Exploring Capability Issues in the Context of Adult Abuse and Neglect 
and/or Self-Neglect Investigations: 
A Curriculum for Abuse Resource Clinicians in Home and Community Care 

by 

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1. Research Focus and Summary

The goal of my research was to develop an educational curriculum focused on capability issues in the context of adult abuse and neglect and/or self-neglect investigations. The target audience of the curriculum was Abuse Resource Clinicians working in Home and Community Care (HCC) within the Vancouver Island Health Authority (VIHA). My research was conducted through the analysis of relevant secondary literature and has resulted in a curriculum that aims to increase clinicians’ knowledge surrounding capability issues in the context of abuse and neglect and/or self-neglect, thereby improving the support to adults who are in abuse and neglect and/or self-neglect situations.

Committee Membership

This research project is designed to fulfill the requirements of Social Work 598: Individual Research Project, which is a part of the Masters of Social Work degree at the University of Victoria. The project committee is made up of the following members:

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Background / Relevance of Research Project

VIHA is a “designated agency” under the BC Adult Guardianship Act (2000). According to the VIHA Re:Act Manual this means that staff are “legally responsible for receiving reports and inquiring into situations of abuse, neglect and self-neglect of adults, who are unable to seek support and assistance on their own” (VIHA, 2007, p. 7). Adult abuse and neglect is defined as “physical, mental or emotional harm, or damage to or loss of assets” (VIHA, 2007, p. 11) whereas self-neglect is defined as “any failure by an adult to take care of him or herself, which causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm, or substantial damage to or loss of assets” (VIHA, 2007, p. 42).

Professionals working in HCC are often on the front lines in terms of encountering adult abuse and neglect situations, or receiving referrals from the community where such abuse is suspected. These professionals come from a variety of disciplines and can include nurses, social workers, occupational therapists, physiotherapists, intake workers, dieticians, etc. Many of the professionals in HCC who are designated to respond to situations of suspected adult abuse and neglect have no, or limited, formal training on how to conduct adult abuse and neglect investigations.
In order to help address the educational needs of professionals in HCC, the Adult Abuse and Neglect Resource Group was formed. This resource group is made up of Abuse Resource Clinicians who come from a variety of professional backgrounds and who have agreed to be a resource in their respective HCC offices regarding adult abuse and neglect and/or self-neglect. Over time, Abuse Resource Clinicians have requested more advanced education so that they can be the best resource possible when they are encountering or being consulted on situations of adult abuse and neglect. In order to address these educational needs, the Advanced Education Working Group was formed in August 2009. The purpose of the Advanced Education Working Group is to explore the educational needs of the Abuse Resource Clinicians and to develop an education plan to help meet these needs.

The Advanced Education Working Group generated a list of topics that Abuse Resource Clinicians identified as areas in which they would like more education. The Working Group surveyed the Abuse Resource Clinicians using this list of topics in order to get a sense of their educational priorities. “Capacity/capability and assessment in the context of abuse and neglect” was one of the suggested topics (within a list of 13 topics). The results of the survey indicated that “Capacity/Capability and assessment in the context of abuse and neglect” was chosen as an educational priority by 16 of 19 respondents, making this the most requested topic on the list.
A professional’s response to a situation of suspected adult abuse and neglect looks very different depending on whether or not the adult in question has the capacity to make a decision. For example, one of the guiding principles in VIHA’s resource manual on adult abuse and neglect (the Re:Act Manual) states, “All adults are entitled to live in the manner they wish, and to accept or refuse support, assistance or protection, as long as they do not harm others and are capable of making decisions” (VIHA, 2007, p. 7, emphasis added).

Simply put, if an adult living in a situation of abuse or neglect and/or self-neglect is considered to be capable of making choices when supports are offered, HCC professionals are expected to respect the adult’s right to self-determination. However, if an adult in an abuse or neglect and/or self-neglect situation is offered supports and is considered not to have the capacity to make a decision about accepting or refusing the supports, they may be seen as “unable to care for themselves or their assets” (VIHA, 2007, p. 7). In this case clinicians are obligated to intervene under the BC Adult Guardianship Act (AGA) by using “the most effective, but least restrictive and intrusive, form of support, assistance or protection” (VIHA, p. 7).

