

CAREGIVER OR PERPETRATOR NEGLECT

Participant’s Manual



Module 11

Participant’s Manual

CAREGIVER OR PERPETRATOR NEGLECT



School of Social Work

Department of
SOCIAL SERVICES



This training was developed by the Adult Protective Services (APS) Training Project a program of the Bay Area Academy, San Francisco State University School of Social Work.

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INTRODUCTION

APS TRAINING PROJECT – BAY AREA ACADEMY

We are pleased to welcome you to the Caregiver / Perpetrator training for new APS workers.

The Adult Protective Services (APS) Training Project, a program of the Bay Area Academy/San Francisco State University, works to identify training needs, priorities and emerging issues among county Aging & Adult Services staff - with an emphasis on APS and In-Home Support Services (IHSS) training priorities. The project works in numerous partnerships to develop APS training curriculum and deliver core and specialized training to enhance the skills and knowledge of county social workers who serve vulnerable seniors and adults with disabilities in the State of California.

APS Training Project's overarching goal is to develop and deliver statewide standardized core curricula for new APS/IHSS social workers and to share these trainings on a national scale through our partnership with the National Adult Protective Services Association (NAPSA). Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their clients.

The Project is a founding member of the APS Regional Training Academy Consortium (RTAC) and the National APS Training Partnership. Our partners include:

- Academy for Professional Excellence/Project MASTER, Central California Child Welfare Training Academy and the Northern California Training Academy
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
- National Adult Protective Services Association Education Committee (NAPSA)

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ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and Bay Area Academy staff members. The APS Training Project would like to thank the following individuals and agencies:

Agencies

Academy for Professional Excellence/Project MASTER
Alameda County Social Service Agency
California Department of Social Services, Adult Services Branch
California State University Sacramento IHSS Training Project
California Social Work Education Center Aging Initiative
Colusa County Department of Health & Human Services
San Francisco County Human Services Agency
Tehama County Department of Social Services
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National Adult Protective Services Association Education Committee
Protective Services Operations Committee of the California Welfare Directors Association

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Curriculum Revisions 2015

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COURSE OUTLINE

Content	Total Time	Activities	Slides/Handouts
Welcome & Overview & Introductions	15 min	Introductions Warm-up Activity Learning Objectives	Slides 1-7 Letter to Participants ID Code Assignment
Neglect Overview	45 min	Lecture/Discussion Small and Large Group Activities	Slides 8-25 Activity 1, 2 Handout 1
Victim & Perpetrator Characteristics and Contributing Factors of Neglect (60 min) BREAK (15 min)	75 min	Lecture/Discussion Small and Large Group Activities	Slides 26-43 Activity 3, 4 Handout 2
Assessing Neglect in Five Domains	45 min	Lecture/Discussion Small Group Activity	Slides 44-52 Activity 5
LUNCH	60 min.		
Co- dependency and Unintentional/ Intentional Neglect	45 min	Lecture/Discussion Small Group Activity Individual Activity “Pop Quiz”	Slides 53-58 Activity 6, 7 Handout 3
Interviewing Best Practices	45 min	Lecture/Discussion Role Play Activity	Slides 59-65 Handout 4 Activity 8
BREAK	15 min		
Service Planning	60 min	Lecture/Discussion Service Planning Activity	Slides 66-73 Handout 5, 6 Activity 2 (revisited)
Closing & Evaluations	15 min	Q & A Evaluations	Evaluations
TOTAL TIME	7hrs (including 1 hour lunch)		

TRAINING GOALS AND OBJECTIVES



By the end of this training, participants will be able to:

1. Identify physical and behavioral indicators of neglect.
2. Identify factors that contribute to victim risk of neglect.
3. Assess allegations of caregiver neglect using 5 domains of assessment.
4. Describe the barriers to determining if neglect is intentional or unintentional.
5. Identify best practices in interviewing perpetrators.
6. Define components of service planning.

