, capacity,, consent, etc
- Is X at center of decision-making?
- Compliance with mandatory reporting laws
- Continuity of care
- Document process, review

# Self-neglect...

## Challenge

- Recognize and identify
- Be aware and informed
- Act expeditiously
- Determine appropriate:
  - Players
  - Responses/strategies
  - resources
- Prevent occurrence
- Arrest continuation

## Opportunity

- Protect vulnerable senior
- Ensure safety and wellbeing
- Improve quality of life
- Respect personhood
  - Consider competence
  - Self determination versus protection
- Consider interest(s) and involve senior in decision-making
  - As far as practicable

***Empower self to meet the challenge:  
Be mindful of the opportunity to create positive change!***



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