



## Engaging Adults who are Self-Neglecting

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# Presenters from Hennepin County Adult Protection

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# PERSONS DIFFER ALL NEED ENGAGEMENT



Some want to  
collaborate and  
cooperate



Some want to do for  
themselves but  
experience  
challenges



Some want to go it  
alone and are  
reluctant

# Agenda

- Explore approaches for facilitating engagement
- Examples of engaging clients and supports in APS intake and APS assessments
- Practical tips and strategies to enhance engagement and outcomes and minimize reluctance
- Practitioner errors

# What is self-neglect?

- According to MN Statute 626.5572, Subd 17 (c):

"Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own food, clothing, shelter, health care, or other services that are not the responsibility of a caregiver which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort."

# Ethical Framework (NAPSA)

- Guiding Value: Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.
- Secondary Value: Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

# Principles of Intervention (NAPSA)

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, e.g., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

# Engagement Considerations

## Culture

- Acknowledge, respect and integrate racial, cultural values, beliefs, and practices
- Acknowledge what dynamic worker brings

## Trauma

- Acknowledge past trauma
- Outcome of past trauma and impact
- Include supports who are validating
- Integrate feelings of comfort and safety into process

## Motivation

- What fears interfere with collaboration?
- Past successful services
- What are the personal preferences, interests, achievements that excite?

## Wellbeing

- Mental Health
- Physical Health
- Medication
- Sensory and communication needs

## Person Centered

- Who supports
- What's important
- What is desired
- Past successes
- Respect and integrate what's important with mandates
- Supportive decision making



# The Story of NK

## Demographics

- 45 years old
- Female
- African American
- Lives alone in her own apartment
- Has a waiver and home care services

## Health Issues

- MS
- Depression
- Medication compliant
- Infected Stage 4 decubitus ulcers
- Surgery and rehab stay recommended

## History

- Almost died in a nursing home
- Needed emergency surgery for blockage

## Supports

- Home care nurse
- PCA
- Friends
- Neighbors
- Family live out of state

# The Story of NK

## Outcome

Phone call to NK



NK starts crying; says she is afraid to die

Adult Protection worker makes home visit

Options for safety are developed

NK agreed to call 911 herself and does

# Many more examples

- **53-year-old male:** bedridden due to leg wounds, facing housing eviction and loss of GRH subsidy. Client believes he is the target of discriminatory actions. Providers suspect undiagnosed mental health diagnosis and substance abuse disorder are the problem.
- **Elderly male:** Utility bills over \$6500 with some shut off and others pending. No clothes, little food. Crying, upset, unable to follow through with applications for financial assistance.
- **Elderly female:** Could not speak with medical providers, son had to do so. Was using alternate health care methods and not improving.



# Cultural Considerations

## **State of MN Adult Protection Vision**

**“Minnesota’s Adult Protective Services exists so that all adults who are vulnerable to abuse, neglect, or exploitation are supported to live in safety and dignity, consistent with their own culture, values, and goals, and so people concerned about them have resources for support”**

## **National Association of Social Workers**

**“Cultural competence requires social workers to examine their own cultural backgrounds and identities while seeking out the necessary knowledge, skills, and values that can enhance the delivery of services to people with varying cultural experiences associated with their race, ethnicity, gender, class, sexual orientation, religion, age, or disability [or other cultural factors]”**

# Cultural Considerations

- Who am I meeting and working with?
  - What background information can you gather beforehand?
  - Prepare to be curious. Ask questions and don't assume.
  - Effective ways to serve people
- Does culture have an impact?
  - Culture versus maltreatment
  - Awareness and sensitivity of possible cultural influence
  - Resources and available services



# Cultural Considerations

- **How might my culture have an impact on the engagement?**
  - Equip yourself with the fundamentals of bias, discrimination, injustice, racism, micro aggression, systemic barriers
  - Self awareness- do I bring dynamics to the process? Can I acknowledge the power differential?

# The Story of MV

## Demographics

- 72 years old
- Female
- Hmong
- Hmong speaking as primary language
- Lives with her son and other family members

## Health Issues

- Diabetes
- Insulin dependent

## History

- Follows traditional Hmong culture
- Has not picked up insulin prescription

## Supports

- Clan members
- Shaman
- Oldest male family member
- Family members

# Outcomes for MV

## Outcome

Unannounced home visit with interpreter

Person who is vulnerable refuses to meet with the assessor

Cultural considerations are made

Eldest male family member and clan engaged

Person who is vulnerable agrees to doctor visit



# Role of Intake

## MN Statute 626.557, Subd. 9c.

(b) In making the initial disposition of a report alleging maltreatment of a vulnerable adult, the lead investigative agency may consider previous reports of suspected maltreatment and may request and consider public information, records maintained by a lead investigative agency or licensed providers, and information from any person who may have knowledge regarding the alleged maltreatment and the basis for the adult's vulnerability.

# Role of Intake

## **What is the role of HC Adult Protection Intake and how are clients referred?**

- APS intake is the first Adult Protection response when a maltreatment report is received from the Minnesota Adult Abuse Reporting Center.
- The goal of client interaction at the APS intake level is to determine how APS can assist in client safety and wellbeing.
- Client interactions should be brief and concise.