EXECUTIVE SUMMARY

Course Title: *Caregiver or Perpetrator Neglect*

Outline of Training:

In this engaging and highly interactive introductory training, participants learn the necessary and essential components for effective investigations of caregiver neglect. Trainees will understand common physical and behavioral indicators of caregiver neglect; learn factors that contribute to client risk of caregiver neglect; identify the barriers to determining whether caregiver neglect is intentional vs. unintentional; identify the domains of assessing allegations of neglect; demonstrate best practices in interviewing perpetrators; and identify key principles of service planning.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods; PowerPoint slides; participant guide (encourages self-questioning and interaction with the content information); embedded evaluation to assess training content and process; and transfer of learning activity to access knowledge and skill acquisition and how these translate into practice in the field.

Course Requirements:

Please note that training participants are expected to participate in a variety of in-class and post-training evaluation activities. These activities are designed to enhance the learning experience and reinforce the skill acquisition of training participants as well as determine the overall effectiveness of the trainings.

An executive summary of each training and directions for post-training evaluation activities will be provided to training participants and their supervisors. Certificates of course completion will be awarded upon completion of ALL course activities.

Target Audience:

This course is designed for new APS social workers as well as Aging & Adult Service partners (e.g. APS/IHSS, IHSS and mental health). This training is also appropriate for senior staff that require knowledge and/or skills review.

Outcome Objectives for Participants:

Learning goals – Upon completion of the training, participants will be able to:

1. Identify physical and behavioral indicators of neglect.
2. Identify factors that contribute to victim risk of neglect.
3. Assess allegations of caregiver neglect using 5 domains of assessment.
4. Describe the barriers to determining if neglect is intentional or unintentional.

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5. Identify best practices in interviewing perpetrators.
6. Define components of service planning.

Transfer of Learning: *Ways supervisors can support the transfer of learning from the training room to on the job.*

BEFORE the training

Supervisors can encourage line staff to attend the training and help them identify particular strengths and/or challenges that they have had with caregiver neglect cases in the past. Training participants can share these experiences during training.

AFTER the training

Supervisors can read the training executive summary and instructions for out-of-class transfer of learning activity. Supervisor and training participant will then schedule a time to complete the activity together – at this point trainee can share what specific skills they obtained from the training. If further staff involvement is available, trainee may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

WELCOME AND OVERVIEW



TIME ALLOTTED: 15 minutes

SLIDE 1



SLIDE 2



SLIDE 3

Housekeeping and Introductions

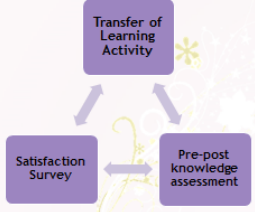
- Schedule for the day
- Location of restroom
- Set cell phones to vibrate
- Introductions



SLIDE 4

Evaluation Process

All APS Training has 3 evaluation components:



```
graph TD; A[Transfer of Learning Activity] <--> B[Satisfaction Survey]; A <--> C[Pre-post knowledge assessment]; B <--> C;
```

Slide 5

Developing an ID Code

- What are the first three letters of your mother’s *maiden* name? (*Alice Smith*)
- What are the first three letters of your mother’s *First* name? (*Alice Smith*)
- What are the numerals for the DAY you were born? (Nov 29th)

Trainee ID Code

S	M	I	A	L	I	2	9
---	---	---	---	---	---	---	---



Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, we have begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities.

These training evaluation activities have two main purposes:

1. To improve training effectiveness and relevance to your needs in helping you better serve adults and their families; and
2. To determine if the training has been effective in addressing the key learning objectives.

Our goal is to evaluate training, NOT the individuals participating in the training. In order to evaluate how well the training is working, we need to link each person’s assessment data using a code. You will generate the code number using the first three letters of your mother’s maiden name, the first three letters of your mother’s first name, and the numerals for the day you were born. Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time. ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this link is made, we will only look at class aggregate scores, not individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy’s training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

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If you agree to participate, you will fill out questionnaires administered before and after the training. The questionnaires will be coded with your ID code and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the training.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

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Trainee ID Code

Date / /
M M / D D / Y Y

YOUR IDENTIFICATION CODE:

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother’s *maiden* name?

Example: If your mother’s maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

___ ___ ___

2. What are the first three letters of your mother’s *First* name?

Example: If your mother’s maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

___ ___ ___

3. What are the numerals for the DAY you were born?

Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example **0 9**).

___ ___

Combine these parts to create your own identification code (example: **S M I A L I 2 9**).

Please write your identification code in the space at the top right corner of all evaluation materials you receive.

Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.

SLIDE 6

Training Goal

The goal of this training is to provide participants with the skills & knowledge necessary to perform investigations and service planning in response to allegations of caregiver and perpetrator neglect.



SLIDE 7

Learning Objectives

Identify physical and behavioral indicators of caregiver neglect.	Identify factors that contribute to victim risk of neglect.	Assess allegations of caregiver neglect using 5 domains of assessment.
Describe the barriers to determining if neglect is intentional or unintentional.	Identify best practices in interviewing perpetrators.	Define components of service planning.

NEGLECT OVERVIEW



TIME ALLOTTED: 45 minutes










SLIDE 8

What is Neglect?

The failure of a caregiver or fiduciary to provide an elderly person/vulnerable adult with the goods or services such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials that are necessary to maintain the health or safety of the person.

SLIDE 9

Types of Neglect

-  Lack of medical treatment
-  Inadequate nutrition and/or hydration
-  Lack of assistive devices
-  Hazardous environment
-  Isolation
-  Lack of social / emotional support
-  Lack of appropriate clothing, hygiene
-  Abandonment
-  Failure to provide mental health resources

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SLIDE 10

Who is a caregiver?

An individual who has the responsibility for the care of an elder or vulnerable adult, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law.



SLIDE 11

Exercise: Who is a Caregiver?

Activity #1 Leonard Case Example
Exercise: Shout out



Activity #1

Who is a Caregiver? - Leonard Case Example

Leonard was widowed and lived alone. He had one daughter, Marcella, who lived 50 miles away and seldom visited him. However, he had a number of relatives - nieces, nephews, cousins and in-laws, who periodically moved in with him until they found jobs, got through their relationship breakups and/or gave up substance use - or resumed using.

Due to diabetes, Leonard’s left leg had been amputated at the knee, so he used a wheelchair to get around the house. There was no shower in the house, only a bathtub, which he could not use by himself. He washed himself in the bathroom sink, and was generally fairly clean. But the house itself was filthy. There were trash and dirty clothes scattered everywhere. The kitchen sink was always full of dirty dishes, and all the surfaces were coated with dust and grime. The yard was littered with machine parts and broken appliances.

Leonard was unable to drive so he depended on his housemates to buy groceries, run errands, take him to the clinic, and pick up his prescriptions. The few friends he once had stopped visiting him, due to the general chaos at his home. He had a phone, but it was always tied up by others in the house. He said that he was not lonely, yet there was no one who really listened to him.

Someone in the household usually bought groceries, as everyone who lived there shared meals. But depending on who did the shopping, Leonard did not always get the food he needed to maintain a diabetic diet. There was no one reliable person on whom he could depend. As a result, his weight and glucose scores increased and he became more and more inactive and lethargic.

Questions:

1. Is Leonard being neglected?
2. Who is/are Leonard’s caregiver(s)?
3. Does Leonard meet the definition of caregiver neglect?

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SLIDE 12

Who are “Formal Caregivers?”

Individuals who are paid or volunteer care providing services that are linked through a social service or health care system.



SLIDE 13

Who are “Informal Caregivers?”

Family members, relatives, partners or friends who provide the care giving responsibilities.



SLIDE 14

INFORMAL CAREGIVERS



What are some of the benefits of having informal caregivers?

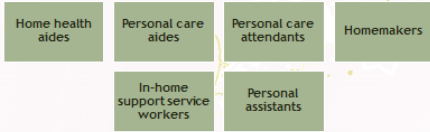
What are some of the possible negative outcomes of having informal caregivers?

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SLIDE 15

What are Personal Assistance Services?

Personal Assistance Services (PAS) refers to paid care providers. Depending on the funding sources, various terms are used for PAS employees:



SLIDE 16

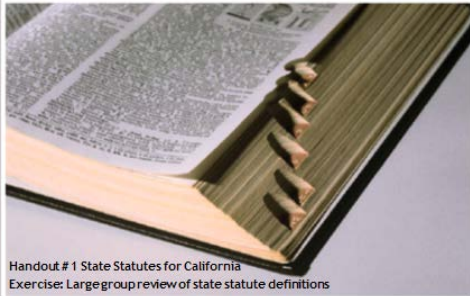
State Statutory Definitions

Terms for “neglect” and “caregiver” are determined by state law. It is important to familiarize yourself with your APS / Elder Abuse statutes and with the definitions used in your state.



