

Colorado Coalition for Elder Rights & Adult Protection



NEWSLETTER

MISSION: To promote statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults.

October / November / December 2004

Next Meeting/Seminar of the Coalition

Wednesday, October 13, 2004
8:30am – 11:00 am
1st Floor Conference Mtg Rm
455 Sherman Street
Denver, CO

“Understanding The Different Perspectives of Self-Neglect.”

*Meeting/Seminar is open to anyone who
would like to attend. You do not need
to be a member of CCERAP.*

Guest Speakers (Panel):

Mona Osterhoudt, Adult Protection
Service Caseworker III, Adams County
Department of Social Services
Greg McKnight, Neighborhood Inspection,
City of Denver
Barbara Sauer, Division Manager of
Medical Social Workers, Visiting Nurses
Association
Pat Meskimen, Code Compliance Supervisor,
Broomfield Police Department
Gale Nichter, Mental Health, LCSW,
Private Practice

Meeting/Seminar Schedule:

8:30 – 9:00am Continental Breakfast
9:00 – 10:00am – Panel Presentations
10:00-10:30am – Q&A
10:30am - Networking
POA Task Force
11:00am Adjournment

Directions to Meeting:

Take I-25 to 6th Ave East
Take 6th East to Broadway
Take Broadway South to 4th
Take 4th east to Sherman
Building is on the corner of
Sherman & 4th

CCERAP Coordinator:

Kathy Rickart
970-674-1774
970-674-8712 fax
Email: CCERAP@comcast.net
Toll Free 1-800-773-1366

Self-Neglect – What Is It?

Resources: National Center on Elder Abuse (NCEA)

National Elder Abuse Incidence Study, 1996

www.elderabusecenter.org

Elder Abuse Task Force Newsletter, 2001, Jefferson County, New York



According to the National Elder Abuse Incidence Study, self-neglect is characterized as the behavior of an elderly person that threatens his/her own health or safety.

It is important to note this definition “excludes a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.”

The study further states, “self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.”

Self-neglect is an issue that needs serious attention in our society as well as in our own communities. It is a problem that affects many elderly people and, too often, remains unnoticed.

The Jefferson County, New York, Elder Abuse Task Force states, “the inclusion of self-neglect as a form of elder abuse is not universally accepted and it is omitted from many studies on the subject. The argument against its inclusion as a form of abuse has several valid points. First, most accepted definitions of abuse require a perpetrator other than the victim. Another point is the question of whether a competent person has a right to deliberately neglect his/her own needs and if involuntary interventions are appropriate in such a case. These questions address difficult ethical issues and must be carefully considered.”

Regardless of where a person stands on the issue, self-neglect and the forms of elder abuse, it is a threat to the well being of many elderly people.

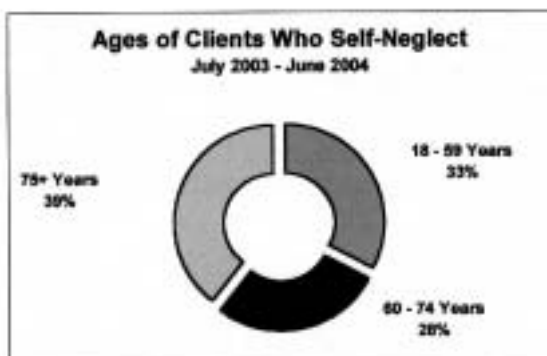
In keeping with the mission of the Colorado Coalition for Elder Abuse and Adult Protection to promote statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults, self-neglect will be addressed at the October 13, 2004, Meeting/Seminar.

The title of the seminar is “Understanding the Different Perspectives of Self-Neglect.” A panel of professionals, representing various professions that encounter self-neglect in the course of the job, will share their views, their concerns, their responsibilities, their perimeters and barriers when dealing with self-neglect in hopes of fostering appreciation, understanding and networking opportunities. Although the seminar is designed for professionals, it is open to the public to attend.