Further, the VIHA Re:Act Manual states that “every adult is presumed capable of making decisions about personal care, health care, legal matters, or their own financial affairs, business or assets, until the contrary is demonstrated through assessment procedures” (VIHA, 2007, p. 7, emphasis added). It becomes clear that
issues surrounding capability can become key when clinicians are determining how
to respond in situations of abuse or neglect and/or self-neglect.

Being faced with issues surrounding a vulnerable adult's capability to make a
decision to accept or refuse supports in a situation of abuse and neglect and/or self-
neglect can be ethically challenging and uncomfortable for clinicians who are
conducting an investigation. Clinicians may wonder how to recognize when
capability may be an issue, and may need assistance to think through whether or not
further exploration needs to take place. Clinicians may also need education about
how to coordinate a capability assessment, what their role is in capability
assessment, what various capability assessment strategies and tools consist of, and
finally, what to do once an assessment is complete. The need for further education
in all of these areas is echoed in the *Provincial Strategy Document* developed by the
BC Adult Abuse / Neglect Prevention Collaborative (2009). The curriculum
developed as a part of this research project aims to address many of these
educational needs, and the focus of the curriculum is clearly of relevance to Abuse
Resource Clinicians in Home and Community Care.

**Research Question**

The educational curriculum produced for Abuse Resource Clinicians in HCC centred
around the following question:

*What needs to be considered when encountering capability issues in the context of
adult abuse and neglect and/or self-neglect investigations?*
2. Methodology

Letherby (2003) defines methodology as a “perspective or framework” (p. 5). Throughout the research process, I was aware that the information I was choosing to include would have an impact on how clinicians thought through situations in relation to clients. Chambon (1999) states that “knowledge produces formulations of ‘truth’...and...we come to ‘see’ things in particular ways through the concepts and theories we develop about them” (p. 57). I recognized that I possessed a certain amount of power when developing a curriculum, and that I was accountable to both the clinicians and the adults who may be in abuse and neglect or self-neglect situations. I am fully aware that my methodology, my perspective or framework, influenced what resources I collected and biased how I developed the educational curriculum. For this reason I believe it is important for me to be transparent about my perspective.

Central to my perspective is a belief in anti-oppressive social work practice, which is concerned with “themes of power, social justice, and inequality; and it values equality, freedom, both individuality and collectivity, and cooperation” (Lee, Sammon, & Dumbrill, 2007, p. 4). I believe that oppression stemming from ableism, racism, ageism, sexism, heterosexism, etc. is interlocking and “intersects at innumerable points in everyday life” (Wineman as cited in Baines, 2000, p. 7). It is important to be aware of the possible impact of oppression when we are investigating situations of potential adult abuse and neglect. The British Columbia
Adult Abuse and Neglect Prevention Collaborative (BCANPC) (2009) echoes this line of thinking:

> When the complex interplay between capacity, functioning, and decision-making in an encumbered or vulnerable individual is juxtaposed on a backdrop of coercion, exploitation, control, complex family and intimate partner relationships, interdependency, financial and psychological dependency, cultural constraints, accessibility barriers, poverty, historical abuse and a lack of social resources or alternatives, the assessment process becomes that much more complicated and nuanced. (p. 10)

I developed the curriculum using an anti-oppressive framework. I sought resources that spoke to the experience of marginalized groups, and read articles that offered critical perspectives on dominant “capability” perspectives. This project was, however, not about choosing one view over another, but instead became a process of weaving current capability perspectives and assessment practices with opportunities to explore new directions and current conversations. My aim was to provide clinicians with practical resources and an opportunity to reflect on practice.

An anti-oppressive methodology demands that a researcher practice self-reflexivity. Self-reflexivity involves recognition that one is socially and culturally located, along with critical reflection on how this location influences what we see (and do not see), who we are, and how this may impact our work (Lee, Sammon & Dumbrill, 2007). As part of my own reflexive process, I want to acknowledge who I am and the personal perspective I brought to this research. I am a white woman who comes from a middle class background. I come from a place of privilege, and in the context of “capability to make decisions”, I have had the privilege of being presumed capable in the majority of situations I have encountered. Further to this, when my abilities
have been tested (such as through standardized tests in the educational system), I have had the benefit of encountering tests that were culturally relevant to me and in a language I could understand. Although my capability may have been questioned in certain situations due to my gender, overall I have had tremendous privilege. I have also been raised immersed in a dominant view that values a right to autonomy and self-determination above almost all else. This dominant view can also be found in the Adult Guardianship Act (2000) which is the overarching legislation that frames both the thinking and practice issues surrounding “capability” in the context of adult abuse and neglect and/or self-neglect.