SLIDE 17

Your State Statutory Definitions



Handout # 1 State Statutes for California
Exercise: Large group review of state statute definitions

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Handout # 1 - State Statutory Definitions for California

California Penal Code, Section 368 & 368.5

(<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=00001-01000&file=368-368.5>)

PC 368 (a) through (k) – Crimes Against Elders or Dependent Adults:

368. (a) The Legislature finds and declares that crimes against elders and dependent adults are deserving of special consideration and protection, not unlike the special protections provided for minor children, because elders and dependent adults may be confused, on various medications, mentally or physically impaired, or incompetent, and therefore less able to protect themselves, to understand or report criminal conduct, or to testify in court proceedings on their own behalf.

(b) (1) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured, or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, is punishable by imprisonment in a county jail not exceeding one year, or by a fine not to exceed six thousand dollars (\$6,000), or by both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years.

(2) If in the commission of an offense described in paragraph (1), the victim suffers great bodily injury, as defined in Section 12022.7, the defendant shall receive an additional term in the state prison as follows:

- (A) Three years if the victim is under 70 years of age.
- (B) Five years if the victim is 70 years of age or older

(3) If in the commission of an offense described in paragraph (1), the defendant proximately causes the death of the victim, the defendant shall receive an additional term in the state prison as follows:

- (A) Five years if the victim is under 70 years of age.
- (B) Seven years if the victim is 70 years of age or older.

(c) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this

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subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.

(d) Any person who is not a caretaker who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, is punishable as follows:

(1) By a fine not exceeding two thousand five hundred dollars (\$2,500), or by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, or by a fine not exceeding ten thousand dollars (\$10,000), or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding nine hundred fifty dollars (\$950).

(2) By a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding nine hundred fifty dollars (\$950).

(e) Any caretaker of an elder or a dependent adult who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of that elder or dependent adult, is punishable as follows:

(1) By a fine not exceeding two thousand five hundred dollars (\$2,500), or by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, or by a fine not exceeding ten thousand dollars (\$10,000), or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding nine hundred fifty dollars (\$950).

(2) By a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding nine hundred fifty dollars (\$950).

(f) Any person who commits the false imprisonment of an elder or a dependent adult by the use of violence, menace, fraud, or deceit is punishable by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years.

PC 368 Definitions

Elder:

(g) As used in this section, "elder" means any person who is 65 years of age or older.

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Dependent Adult:

(h) As used in this section, "dependent adult" means any person who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

Caretaker:

(i) As used in this section, "caretaker" means any person who has the care, custody, or control of, or who stands in a position of trust with, an elder or a dependent adult.

(j) Nothing in this section shall preclude prosecution under both this section and Section 187 or 12022.7 or any other provision of law. However, a person shall not receive an additional term of imprisonment under both paragraphs (2) and (3) of subdivision (b) for any single offense, nor shall a person receive an additional term of imprisonment under both Section 12022.7 and paragraph (2) or (3) of subdivision (b) for any single offense.

(k) In any case in which a person is convicted of violating these provisions, the court may require him or her to receive appropriate counseling as a condition of probation. Any defendant ordered to be placed in a counseling program shall be responsible for paying the expense of his or her participation in the counseling program as determined by the court. The court shall take into consideration the ability of the defendant to pay, and no defendant shall be denied probation because of his or her inability to pay.

368.5. (a) Local law enforcement agencies and state law enforcement agencies with jurisdiction shall have concurrent jurisdiction to investigate elder and dependent adult abuse and all other crimes against elder victims and victims with disabilities.

(b) Adult protective services agencies and local long-term care ombudsman programs also have jurisdiction within their statutory authority to investigate elder and dependent adult abuse and criminal neglect, and may assist local law enforcement agencies in criminal investigations at the law enforcement agencies' request, provided, however, that law enforcement agencies shall retain exclusive responsibility for criminal investigations, any provision of law to the contrary notwithstanding.