# Engagement at Intake

## **Utilize the principles of Motivational Interviewing:**

- Express empathy; roll with resistance (avoiding arguing) and support self-determination
- **MI primary tasks:** engaging, focusing, evoking, and planning

## **Utilize principles of Person-Center Practices:**

- Government interventions should be driven by the person receiving services and what they want.
- Listen to and take the lead from clients and their circle of support when planning interventions.

# Intake Example: TM

## Demographics

- Male
- African American
- Lives alone in GRH funded apartment
- Has no waiver and no home care services

## Health Issues

- Bedbound due to leg wounds
- Depression / SI
- Other MI?
- Substance Abuse?

## History

- Imminent eviction
- History of being unsheltered
- History of cultural trauma and discrimination (lack of trust in providers)

## Supports

- GRH funding
- GRH case manager
- PCA (inactive)
- Family lives out of state

# Intake Outcomes: TM

## Outcome

Engaging: APS intake call to TM and case manager; reflective listening; express empathy

Focusing: affirm self-determination and arrive at shared goals

Evoking: explore TM's willingness to consider change

Planning: work on the shared goal of helping TM maintain/acquire safe housing

Assign report to APS Assessor for safety planning and service coordination

# First home visit

- Client relationship starts at the first knock
- Disarm!
- Be unassuming- information in the report is just that- information. Its is not a substantiation or even the full picture
- How am I showing up? What are my thoughts and feelings?
- Baby Steps- the first visit may not check all my boxes, but it gives the client a feel for who I am and is an opportunity to build trust
- I am not the expert on the client's circumstances



# Subsequent contacts

- Find ways to show concern, respect & empathy in a limited time.
- Know when to leave.
- Leave on good terms.
- Find a reason to return; provide resources or have a task to complete together etc.

# Story of BT

## Demographics

- Male, aged 65
- Caucasian
- Lives with domestic partner in own home
- Retired mechanic

## Health Issues

- Bi-polar, unmedicated
- Neuropathy
- Abdominal aortic aneurysm

## History

- Prior mental health hospitalization
- Death of a son
- Utilities shut off due to nonpayment
- Paranoid of others' intentions
- Prior APS with no engagement
- Estranged from living son

## Supports

- Sisters
- Friends
- Community home ownership agency



# The story of BT

## Outcome

Helped client with charging phone

Engaged with former housing navigator

Resumed medical care with new PCP

Agreed to mental health case management

Developed trust in professionals helping him

# Resistance

- **All People are ambivalent about change.**
- **Is this resistance or is this reluctance?**
- **The positive side of resistance/reluctance:**
  - Prevents chaos and confusion; changing with each new idea presented
  - Provides stability
  - Can prevent being the victim of fraud, scams, and maltreatment
  - Can prevent buying every product presented in infomercials and commercials
  - Can be an indicator of fighting against an unjust system
  - Can be a sign of good judgement and mental health.
  - Without resistance, there would be no sense of self.

# “Resistance”

- “Food for thought: Would you rather have a client that does everything you suggest, or would you rather have a client that takes time to adjust to new ideas? Which is more frightening?”

(Clifton W. Mitchell, PhD)

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(Clifton W. Mitchell, PhD, pages 14-15)

- confusion, changing with each new idea presented.
- Resistance provides stability.
- Prevents being the victim of charlatans and sociopathic con artists.
- Prevents us from buying every product presented in commercials and infomercials.



# Working with and preventing resistance

- **Always be respectful.**
- **Don't just listen; hear the client; don't diminish person's perspective by imposing yours.**
- **Do not move too fast. All adults need time to hear, discuss, ponder, and adjust.**
- **Don't argue; problem solve with the adult.**
- **If there is conflict with resources and providers, identify other resources that can be used.**
- **Follow through on any commitments.**
- **Recognize successes..**
- **Don't escalate; set boundaries but always remain calm and professional.**
- **Don't abandon the client.**

# Beyond resistance

- Shame
- Anger
- Mistrust
- Safety/resiliency
- Culture
- Self determination

# Mistakes We've Made Along the Way

- Trying to do too much in a face-to-face visit or on the phone and end up rushing the person (balancing efficiency with person's need to process)
- Making assumptions about roles in a household, including decision making roles
- Not understanding cultural norms prior to first visit and during course of case
- Ignoring significant supportive persons in the home
- Asking too many direct what, why, how questions, especially regarding victim's behavior...reframe to "tell me about" general questions and then follow up with more specifics if needed.
- Not doing adequate background search prior to initial home visit
- Not taking adequate safety precautions for APS staff as well as victim

# VOA QUOTE

“Everyone makes decisions based on wants, needs, history, relationships, education, culture, beliefs, and other very personal experiences. When people feel listened to and that their supporters understand their perspectives, they are more likely to want to cooperate and hear what their supporters think about the choices they face.”



# Q & A





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# Reference material

- Effective Techniques for Dealing with Highly Resistant Clients, 2<sup>nd</sup> Edition by Clifton Mitchell, direct quote from page 14-15
- Website of NAPSA (National Adult Protective Services Association) [About – NAPSA \(napsa-now.org\)](http://napsa-now.org)
- Center for Excellence in Supportive Decision Making, Volunteers of America of Minnesota and Wisconsin, [Center for Excellence in Supported Decision Making | Volunteers of America Minnesota and Wisconsin \(voamnwi.org\)](http://voamnwi.org)
- Motivational Interviewing, Helping People Change and Grow, 4<sup>th</sup> Edition by William R. Miller and Stephen Rollnick