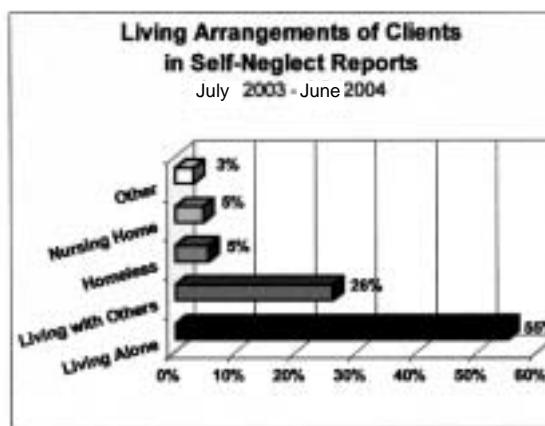
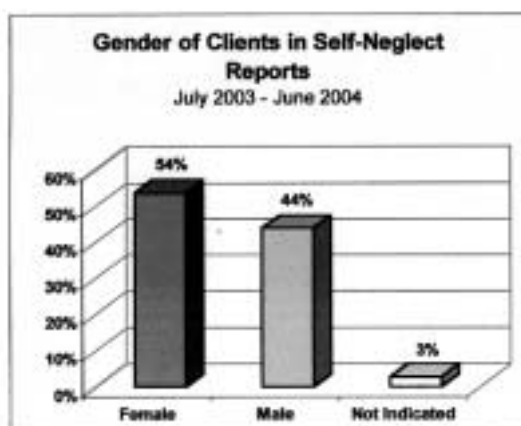
A Glimpse of Self-Neglect in Colorado

Charts inserted for CCERAP by: Peggy Rogers, Aging and Adult Division, Colorado Department of Human Services

In Colorado, over two thirds (67%) of the cases are people age 60 or older; and in over one third of the cases the self-neglector is competent.



The majority of the cases are female. The self-neglector lives alone in the majority of the cases (55%). Twenty-six percent live with others, while 5% are in nursing home. Another 5% are homeless.



What Would Make Life Meaningful Again?

Courtesy of: Adult Protective Services, Texas Department of Family and Protective Services www.dfps.state.tx.us

Depression can cloud a person's view of the world and their circumstances, leading to self-neglecting behavior. Often, elderly people lose their motivation to live due to their loneliness and isolation. Other reasons that elders neglect themselves can include unexpressed rage, frustration, or grief; alcoholism or drug addiction; and sacrificing for children, grandchildren, or others at the expense of their own unmet needs. Finally, mental or physical illness can quickly result in the deterioration of elders's ability to adequately provide for their own needs.

As much as possible, respectfully involve the elder in the effort to determine the cause of their particular case of self-neglect. Sometimes understanding and cooperation can be reached simply by having someone acknowledge and discuss their situation with them. If appropriate, ask the question, "What would make life meaningful for you again?" Allow them to express their feelings; this could reveal both the cause of the problem as well as its solution.

Depending on the circumstances, other helpful actions could include: medical or dental treatment; anti-depressant medications; helping them get involved in a favorite old hobby or providing transportation to a social group; getting them a pet; confronting them with their self-neglect; getting family members involved.



Sometimes the cause of elders neglecting themselves is directly related to the influence of someone else in their life. Perhaps the elderly individuals are sacrificing their needs in order to care for grandchildren or an ill spouse. Intervening in such situations often requires extreme caution, as the elder may be resistant to any change that threatens the relationship. Use your judgement to weigh the options, and involve professionals if it seems appropriate.

An Ounce of Prevention is Worth a Pound of Cure!

Source: AARP Brochure "Domestic Mistreatment of the Elderly: Toward Prevention"

Advance preparation can help people avoid falling into the dangerous trap of self-neglect as they age. Since Adult Protection Service is sometimes caught in the dilemma of being unable to help people who are self-neglecting because they are legally competent, it is prudent for a person, families and the community to take steps to help avoid problems that can lead to self-neglect.

AARP has put together a comprehensive list of do's and don'ts related to prevention of a broad variety of elder abuse cases; but apply toward prevention of self-neglect cases.