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Caregiver Duty:

“Statutes generally impose a legal duty regarding elder neglect in one of two ways. Civil statutes, such as APS laws, usually define elder neglect as a caregiver’s failure to act. Criminal statutes typically prohibit an elder’s caregiver from knowingly or intentionally causing the elder to suffer harm that could result from actions or omissions. To determine whether duty exists under these statutes, one must assess whether the alleged neglecter is actually a caregiver. Such an assessment is not necessarily a simple matter. In states where is no statutory definition of caregiver, the courts may be called on to determine whether an individual accused of neglect in a civil or criminal case is actually a caregiver. Even in states that have a statutory definition of caregiver, the courts may be asked to interpret the definition and decide whether the facts of the case before it meet that definition.” (Klem, Stiegel, Turner. (2007). Neglect of Older Persons: An Introduction to Legal Issues Related to Caregiver Duty and Liability. American Bar Association Commission on Law and Aging for National Center on Elder Abuse) Caregiver Definitions: Lori Stiegel & Ellen Klem, Caregiver Definitions: Provisions and Citations in Adult Protective Services Laws by State (2007). <http://www.abanet.org/aging/about/elderabuse.shtml>.

California - Welfare & Institutions Code § 15610-15610.65

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=15001-16000&file=15610-15610.70>

15610.05. "Abandonment" means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

15610.07. "Abuse of an elder or a dependent adult" means either of the following:
(a) Physical abuse, **neglect**, financial abuse, abandonment, isolation, abduction, or other treatment

with resulting physical harm or pain or mental suffering.

(b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

15610.10. "Adult protective services" means those preventive and remedial activities performed on behalf of elders and dependent adults who are unable to protect their own interests, harmed or threatened with harm, caused physical or mental injury due to the action or inaction of another person or their own action as a result of ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health, lacking in adequate food, shelter, or clothing, exploited of their income and resources, or deprived of entitlement due them.

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15610.39. "Imminent danger" means a substantial probability that an elder or dependent adult is in imminent or immediate risk of death or serious physical harm, through either his or her own action or inaction, or as a result of the action or inaction of another person.

15610.43. (a) "Isolation" means any of the following: (1) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.

15610.57.(a)"Neglect" means either of the following: 1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise. (2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise.

(b) Neglect includes, but is not limited to, all of the following:

- (1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.
- (2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- (3) Failure to protect from health and safety hazards.
- (4) Failure to prevent malnutrition or dehydration.
- (5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) to (4) inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

SLIDE 18

Criminal Neglect=Serious Bodily Injury

- Social Service professionals assess for the necessary services that need to be put in place.
- Criminal Justice System assesses the possibility of a crime and prosecutes criminal actions.
- Most state criminal statutes do not include penalties for caregiver neglect.
- All state criminal statutes include penalties for some form of serious bodily injury or assault.
- Neglect that results in serious harm or death to the victim may be chargeable under criminal law.
- A conviction of a charge of serious bodily injury may result in criminal penalties.
- Be familiar with your state's criminal laws regarding serious bodily injury and/or assault.

SLIDE 19

Caregiver Neglect May be Life Threatening



SLIDE 20

Caregiver Neglect May be Life-Threatening

Activity # 2
Case of the 59 pound Victim
Part 1

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

ACTIVITY #2 CASE OF THE 59-POUND VICTIM - PART 1

In 2001, a woman, who was living her husband and two adult step children, suffered a stroke. She also had two biological children with whom her communication was cut off soon after she became disabled. The woman was the primary source of income for her family. As a result of the stroke, she was paralyzed on her left side, required the use of a wheelchair, and 24-hour care. Many outpatient services were provided after her discharge from the rehabilitation hospital.

In the next four years, Protective Services (PS) had numerous reports concerning the care that the woman was receiving from her family. Each allegation was investigated and services were offered by PS. Each time services were put in place but then discontinued by the husband or the victim, who was found to be competent at the time.


In 2005, the woman was taken to a local emergency department by her stepdaughter. She was slumped in her wheelchair, cyanotic, her temperature was 96.7 and she weighed 59 pounds. She had bedsores, one to the bone. She was foul-smelling and had excrement under her nails, in her mouth, on her torso and on her lower extremities. Her husband had her health care proxy, but refused to provide financial information so that she could qualify for benefits.

