

# IN HAND

An Ethical Decision-Making Framework



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# IN HAND

## An Ethical Decision-Making Framework

This framework has been developed from research results in clinical settings to support psychosocial practitioners in their ethical reflection leading to decision-making during the intervention process in a senior abuse situation. Its development was made possible thanks to the following funders: the Social Sciences and Humanities Research Council (SSHRC), the Research Centre on Aging under the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke (CSSS-IUGS), the Interdisciplinary Research Center on Family Violence and Violence Against Women (CRI-VIFF), and the National Initiative for the Care of the Elderly (NICE).

The content of this tool was developed by Marie Beaulieu in collaboration with Nancy Leclerc (2005), Janine Dupont (2007) and Julie Daviau (2009). It also includes much-appreciated input from several front-line health and social service (CLSC) practitioners from Sherbrooke and Memphrémagog and representatives of community organizations of the Eastern Townships in Québec. These practitioners tested the material in their practice and proposed some adaptations. Review of English language usage was supported by members and others affiliated with the NICE Elder Abuse Theme Team Knowledge to Action Project.

This framework was developed in a socio-legal context where there is no older adult protection law. Practitioners are invited to adapt their practice and the various issues raised in accordance with laws and regulations in their respective jurisdictions.

Marie Beaulieu, PhD



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## CONTEXT

*In Hand* has been devised to support health and social service practitioners in their **ethical reflection leading to decision-making** during the intervention process in a senior abuse situation. It can be used at various points during the intervention process, as often as necessary as the situation develops.

With the **wishes of the senior** as the primary consideration to the greatest extent possible, even in situations where the senior is extremely vulnerable and at the greatest risk, *In Hand* targets various competing **values** arising in a senior abuse situation. It presents various **suggestions for practice** and facilitates the identification of psychological and ethical **issues** raised in practice situations.

The best conditions for use of the tool are the following:

- » the practitioner has the support of their supervisor and their organization
- » the practitioner is a member of a case review group or committee
- » the practitioner's organization is an active member of an inter-sectoral committee or network, i.e., is collaborating with various agencies (health, justice, seniors organizations, etc.)

Prior to initiating the decision process, the practitioner should:

- » have a good knowledge of the resources available in the community
- » ensure all actions that will be taken are within the mandate (or regulatory framework) of the practitioner's organization

Finally, *In Hand* is designed for a practitioner with some experience intervening in senior abuse situations. Because it aims to support ethical decision-making (i.e., it is a reflective process), various screening (detection) or intervention tools can be used in conjunction with it.

# INITIAL ASSESSMENT OF THE SITUATION

## Summary of the Abuse Situation Using Concrete Facts

- » Types of abuse
- » Since when?
- » By whom?
- » In which environment?
- » In which context?

## People Involved

### 1. Senior Who Is Abused (or abuse suspected)

- » Age
- » Gender
- » Senior's wishes in handling the situation (including their perceived safety)
- » Relational dynamics with the suspected abuser
- » Relational dynamics of senior with the family, friends and social network
- » Capacity (able to make informed decisions about oneself and one's possessions/finances, able to take care of oneself, etc.)
- » Cognition (i.e., brain/mental processes)
- » Emotional state (impact of traumas, expressed needs)
- » Financial situation
- » Physical and mental health (formal assessment and senior's self-assessment)
- » Cohabitation
- » Understanding of the situation and the inherent dangers
- » Family and social support (formal assessment and senior's self-assessment)
- » Living situation (type, cleanliness, safety, etc.)

# INITIAL ASSESSMENT OF THE SITUATION (CONTINUED)

## 2. Suspected Abuser

- » Age
- » Gender
- » Suspected abuser's view and understanding of the situation
- » Relational dynamics with the senior
- » Capacity (able to make informed decisions about oneself and one's possessions/finances, able to take care of oneself, etc.)
- » Cognition (i.e., brain/mental processes)
- » Emotional state (impact of traumas, expressed needs)
- » Financial situation
- » Physical and mental health (formal assessment and suspected abuser's self-assessment)

## 3. Close Relationships

- » Nature and composition of family, friends and social network
- » Dynamics of relationships