Individual

- Maintain social contacts; increase network of friends
- Keep in touch with old friends and neighbors even if you move
- Develop a buddy system with a friend outside the home
- Ask friends to visit you at home
- Participate in social and community activities
- Volunteer
- Get legal advice concerning arrangements you can make now for future disability (e.g. powers-of-attorney)
- Review your will periodically
- Arrange to have your social security check or pension deposited directly into your bank account
- Don't live with someone who has a history of violent behavior or substance abuse
- Don't leave your home unattended
- Don't sign a document unless someone you trust has reviewed it

Toward Prevention for Families

- Maintain close ties with aging relatives and friends
- Find sources of help and use them
- Examine closely your family's ability to provide long-term, in-home care
- Explore alternative sources of care

- Anticipate potential incapacitation and make plans based on discussion of the elder's wishes
- Don't offer personal home care unless you thoroughly understand the demands and can meet the responsibility and costs involved
- Don't ignore your limitations and overextend yourself
- Don't expect family problems to disappear once the elder moves into the home
- Don't hamper the older person's independence or intrude unnecessarily upon his/her privacy

Toward Prevention for Communities

- Develop new ways to provide direct assistance to caregiving families
- Ask other community groups to become more involved in aging service programs
- Encourage both public and private employers to help caregiving families
- Publicize available support services and professionals available to caregivers
- Give public agency employees basic training in responses and case management
- Provide training for community "gatekeepers" and service providers
- Recognize that many forms of abuse or mistreatment are crimes

The Psychology of Hoarding

Source: © Discover Magazine, October 2004

Excerpt from: "Conspicuous Compulsion" by Mary Duenwald

Compulsive hoarding, unlike obsessive-compulsive disorder, does not respond to treatment with antidepressant drugs, and unlike sufferers of obsessive-compulsive disorder, hoarders actually enjoy being surrounded by all their stuff. "Hoarding seems to be more like compulsive gambling or compulsive shopping because it's pleasurable to the person," says Nicholas Maltby, a psychologist at the Institute of Living in Hartford. Moreover, positron-emission tomography brain scans indicate that hoarding and obsessive-compulsive disorder may be quite distinct. In a study published in the June American Journal of Psychiatry, Sanyaya Saxena, a professor of psychiatry at the University of California at Los Angeles, reported that hoarders have lower activity in the cingulate gyrus – a structure that runs through the middle of the brain, front to back – particularly in areas known to be involved in decision making and focusing attention. People with obsessive-compulsive disorder who are not hoarders do not exhibit this characteristic at all; their brains, in contrast, show elevated activity in areas that generate concerns about danger, contamination, and order.

Saxena's findings are corroborated by a recent study from the University of Iowa, involving a group of people who had suffered lesions in various parts of their brains as a result of strokes or other

neurological diseases. Thirteen patients had never shown a tendency to hoard until they suffered lesions in the mesial frontal region – at which point they fell victim to what the scientists described as a "massive and disruptive accumulation of useless object."

The finding suggests that doctors may want to look outside the realm of obsessive-compulsive disorder for drug treatments for hoarding, Saxena says. He plans to experiment with stimulants typically given to people with attention deficit disorder. "We'll try Ritalin and also drugs that seem to improve cognitive functioning in people with Alzheimer's," he says. "The goal would be to improve attention and concentration and find out whether that helps hoarders."

In the meantime, Frost and Gail Steketee of Boston University are working to develop an effective cognitive-behavioral treatment. Three different behaviors must be addressed, Frost says: the organization of stuff, the acquisition of new stuff, and most important, the timely discarding of stuff. The researchers are developing a treatment model that calls for six months of therapy in which patients articulate their mental struggle as they try to discard some of their possessions.

Maltby agrees that hands-on-therapy—helping hoarders analyze their thoughts as they sift through their stuff – is crucial. "The problem isn't solved by cleaning. It's not solved by coming in and throwing out the hoarders' stuff. They can collect it again. You have to solve the problem at the decision-making level."

Self-Neglect - Hoarding Often Linked

By: Denise Nelesen, Office of Aging and Independent Services,
©San Diego Union-Tribune, California

The woman's Solana Beach home had an "ocean view to die for" and was so full of clutter that she had to crawl "almost crablike" over piles of newspapers, mail and rubbish to get anywhere inside the house, says Jim Proffitt, who supervises deputies with the county Public Administrator's Office. "There weren't even any aisles. Most of them leave pathways."

"Them" refers to hoarders, people who keep acquiring items way beyond the need or usefulness of those items. And they collect and collect and collect.