In the home where the victim had been living, investigators found stained sheets and insects in her bed. The husband was asked what the victim ate on a daily basis; none of the items he named were found in the home. He said that the victim “did not like to eat.” He was asked what was being used to treat the bedsores and asked to produce these supplies but none were located in the home. None of the victim’s prescribed medications were current; there were only expired bottles.

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

SLIDE 21

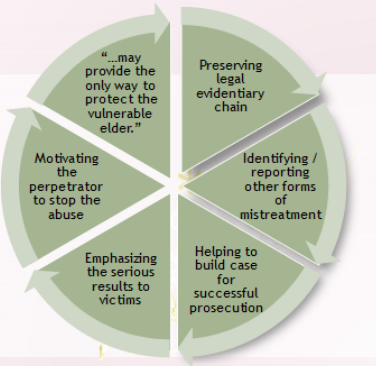
Definition of Serious Bodily Injury
(language proposed by Federal Elder Justice Act 2010)



- Extreme physical pain
- Substantial risk of death
- Protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or
- Requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.

SLIDE 22

Why APS Workers Should Involve the Criminal Justice System



- "...may provide the only way to protect the vulnerable elder."
- Preserving legal evidentiary chain
- Identifying / reporting other forms of mistreatment
- Helping to build case for successful prosecution
- Emphasizing the serious results to victims

SLIDE 23

Working with Law Enforcement




- Use the language from your state criminal code.
- Emphasize the urgency of the situation.
- Describe the physical harm to the victim.

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

SLIDE 24

How Common is Caregiver Neglect of People Age 60+?

- Nearly one quarter (24%) of elder abuse reports involved neglect.
- 89% of the reports occurred in domestic settings.
- Adult children (33%) and other family members were the most likely to be the perpetrators.
- Approximately 550,000 or 1 out of 100 people age 60+ experienced abuse, neglect or “both.”
- Elders who experience self-neglect, physical abuse, or caregiver neglect have triple the mortality of those never reported as abused.




NCEA 2004 Report

SLIDE 25

Indicators of Caregiver Neglect

Emergency Intervention

- Unsafe living environment
- Malnutrition
- Dehydration
- Lack of medical care—untreated medical conditions
- Over or under medication
- Abandonment
- Skin breakdown / decubitus ulcers



Other indicators

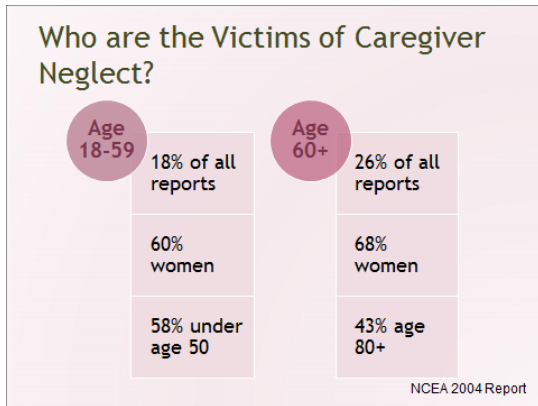
- Poor personal hygiene
- Inappropriate clothing
- Isolation

VICTIM & PERPETRATOR CHARACTERISTICS AND CONTRIBUTING FACTORS OF NEGLECT

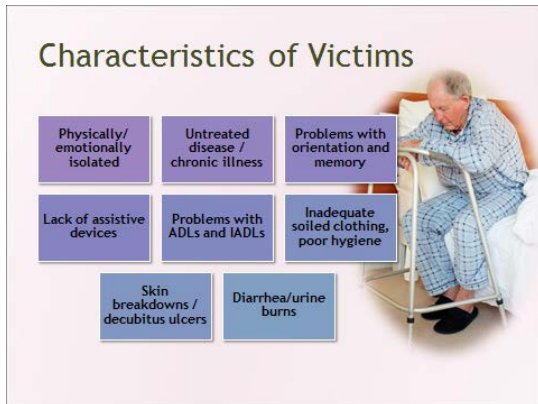


TIME ALLOTTED: 75 min: 60min lecture + 15min break

SLIDE 26



SLIDE 27



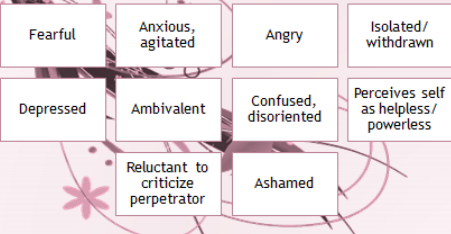
SLIDE 28

Victim’s History

-  Physically or mentally impaired
-  Multiple forms of mistreatment
-  History of oppression
-  Learned helplessness or depression
-  Guilt, personal inadequacy, and hopelessness
-  Victim’s concerns with being a burden