## Practitioners Involved

### 1. Public Health and Social Services

- » Social worker
- » Registered nurse or nurse assistant
- » Case manager
- » Home care worker (help with dressing, hygiene, etc.)
- » Occupational therapist, physiotherapist, etc.
- » Family physician and other specialists
- » Others (specify)

### 2. Community Health and Social Services

- » Home support/home cleaning
- » Meal delivery (meals on wheels)
- » Pharmacist
- » Support services, etc.
- » Others (specify)

## INITIAL ASSESSMENT OF THE SITUATION (CONTINUED)

### 3. Private and Community Services

- » Housing programs (shelters, safe suites, etc.)
- » Building manager or other seniors' housing provider
- » Lawyer
- » Financial counsellor (bank, credit union or investment company)
- » Victim services
- » Seniors organizations
- » Seniors advocacy organizations
- » Faith community
- » Others (specify)

### 4. Public Services

- » Police/Fire/Ambulance
- » Public Guardian and/or Trustee or Curator
- » Others (specify)

### Intervention Plan

Summarize (when possible) the main elements of the intervention plan with the senior who is abused.

Summarize (when possible) the main elements of the intervention plan with the suspected abuser.

### Past and Present Psychosocial Follow-up With Senior Who Is Abused and Relatives

- » How is this intervention plan working?
- » Who is involved in implementing and following up on the plan?
- » What type of safety net has been put in place? How is it working?
- » Which interventions are specific to the abuse situation?
- » Which interventions worked in relation to the senior who is abused?
- » Which interventions worked in relation to the suspected abuser?
- » Which interventions did not take place as planned and why not?
- » Which specific interventions are currently working?
- » Which specific interventions have not created the expected results?

## **ONGOING ASSESSMENT** (MONITORING THE SITUATION OVER TIME)

### **Senior Who Is Abused (or abuse suspected)**

- » Capacity (able to make informed decisions about oneself and one's possessions/finances, able to take care of oneself, etc.)
- » Cognition (i.e., brain/mental processes)
- » Emotional state (impact of traumas, expressed needs)
- » Health (mental and physical)
- » Understanding of the situation and of its inherent dangers
- » Relational dynamic with the suspected abuser
- » Risks and benefits to the senior to being in the abusive situation
- » Receptiveness, expectations or resistances towards proposed support
- » Family, friends and social support (formal assessment and senior's self-assessment)
- » Living conditions (type, cleanliness/hygiene, safety, etc.)
- » Senior's point of view on the situation (including feeling of safety)

### **Suspected Abuser**

- » Capacity (able to make informed decisions about oneself and one's possessions/finances, able to take care of oneself, etc.)
- » Cognition (i.e., brain/mental processes)
- » Reasons for violent or neglectful behaviours
- » Understanding of the abuse situation and of its inherent dangers
- » Relational dynamics with both the senior who is abused and their social network (formal assessment and abuser's self-assessment)
- » Emotional state (impact of traumas, expressed needs)
- » Mental and physical health (including problems of dependency on the senior who is abused)
- » Receptiveness, expectations, collaboration, ability to change or resistance to change (when relevant)