All of these things I held in my mind while developing the curriculum. I reflected on how my own privilege as a white, middle class woman may be influencing what concepts and assessment strategies surrounding capability made sense to me. I tried to reflect on what I was missing, and the potential impact the concepts I was presenting would have on people who were facing racism, sexism, ableism, ageism, heterosexism, etc. I was fully aware that I would not be able to resolve all of my concerns, and in fact, would not be able to even see all of the impacts, but I was determined to keep asking the questions as I went along.

Two other experiences were close in my mind while I was developing this project. The first involved witnessing a family member struggle with decision-making capability as she developed dementia. I experienced the internal push and pull of wanting my family member to be safe and cared for, while at the same time wanting
her to maintain her right to self-determination. This is similar to the internal dilemma experienced by practitioners as they try to sort through capability issues in the context of abuse and neglect and/or self-neglect (Holland, 2006). The second experience that informed my thinking was witnessing a family member with a physical disability often be presumed to be “not capable” even though the contrary was true. This experience taught me how easily we can make judgments based on our own pre-conceptions and has reminded me of the necessity to reflect on what we bring to the table when evaluating “capability”. Much of this experience was also taken up in literature that unpacked concepts of “capability” and “vulnerability” and is reflected throughout the curriculum.

As I developed the curriculum, I did my best to balance all that I was considering while balancing the needs of the Vancouver Island Health Authority and, in particular, the needs of Abuse Resource Clinicians. In order to keep these needs in mind, I often referred to the “Considerations” document that was generated in consultation with my committee (Appendix A). I recognized that the Abuse Resource Clinicians were seeking education that would help guide them in their day-to-day practice, and that they were looking for some practical answers. For these reasons, I poured over resources that offered more practical approaches, as well as resources that reflected on these approaches. The curriculum is an intersection of traditional capability assessment information and critical reflection on these approaches. My hope is that the curriculum I have developed addresses the educational needs of the Abuse Resource Clinicians, while simultaneously
offering opportunities for continued critical reflexivity. As Jeffery & Nelson (2009) state, “To think differently and invoke new dialogues is to initiate change” (p. 106).

Finally, the curriculum was informed by an understanding of adult education and curriculum development principles. Cantor (1992) notes that the adult learner is goal-oriented, relevancy-oriented, practical, and has accumulated personal life experiences. The curriculum tries to address these needs by outlining how an understanding of capability issues is tied to practice and legislative responsibilities, by breaking down the information into “practice steps” where possible, and by providing opportunities for clinicians to engage in case examples and share their experience.

Data Collection Methods

I collected data by researching and analyzing secondary literature. In my search for information I did not come across any curriculum that was similar to the aim of this project. Although other BC Health Authorities have curriculum on adult abuse and neglect (similar to VIHA's Re:Act Manual), I did not discover any curriculum that focused specifically on concepts of capability in relation to abuse and neglect.

Information on capability issues in the context of adult abuse and neglect investigations was sought from guidelines in existence for VIHA staff, legislation, applicable ethical frameworks, multi-disciplinary tools used for assessing capability, and a variety of other secondary literature sources relevant to both capability issues
and adult abuse and neglect and/or self neglect. It became evident that the topics of capability and capability assessment were broad. It became challenging to narrow down the curriculum, since so many aspects (e.g. assessment) could not be discussed without their applicable frameworks (e.g. ethics), and keeping in mind the clinicians’ desire for a “practical approach”.

I stopped gathering resources at the point where I felt as though I was encountering resources with themes that I had already come across. After this point, I did further research only to fill in “gaps” as I went along. From the resources, I made many point form notes and then used these notes to develop potential curriculum categories along with learning objectives. I presented the curriculum outline to my committee for feedback. The attached curriculum outline (Appendix B) is the outline that guided the final development of the curriculum. Throughout the process, I also informally consulted widely with friends and professionals working in the areas of mental health, estate law, and healthcare to get their perspectives on the relevance of the curriculum categories and the curriculum itself. During my curriculum development, I encountered a book entitled Capacity to Decide (Molloy, Darzins & Strang, 1999). In their book, they broke down information into a six-step assessment process. Conceptually, I liked the idea of taking some of my curriculum categories and turning them into a “process” as I thought this would appeal to the clinicians in HCC. Although some of the titles of my steps are based generally on their six-step categories, the curriculum content and focus within the steps vary
greatly from theirs. The six-step assessment process that I have developed for the purpose of this research project is an original process that will be new to HCC.