SLIDE 29

Victim’s Behavioral Indicators of Neglect




- Fearful
- Anxious, agitated
- Angry
- Isolated/withdrawn
- Depressed
- Ambivalent
- Confused, disoriented
- Perceives self as helpless/powerless
- Reluctant to criticize perpetrator
- Ashamed

SLIDE 30

VICTIM BEHAVIORS

- In your small groups, take turns with a partner asking each other to develop questions for victims based on the behavioral indicators provided.
- Try to avoid questions for victims that would result in “yes” or “no” answers.



Activity # 3 Responses to Behavioral Indicators
Exercise: Tabletop Discussion

Activity 3 - Responses to Behavioral Indicators

With a partner, develop questions for clients based on the behavioral indicators provided. Try to avoid questions for clients that would result in for “yes” or “no” answers. The victim and you are alone.

1. The victim appears fearful and reluctant to talk openly about the situation.
Example: “How can people offer you the right kind of support?”
2. The victim’s demeanor changed when the caregiver enters the room. You are asking these questions after the caregiver has departed.
3. The victim seems isolated and withdrawn—turning away from contact.
4. The victim appears listless - exhibiting flat affect.
5. The victim acts indecisive, ambivalent—makes contradictory statements & decisions.
6. The victim appears confused or disorientated.
7. The victim is reluctant to criticize the perpetrator or complain about lack of care.

SLIDE 31

ADLs & IADLs HANDOUT



CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

Caregiver / Perpetrator Neglect
Module 11

What are ADLs and IADLs?

Handout # 2 ADLs and IADLs Checklist

Client: _____

ADLs	Independent	Needs Assistance	Cannot Perform
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IADLs	Independent	Needs Assistance	Cannot Perform
Grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping / Errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Meds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

Caregiver / Perpetrator Neglect
Module 11

Caregiver: _____


ADLs	Independent	Needs Assistance	Cannot Perform
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IADLs	Independent	Needs Assistance	Cannot Perform
Grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping / Errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Meds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

SLIDE 32

Who are the Perpetrators of Caregiver Neglect?



Caregivers of victims age 18-59	Caregivers of victims age 60+
<ul style="list-style-type: none">• 50% are female• Majority under the age of 50• 20% are staff of long term care facilities• 19% are parents of the victims	<ul style="list-style-type: none">• Over 50% are female• 75% are under age 60• 33% are adult children of the victim• 21% are other family members

NCEA 2004 Report

SLIDE 33

Characteristics of Adult Abuse Perpetrators *

Trusted person	Angry and resentful	Depressed
Substance use / drug addiction	Untreated mental illness	History of family violence and/or abuse/neglect as a child
Isolated, lacks social supports	Lacks impulse control	Emotionally and or financially dependent on victim

Slide 34

Behavior of Adult Abuse Perpetrators

Isolates victim	Angry, aggressive behavior	Indifferent	Unrealistic expectations
Does not show affection / empathy towards the victim	Perceives victim as incompetent or demanding	Acts burdened	Won't consent to medical care or additional services
	Conflicting accounts	Blames the victim	

SLIDE 35

PERPETRATOR BEHAVIORS

Barbara Case Example

- Identify the “Turning Points” at which different decisions could have been made regarding Barbara’s care.
- What might the outcome at each of these decision points have been had her care been handled differently?

*Activity # 4 Barbara Case Example
Exercise: Tabletop Discussion*

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

ACTIVITY #4 - BARBARA CASE EXAMPLE

Barbara, who was suffering from Alzheimer’s, had been in a nursing home as a private pay patient for four years when her children, Ray and Bethany decided to bring her home in November because they felt that it was costing too much. Initially Bethany cared for her mother, but because she herself had multiple sclerosis, she asked Ray to take over as the care provider.