"It doesn't seem to follow any particular pattern," says Proffitt. "Doesn't matter whether they're rich or poor. I've gone into places where people were extremely wealthy and well-educated and they're hoarding the same things that desperately poor people are hoarding. What I find almost everywhere is plastic bags. They seem to save those by the jillions. And restaurant napkins. It's truly amazing. There are food containers and microwave dishes in an unbelievable number."

The San Diego Humane Society reported that last year there were five major cases of animal hoarding. These five cases involved a total of more than 245 animals. These hoarders became so focused on acquiring animals, and had so many, that eventually they were not able to properly provide for these animals, or for themselves. And they failed to recognize this as a problem.

RECENTLY, PROFFITT WALKED INTO A HOME THAT HAD A LITTER OF DEAD KITTENS ON THE LIVING ROOM FLOOR. THEY WERE "MUMMIFIED," HE SAYS. THE OLDER RESIDENT HAD "CLUTTER BEYOND ANYTHING YOU COULD IMAGINE, AND THE SUGGESTION THAT THERE WERE DEAD CATS . . . TO HIM THEY DIDN'T EXIST. HE DENIED IT."

Serious Problem

Hoarding is more common than one might imagine, particularly among older adults. Proffitt says that about half of the cases seen by deputies at the Public Administrator's Office involve people with residences that are full of clutter. The deputies also frequently have a great deal of sifting to do when they handle estates of newly deceased seniors.

Hoarding can be one sign of self-neglect among older adults, so Adult Protective Services (APS) workers also run into their share of clients with this problem. There are cases of what's called Diogenes syndrome, characterized by extreme self-neglect, sylogomania (hoarding rubbish), and living in general squalor. These seniors usually live alone, frequently deny their condition and often refuse help.

When the problem becomes severe, as with the situations above, there can be health and safety risks, especially for seniors with limited mobility. Usually neighbors end up reporting their concerns to code enforcement or health officials after the squalor spills out into the yard.

The Solana Beach home mentioned above became so full of trash that the woman began living, largely, outdoors, Proffitt says. "She was using buckets as toilets and when they got bad, she would dump them over her neighbor's fence."

Learning more

Diogenes syndrome, and hoarding in general, is a little-studied phenomenon. One of the few geriatricians writing about this problem, Dr. Carlos Reyes-Ortiz, reports that in about 60 percent of cases the problem is not related to a mental disorder, but to a particular lifestyle and certain personality traits, such as reclusiveness, suspiciousness, obstinacy and other isolating tendencies.

"The rejection-isolation-filth situation found among the elderly with (Diogenes syndrome) may represent a hostile attitude toward the world without necessarily a psychosis," according to Reyes-Ortiz. There are usually precipitating events that make the syndrome worse, such as a physical illness, sensory deprivation (deafness or blindness) or bereavement. In 40 percent of the cases, there is some related mental disorder such as schizophrenia, depression, dementia and alcoholism, he says. In many of these situations, the older adult lacks the ability to assess his or her environment, while in other situations there's a long-standing lifestyle choice or an obsessive-compulsive disorder.

"Legally, we can have a difficult time dealing with this (behavior)," says John Gaffaney, an APS supervisor. APS workers have strict guidelines about when someone is a danger to self or others, and often they cannot remove someone from a home or force the cleaning of it. "We try to do it on a voluntary basis. But 99% are not going to want to change."

APS and the Public Administrator's Office try to find family members and get them involved in improving the elder's circumstances. In the Solana Beach case, Proffitt was able to find a relative who stepped forward to become a private conservator. This family member had the home cleaned and keeps an eye on the situation.

Medicare Billing Question? –Use New Phone Number!

By: Robert Pierce, Colorado Division of Insurance,
Senior Assistance Program

Medicare consumers seeking information about bills have a new number to call with inquiries. 1-800-Medicare is the single phone number to call for any billing issue. Calls will be re-routed to local contractors such as Noridian Government Services, who pays Medicare doctor bill from Colorado. The old contractor phone numbers will not work after October 1.

Intervention – The Best is Unique!

Source: www.familycaregiversonline.com By: Linda M. Wolf, Ph.D., Webster University, www.webster.edu

Self-Neglect is a controversial category in relation to elder abuse. The following questions lie at the heart of the controversy. If an individual is competent but chooses to neglect their personal health or safety, is it this abuse? Is intervention, particularly involuntary intervention, appropriate in cases of self-neglect?