The curriculum outline and research culminated in the development of a PowerPoint presentation with speaker notes (Appendix C), as well as a Participant Handout Package (Appendix D) and a Presenter Package (Appendix E). The curriculum was developed in PowerPoint format at the request of the committee so that it could be reusable within the VIHA context. It was agreed that the PowerPoint be geared for use by presenters who have a solid base of knowledge about the AGA and VIHA protocols, and who have practice experience in the context of adult abuse and neglect. The speaker notes contained within the PowerPoint presentation were developed to expand upon information in the PowerPoint slides. It is anticipated that presenters will use the speaker notes to clarify information, and/or expand on information in which participants take a particular interest.

The PowerPoint curriculum was developed to fit within a 4-hour workshop format. The PowerPoint was timed and takes just under 3 hours to deliver, which will leave approximately 1 hour for discussion spread out through various points of the presentation; this makes the presentation quite content-heavy. After discussion with my committee, we decided that having the complete curriculum in one place was essential because all parts of the curriculum are useful. Future presenters of the curriculum may choose to eliminate certain slides or sections at their discretion.
in order to fit the curriculum into various timeframes and to gear the curriculum towards various audiences.

As the curriculum developed, it became evident that there were certain pieces of information and resources that may be helpful for participants to have in hard copy. These were the resources that were included in the Participant Handout Package (Appendix D). The committee had discussed the possibility of creating a reference document that clinicians could use to aid them in decision-making when encountering adult abuse and neglect and/or self-neglect situations where capability was an issue. Towards this purpose, a “Curriculum Summary / Reference Document” has been included in the Participant Handout Package. This document serves several purposes. It provides an outline that participants can use during the presentation so that they can follow along as the presentation unfolds, and so that they can anticipate what will be covered. It may reduce the need for participants to take notes during the presentation. It is also my hope that this will be a useful document that participants can take away and refer to in practice as they encounter situations in which capability is a concern. Finally, the Participant Handout Package also includes a “Presentation Evaluation” document for participants to fill out after the curriculum has been delivered.

It also seemed appropriate to provide the presenter with hard copies of the various assessment tools and forms that are talked about in the presentation so that the presenter can refer to these resources in more detail if necessary (Appendix E).
3. Ethics

Benefits of the Research

There are many potential benefits to this research. Firstly, VIHA will have access to a developed curriculum that could be used to help meet one of the identified educational needs of Abuse Resource Clinicians. Secondly, when VIHA delivers the curriculum, Abuse Resource Clinicians will have additional resources and greater understanding of what to consider when faced with issues of capability in the context of adult abuse or neglect and/or self-neglect. Abuse Resource Clinicians would then be able to pass on this knowledge when supporting other HCC staff who are investigating or encountering situations of suspected adult abuse and neglect or self-neglect. Further, the curriculum could be made available to Team Leaders, the CRT Resource Team, and Community Service Coordinators in HCC who are often in the position of supporting clinicians as they encounter or investigate situations of abuse.

Providing Abuse Resource Clinicians with additional resources and understanding in the area of capability could aid HCC clinicians in providing the “most supportive and least intrusive” service to adults in situations of abuse and neglect or self-neglect with the aim of reducing the risk to adults in these situations. Ultimately, it is these adults whom the research aims to benefit the most. Since some of us may one day become an adult in a potentially abusive situation struggling with decision-making capability, or have members of our families who may be in this situation, it
is of benefit to the larger society to equip clinicians with the resources to make the most informed, ethical, and supportive decisions possible.

**Risks of the Research**

The potential risks of this research were minimal since the research did not involve any human subjects and only made use of secondary literature. An ethics waiver application was developed to submit to both the UVIC and VIHA ethics committees. Both committees indicated that an ethics application and/or ethics waiver application was not required because this research only involved secondary literature. Emails to this effect are located in Appendix F. Finally, all literature used for this project was literature available to the public, except for some of the resources that are only available on the VIHA intranet. I sought the permission of the Manager of the Practice Resource Team in Home and Community Care (Cheryl Beach) to access the VIHA intranet during the time of my research project. For a copy of the signed “request for access to the VIHA intranet” form, please see Appendix F.