## **ONGOING ASSESSMENT** (MONITORING THE SITUATION OVER TIME)

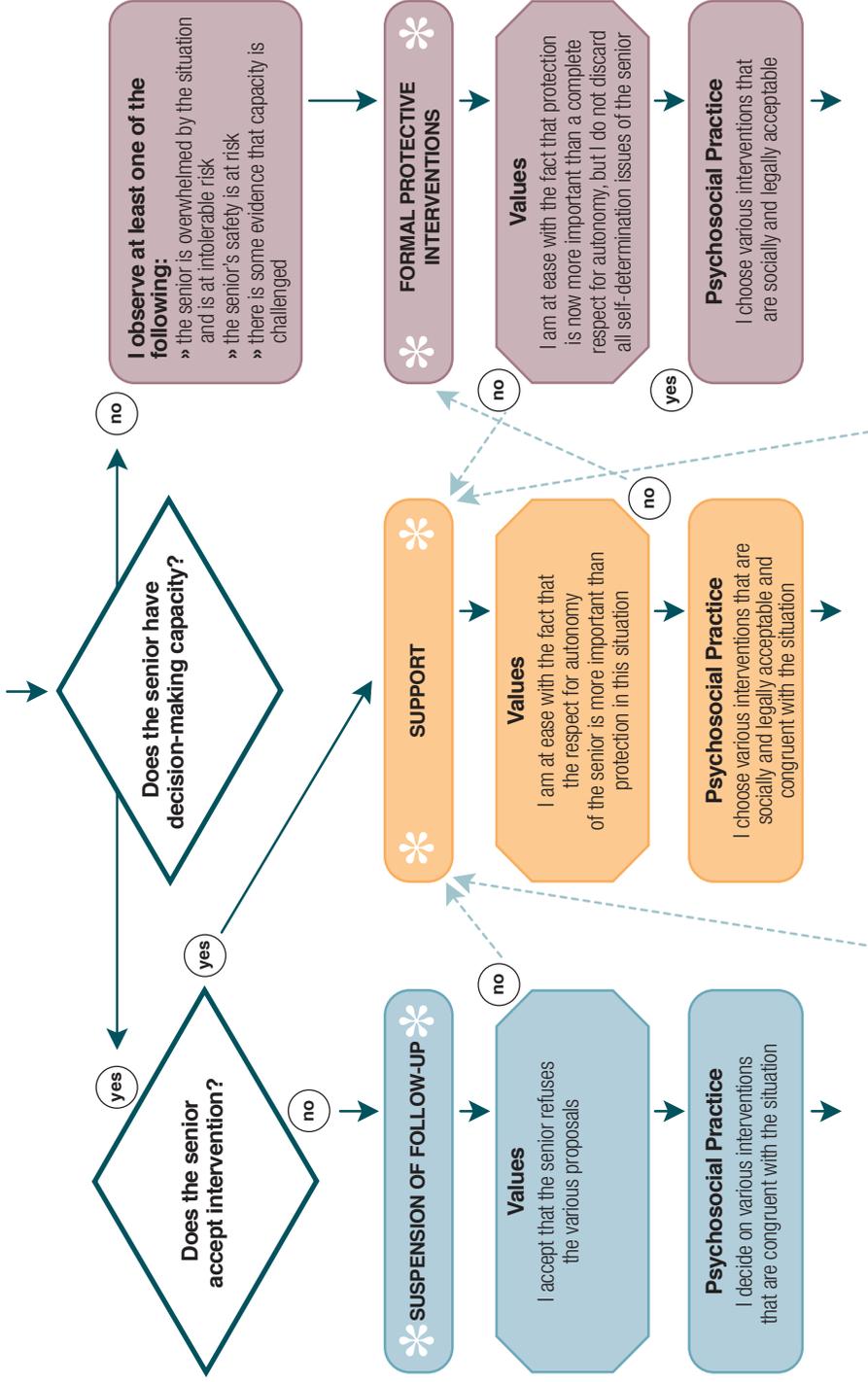
### **Family, Friends and Social Network**

- » Composition and dynamics
- » Perception of the abuse situation, and openness to improving the situation
- » Who is assisting in the process? Who is hindering the process?

### **Inter-Professional, Inter-Sectoral and/or Inter-Organizational Collaboration**

- » What is the contribution from each of the active practitioners, both with the senior who is abused and with the abuser?
- » Is there a need for the collaboration to be modified?
- » Is this a case that would benefit from expert advice or consultation?

# ABUSE SITUATION



**Ongoing Issues**

I recognize and deal with unresolved issues I have with the situation

Do I feel at ease with the fact that intervention is suspended?

yes

Consultation on the decisions with a supervisor or the multidisciplinary team

I assure that everything is done in order to keep the door open for the senior to come back in the future

Suspension of follow-up (at least of actions in direct connection with the abuse situation)

no

Do I feel at ease with the fact that I am the main practitioner in a situation that contains potential risks?

yes

Consultation on the intervention with a supervisor or the multidisciplinary team

I intervene as decided and I monitor the involvement of the senior

Continuation of support

no

Check out with whom I can share this responsibility

**Ongoing Issues**

I recognize and deal with unresolved issues I have with the situation

Do I feel at ease with the fact that I am in control of the situation?

yes

Consultation on the intervention with a supervisor or the multidisciplinary team

I intervene as decided and I monitor the various consequences for the senior

Depending on the impact of the interventions, consider the continuation of follow-up/monitoring/reviewing/support or case closure

no

## SUSPENSION OF FOLLOW-UP

### Context

The senior who is abused refuses suggestions from the practitioner. Rather than making a concrete intervention that the practitioner thinks is best but that the senior doesn't want, the practitioner formally records the refusal and withdraws from the case (the abuse component, though possibly continues other actions).