Self-neglect, if included statistically as a form of elder abuse, represents the highest percentage of cases of elder abuse. In fact, the Public Policy Institute of AARP estimates that self-neglect represents 40 to 50 percent of cases reported to states Adult Protective Services.

Unfortunately, these statistics fail to take into account the fact that self-abusers do not fit a uniform profile. There are many factors that may lead one to self-neglect and the subsequent intervention necessary for each is unique.

Long-Term Chronic Self-Neglect: These individuals have engaged in self-neglecting behaviors periodically or consistently throughout adulthood. Thus, the pattern of self-neglect is not unique to old age. Often times, the individual may have an undiagnosed and/or untreated mental health problem. The problem may escalate when paired with physical impairment, social isolation, malnutrition, substance abuse, cognitive impairment, and/or limited financial recourses. Often times these individuals may be resistant to intervention as prior experiences with intervention (voluntary and/or involuntary) has not been positive and perhaps experienced as harmful. **Therefore, interventions must begin small with a high degree of respect for the elder and their decisions. As trust increases, so can the amount of intervention or help provided.**

Dementia: The vast majority of older adults are not suffering from any form of dementia. However, those who may be in the early stage of dementia (e.g. Alzheimer's Disease, Multi-Infarct Dementia) may be undiagnosed and susceptible to self-neglect. **Clearly, the first step for intervention is diagnosis and appropriate medical treatment.**

Illness, Malnutrition, & Overmedication: Many illnesses (e.g. low grade infections, endocrine imbalance) may result in dementia-like symptoms. If left untreated, these symptoms may interfere with the older adult's ability to care for themselves. For a variety of reasons, an older adult may be malnourished (poor nutrition, physiological changes). One of the symptoms of malnutrition, particularly in older adults, is a dementia-like symptom. In addition, overmedication (a common problem in old age due to over-prescription of medications and/or age-related changes in the older person's physiology) may also result in dementia-like symptoms and associated self-neglect. **Again, diagnosis and appropriate medical treatment is imperative.**

Depression: Depression can be an issue for older adults much as it can be for individuals of any age. While there is a broad range of symptomatology for depression (too extensive for discussion here), two symptoms are particularly relevant: difficulty maintaining self-care and dementia-like symptoms. **Contrary to common myth, depression is highly treatable in old age. Rapid intervention and treatment is particularly essential as there is a high risk of suicide for older white males in the United States.** It is estimated that the rate of suicide for older white males may be as much as 12 times higher than for any other demographic/age group.

Substance Abuse: Substance abuse can also be an issue for older adults. Some older adults suffer from long-term addictions and the concomitant disorders that accompany such additions (e.g. Korsakoff's Syndrome with accompanying dementia). Thus, not only may the older person self-neglect as a direct result of the addiction but also as a function of the resultant disorder. In addition, some older adults develop substance abuse problems in old age possibly in response to depression, stress, loss, or anxiety. They may also develop a substance abuse problem as a result of over-prescription of medicines (e.g. Valium, Xanax) by their physician. Therefore, the substance abuse by itself, the underlying cause of the substance abuse, and/or the often accompanying dementia-like symptoms may result in self-neglecting behavior. **Hospital-based treatment is usually the best.**

Poverty: Many older adults live on the edge financially. Clearly, many of these individuals are forced to choose between food, housing, and medication. From the outside looking in, it may appear that the individual is choosing to self-neglect (e.g. he/she neglects to take their heart medication or are undernourished) when in fact, they simply cannot afford to adequately care for themselves. **Therefore, intervention must take the form of increased social services/supports (e.g. rental subsidies, food stamps, low cost health care).** Note that currently most older adults are not eligible for many of these services/subsidies as their income is above the Federal Poverty Line for individuals 65 and over.

Isolation: There is a clear cut correlation between social support and life satisfaction. As life satisfaction decreases, the risk for self-neglect increases. Isolation is a risk factor for all forms of elder abuse. **Intervention entails the creation of trust, increased involvement of the older adult in the community, and the creation of social supports.** This, of course, may be problematic for those individuals who have had little social support throughout their life span.