Although this research did not involve any direct contact with human subjects, I was acutely aware that the curriculum I developed would be used by VIHA to educate staff working with adults in vulnerable situations. Firstly, many of the adults whose capacity to make a particular decision is being assessed are involved with the HCC clinician because they are in potentially in abusive, neglect, or self-neglect situations. Secondly, many of the adults who are being assessed are already in
contact with HCC because of a variety of disabilities and/or health issues. Further, HCC clinicians have the legislated authority through the AGA to investigate and intervene in situations of adult abuse and neglect or self-neglect. This puts HCC clinicians in a position of authority over these adults, thus increasing the vulnerability of these adults to the opinions and decisions of the clinicians.

The education and resources that HCC clinicians have when encountering issues surrounding capability in the context of adult abuse and neglect and/or self-neglect investigations is key. If clinicians are given poor resources and information surrounding capability, this may translate into their practice when working with adults who may be experiencing abuse and neglect or self-neglect, and this could then pose a risk to these adults.

In order to minimize this risk, the curriculum includes applicable ethical frameworks, as well as perspectives on capability from a wide variety of literature gathered from different disciplinary perspectives. The curriculum reminds clinicians of their scope of practice, as well as the importance of consulting with other professionals, VIHA protocols, and legislation when assessing capability. The curriculum incorporates VIHA guidelines and legislative responsibility surrounding assessment and adult abuse and neglect investigations.
4. Future Research Directions / Recommendations

The next natural progression of this research project will be the delivery of the curriculum to Abuse Resource Clinicians in VIHA. A recent education proposal developed by the Advanced Education Working Group has recently been approved, and there is a plan in place to deliver this curriculum in the fall of 2010. After such delivery, participant feedback on all components of the curriculum will be essential in order to continue to develop the curriculum in a way that meets the needs of the clinicians. The Advanced Education Working Group also has a plan to invite Home and Community Care Leaders to the presentation in order to provide them with more information about capability in the context of adult abuse and neglect and/or self-neglect so that they are better equipped to support the clinicians they supervise.

A further recommendation is to provide on-going support for clinicians when they encounter issues surrounding capability in practice. It is my hope that Abuse Resource Clinicians will connect with one another and make use of tools like the “Curriculum Summary / Reference Page” (Appendix D) to inform their practice as they work through situations. Further, it would be helpful for clinicians to have access to a Practice Resource professional if they require any assistance when working through complicated situations surrounding capability in the context of adult abuse and neglect. Currently, Sandy Lundmark (Practice Resource, Social Work) is fulfilling this role in Home and Community Care. Finally, support for the on-going work of the Advanced Education Working Group is essential in order to aid
clinicians to further their knowledge about issues related to adult abuse and neglect and/or self-neglect.

As with many research projects, there were a number of paths that I could have chosen, and numerous ways I could have considered the concept of “capability” that did not fit within the confines of this project. Future questions to explore could include: What is the history of the discourse of “capability” and what “work” does this discourse do? What are “best practices” when encountering situations where capability assessment is pursued? How does race intersect with concepts of capability?

5. Conclusion

This project was initiated and developed in order to meet the educational needs of Abuse Resource Clinicians in Home and Community Care (VIHA) surrounding issues of capability in the context of adult abuse and neglect and/or self-neglect. It is my hope that this curriculum will be delivered successfully to Abuse Resource Clinicians in the fall of 2010. It is acknowledged that this curriculum is only a beginning in what will be a need for on-going education in this area. I look forward to seeing how this curriculum will evolve and change as feedback is received.
Bibliography


*Montreal Cognitive Assessment* (MoCA). Retrieved September 18, 2009 from [https://intranet.viha.ca](https://intranet.viha.ca)


*The Folstein Mini-Mental Status Examination.* Retrieved September 22, 2009 from https://intranet.viha.ca

*The Modified Mini-Mental State (3MS).* Retrieved April 21, 2010 from https://intranet.viha.ca


*All photographs used in the Power Point presentation were purchased from istockphoto.co*