### Values

- » **Respect for autonomy:** The autonomy of the senior who is abused comes first. The principal concern of the practitioner is to influence to the least extent possible the choice made by the senior. Support the senior to make their own choices and decisions rather than making decisions for them – unless their life is in imminent danger.
- » **Beneficence:** The need for protection is not considered to be the most important factor in the present situation.

### Psychosocial Practice

- » Provide clear information to the senior who is abused to enable informed decisions.
- » Avoid making decisions for the senior who is abused; permit their choices and decision-making.
- » Refer the senior to other resources/services if possible.
- » Cease any follow-up.
- » Wait until the senior makes a new request (initiated by them, a family member, friends/social network or another practitioner).
- » Exchange all relevant information, where appropriate, with other practitioners involved with the senior's abuse situation (if possible, with their consent).
- » Seek backup and support from supervisors, practice leaders or multidisciplinary team.
- » Work in inter-professional partnership.

## SUSPENSION OF FOLLOW-UP (CONTINUED)

### Ongoing Issues

- » Suspending follow-up too quickly without reflecting on the issues when the senior who is abused is autonomous enough on a functional level, capable and able to give clear and informed consent
- » Being uncomfortable when doubts remain about their capacity or cognitive state
- » Remaining aware that certain risks could increase over time
- » Questioning one's practice:
  - Does it result from a full analysis of the situation? Or is it the result of organizational mandates, administrative policies (the demand should relate to the person), lack of time, work overload and/or increased complexity of cases?
  - What are the reasons for cessation of follow-up? Do they reflect powerlessness or withdrawal? denial or abdication?
  - Do decisions stem from a lack of education, information, awareness or supervision?

## SUPPORT

### Context

Support is the ideal condition. Decisions are made gradually according to the progress made in the case and according to the quality of the relationship between the practitioner and the senior and, in some cases, with the abuser.

### Values

- » **Respect for autonomy:** Autonomy is central. The practitioner's concern is to ensure that the senior's self-determination is encouraged to the greatest degree possible. Allow the senior to take charge, remain independent and make their own choices and decisions instead of making them on their behalf. Respect lifestyles, values and traditions of the senior.
- » **Beneficence:** Although the need for protection does not come first, the practitioner accepts that this is a potentially risky situation.

### Psychosocial Practice

- » Establish and maintain contact with the senior who is abused.
- » Create a bond of trust and confidence with the senior.
- » Establish and maintain contact with the suspected abuser or abusive person to establish trust, where safe, possible and appropriate.
- » Obtain clear and informed consent from the senior.
- » Inform the senior about progress in the situation.
- » Recommend proactive options/interventions to stop the abuse.
- » Work with the senior who is abused, considering mediation, education, introspection, personal development and awareness raising.
- » Inform all the people involved about the legal and regulatory aspects of the situation.

## SUPPORT (CONTINUED)

- » Support the senior and facilitate progress in their views and attitudes towards abuse.
- » Reinforce autonomy or compensate for the loss of autonomy of the senior who is abused (empowerment). Promote a “de-victimization” approach.
- » Rally and expand the senior’s family, friends and social network, when possible.
- » Put in place, where appropriate, informal protection plans (partnership with the bank, referral to a support organization, etc.).
- » Stand up for and uphold the rights of the senior (advocacy).
- » Work with the abuser, considering mediation, education, introspection, self-knowledge and awareness raising, where safe, possible and appropriate.
- » Ensure continuous and careful monitoring of the situation.
- » Assess and manage risks.
- » Think ahead about potential crises that could happen.
- » Consider possible/potential needs for protection.
- » Exchange all relevant information, where appropriate, with other practitioners involved with the senior who is abused (if possible, with their consent).
- » Seek backup and support from supervisors, practice leaders or multidisciplinary team.
- » Work in inter-professional partnership.