New Health Fraud Detection Programs

By: Robert Pierce, Colorado Division of Insurance, Senior Assistance Program

New health fraud detection programs are being implemented for Medicare and Medicaid programs. State Medicaid programs will be required to review a monthly sample of Medicaid claims to determine the accuracy of payments and report this data to the federal government. Medicare fraud activities will expand to include Medicare approved drug discount cards, including analysis of pricing schemes offering initial low drug prices that are later increased after the consumer is locked into the card. And new efforts are being made to identify fraud "hot spots," such as fraudulent billing activities by home health agencies identified in California.

Colorado Identity Theft Brochure

Realizing that even the most careful person who shreds everything or doesn't give out personal information can become a victim, CCERAP developed the only brochure of it's kind on Identity Theft – one to aid the victim or the professional trying to help the victim. In it you will find phone numbers and addresses for any of the following types of Identity Theft:

- ATM, Debit or Credit Card Fraud
- Bank Fraud
- Bankruptcy Fraud
- Lost of Stolen Checks
- Investment Fraud
- Mail Theft of Mail Fraud
- Passport Fraud
- Phone Fraud
- Social Security Fraud
- Tax Fraud



There is also information on Credit Reporting Agencies and step-by-step instructions on what to do if you are a victim.

Currently, CCERAP has enough sponsored brochures to offer individual or small quantities (maximum of 20). We'd like to thank First National Bank of Windsor, Colorado, New Frontier Bank of Greeley, Colorado and the United States Postal Inspectors, Denver Division for making it possible. CCERAP would like to thank AARP ElderWatch for putting the brochure on their website, www.aarpelderwatch.org. Visit their website to view the full content of this brochure.

Businesses, organizations, financial Institutions and individuals can sponsor quantities of this brochure. If you'd like to be a brochure sponsor or to order copies, contact Kathy Rickart, CCERAP Coordinator (contact information on front cover).

Issues Facing Vulnerable Adults: Isolation

Courtesy of: Adult Protective Services, Texas Department of Family and Protective Services www.dfps.state.tx.us

Isolation and self-neglect are common among people who are elderly or have disabilities. Isolation is defined as the lack of participating in activities that require contact with people. This problem applies to people regardless of their education, income, ethnicity, geographic location, or social lifestyle.



People who are most at-risk of isolation are frail or chronically ill, widowed or divorced, usually female, living alone, have reduced resources, and are members of a minority group. Isolation may lead to loss in personal integrity, estrangement from family and friends, inability to care for one's self and deterioration of the ability to think and make decisions. Isolation can result in self-neglect, which is a form of elder abuse when living conditions are potentially life threatening.

Isolation may lead people to be self-neglecting to the point they deny any physical or mental problems and refuse help from family and friends. Isolated people usually have less support and interaction from others (often due to the deaths of a spouse, friends or primary caregiver); reduced coping skills; are less able to make decisions; are at greater risk of depression, substance abuse, mental impairment, or mental illness; have lost self-esteem; and may be unable or refuse to accept changes or acknowledge a need for help.

Isolation and self-neglect require individual or community intervention. The communication and attention other persons provide can improve the self-esteem and lifestyle of an isolated elder. They can act as confidantes, assist with errands, housekeeping, or meet transportation needs. People who are isolated can benefit from support groups for people living alone. Support groups are effective because they provide the opportunity for sharing experiences, mutual support, and problem solving.

Intergenerational programs can help reduce isolation for older people. Texas has a program called "Young At Heart" It is a community project that recruits, trains, and matches older adults with children in child-care centers. To find out more about this program call the Day Care Information Hotline at 1-800-862-5252.

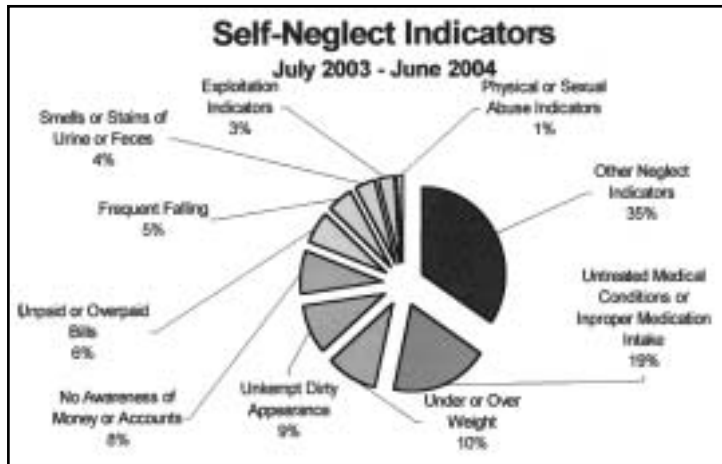
The above article taken from the Texas 2004 Adult Abuse Prevention Kit and is printed with permission from the Adult Protective Services, Texas Department of Family and Protective Services. Visit "Not Forgotten" at the Texas Website: www.dfps.state.tx.us, click Elderly, then click "Not Forgotten."

What are the Indicators and Signs of Self-Neglect?

Source: A composite of numerous articles.

Chart inserted for CCERAP by Peggy Rogers, Aging and Adult Division, Colorado Department of Human Services

Every case may include a combination of the following indicators. This chart provides "food for thought" in relation to the services available to reduce the self-neglecting behaviors and/or conditions contributing to self-neglect. What resources or agencies can address or assist with the various indicators? Do those resources know each other and are they networking?



Additional common signs found within the indicator categories may indicate self-neglect:

- malnutrition, dehydration, lack of food, overweight;
- hazardous or unsafe living conditions/arrangements, unpaid or overpaid utility bills, home in need of repair, (e.g., improper wiring, no indoor plumbing, no heat, no running water, no functioning toilet);
- grossly inadequate housing or homelessness;
- home in a state of filth, unsanitary or unclean living quarters (e.g., animal/insect infestation, fecal/urine smell);
- ragged, inappropriate and/or inadequate clothing;
- unmet medical or dental aids (e.g., eyeglasses, hearing aids, dentures);
- untreated or improperly attended medical conditions, refusing to take medications or disregarding medical restrictions;
- being physically unclean and unkempt, poor personal hygiene;
- financial exploitation, unaware of financial status; and
- falls, excessive fatigue, listlessness.

Video's That Address Self-Neglect

CCERAP has the following available for loan by using the address correction form on the back page.



Mr. Nobody (36 minutes)

Rather lengthy case study of a Canadian man who lives alone with his cats and is struggling with social service systems to maintain his independence and affirm his competence to do so.

Unheard Cries (15 minutes)

Produced in Tennessee. The first segment shows examples of caregiver abuse by relatives and in a nursing home. The second segment is on neglect and self-neglect. It shows an elderly couple unable to care for themselves. Financial exploitation is touched on. Good for general public. References are Tennessee specific. You would want to provide written complimentary information for Colorado provided in this newsletter.

Roll Call: Elder Abuse (14 minutes)

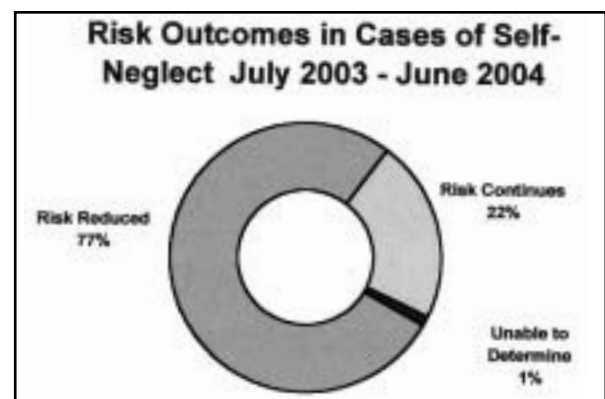
A training video for law enforcement and APS and other Health Professionals. Okay for general public, knowing there are some very graphic parts in the video. The video describes various forms of elder and vulnerable adult abuse and neglect. It highlights key response protocols. It covers the indicators of Physical Abuse, Neglect, Financial Exploitation, Sexual Abuse and Abandonment.

You may order extra copies of this newsletter to use when showing these videos or you may make copies.

Intervention – Is It Worth The Effort?

Chart inserted for CCERAP by: Peggy Rogers, Aging and Adult Division, Colorado Department of Human Services

Successful intervention in Colorado resulted in 77% of the self-neglect cases realizing a reduction in risk. Determining the kind of intervention requires a thorough assessment, that, in turn, evolves into a comprehensive plan addressing mental, emotional, environmental, social, physical needs, and the relationship necessary between client and professionals.



Yes - It Is Worth the Effort!