## SUPPORT (CONTINUED)

### Ongoing Issues

- » Accepting that intervention may take a lot of time
- » Maintaining respect for the pace of the senior who is abused
- » Ensuring that a continuous evaluation process is implemented (to monitor autonomy, inherent danger, vulnerability, cognitive losses, etc.)
- » Tolerating a situation of potential risk and accepting certain risks that offer less-negative consequences than a drastic intervention would
- » Feeling uncomfortable in relation to respect for autonomy of the senior
- » Need for reviewing the balance between respect for autonomy and the need for protection
- » Knowing how to work with the abuser without supporting their violent or neglectful behaviours
- » The senior questioning proposals to contact their closest relatives (including the abuser)
- » Monitoring the extent of responsibility given to a volunteer, when appropriate

# FORMAL PROTECTIVE INTERVENTIONS

## Context

The practitioner is forced to make legal decisions or to intervene in accordance with certain policies or rules, often in a short time frame. These decisions are often made without the full consent of the senior who is abused and/or without the full collaboration of the abuser.

## Values

**Respect for autonomy:** The autonomy of the senior who is abused must be combined with needs for protection. The practitioner's concern is to continue giving priority, as far as possible, to the autonomy of the senior.

**Beneficence:** The need for protection is stronger than respect for autonomy. Do what is most beneficial for the senior.

## Psychosocial Practice

- » Ensure more security and safety for the senior and increase service, if possible.
- » Mobilize the family, friends and social network of the senior, if possible.
- » Attempt to get consent from the senior who is abused prior to initiating a legal action or a formal process under any legislation during an investigation.
- » Initiate various legal procedures (which vary in each jurisdiction) such as: adult protection laws, approval of incapacity order, court regulation, police (criminal law), matrimonial law, etc.
- » Support the senior with legal or regulated procedures or direct them to support resources/services such as a crisis centre or victim services.
- » Accept the need, occasionally, for an intrusion in the senior's life, even without their agreement.
- » Remove the abuser from the situation.
- » Remove the senior who is abused from the situation.

## FORMAL PROTECTIVE INTERVENTIONS (CONTINUED)

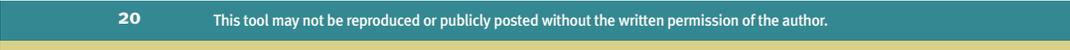
- » Exchange all relevant information, where appropriate, with other practitioners involved with the senior who is abused (if possible, with their consent).
- » Seek backup and support from supervisors, practice leaders or multidisciplinary team, as well as from other professionals as needed, such as lawyers, ethicists, medical practitioners or other clinical specialists.
- » Work in inter-professional partnership.

### Ongoing Issues

- » Intrusiveness of intervening to protect the most vulnerable seniors who are at the greatest risk, against their will
- » Questioning whether the proposed intervention has more negative than positive consequences for the senior
- » Potentially facing a crisis situation, a hospitalization or another major change in the situation
- » Need to act within the organization's mandate and responsibilities
- » Pressure from colleagues, the senior's network or from society
- » Exposure to possible threat from the abuser
- » Accepting possible deterioration of the relationship with the senior or the abuser
- » Questioning one's practice: for example, does the intervention plan result from a full analysis of the situation? Or is it impacted by lack of administrative or clinical support and by organizational mandates and needs that result in pressure due to increased complexity of cases and a heavy workload? (The demand should relate to the person, not the organization.)
- » Experiencing fear, dissonance, stress and negative feelings (powerlessness, feeling constrained, disillusionment, etc.)
- » Facing the limits of one's professional autonomy and decision-making

## ADDITIONAL READING

- Beaulieu, M., & Leclerc, N. (2006). Ethical and psychosocial issues raised by the practice in cases of mistreatment of older adults. *Journal of Gerontological Social Work*, 46(3/4), 161-186.
- Beaulieu, M. (2007). Maltraitance des personnes âgées. In M. Arcand & R. Hébert (eds), *Précis pratique de gériatrie* (pp. 1145-1163). 3rd ed. Montréal: Édisem, Maloine.





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This is one in a series of tools for detecting, intervening and/or preventing abuse of seniors. For more information about this, any of the other NICE tools or related training events, please visit [www.nicenet.ca](http://www.nicenet.ca)

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