Ray brought Barbara home to live with him in a remote area far from any resources. When he first brought her to his home in December, he took her to the nearest clinic, where it was noted that she was clean, well nourished and ambulatory, but very demented. In February the clinic called Ray several times to schedule a follow up appointment for his mother, but the calls were not returned.

In March, Ray filed a Medicare application on behalf his mother. In April he was sent a notice saying that his mother’s application was denied because he filed incorrect paperwork. He did not follow-up with a corrected application.

In May, Ray called emergency services for an ambulance. When the EMT’s arrived and attempted to lift Barbara from the urine soaked foam mattress, they discovered that she was stuck to it, so they put her in the ambulance on the mattress. She was taken to the emergency room, where nurses found that she had 32 pressure sores; some bone deep, with severe contractures of her leg muscles, dehydration and feces caked all over her body, in her hair and under her finger and toe nails.

Hospital staff called Adult Protective Services. An APS worker came to the hospital to interview Ray who claimed that his mother had been clean when she left his house to ride in the ambulance. He said that he had been feeding her Ensure three times a day, and changing her diaper “two or three times a day.” When asked what he did for a living, Ray said that caring for his mother was his full time job.

Barbara died three days after her admission to the hospital. The cause of death was listed as pneumonia. No autopsy was performed and APS closed the case. Law enforcement was not involved.


Questions:

1. Identify the “Turning Points” at which different decisions could have been made regarding Barbara’s care.
2. What might the outcome at each of these decision points have been had her care been handled differently?

SLIDE 36

Theories of Caregiver Neglect


- Situational
- Exchange
- Social learning
- Political/economic
- Psychopathology



SLIDE 37


Voluntary vs. Involuntary:
Role of Caregiver

- Expectations of family members
- Spoken and unspoken agreements
- Roles and expectations change over time
- Level of care needed is likely to increase
- Rewards no longer perceived sufficient to balance sacrifices



SLIDE 38

Voluntary vs. Involuntary:
Role of Caregiver




“The likelihood of a caregiver’s mistreatment is not necessarily linked to amount of care they provide or the amount of care their elder relatives needs”

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

SLIDE 39

Contributing Factors of Caregiver Neglect:
Caregiver Conditions


- Frailty
- Physical Illness
- Dementia
- Mental Illness
- Substance use
- Disability



SLIDE 40

Contributing Factors of Caregiver Neglect:
History of Family Violence/Dysfunction

- Family history
- Learned behavior
- Blame
- Punishment



Slide 41

Contributing Factors of Caregiver Neglect:
Cultural & Social Issues

- Interests of individual vs. community
- Demographics
- Language barriers



CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

SLIDE 42

Cultural Stereotypes of Aging




- Lacks capacity, “senile”
- Non-person, invisible
- Powerless
- Out of touch
- Rigid

SLIDE 43

Contributing Factors of Caregiver Neglect:
Death & Dying

- Avoiding
- Helpless
- Ignorant
- Withholding

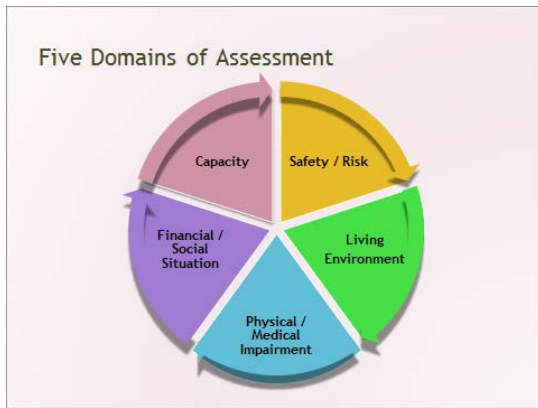


ASSESSING NEGLECT IN FIVE DOMAINS



TIME ALLOTTED: 45 minutes

SLIDE 44



SLIDE 45

Safety & Risk

- Safety issues for victim and professionals
- Notifying law enforcement
- Severity and duration of neglect
- Previous intervention history
- Victim indicators of neglect
- Signs of other forms of mistreatment

SLIDE 46

Living Environment

- In a high crime area
- Adequate heat, cooling, water, sanitation
- Dirty, chaotic living space
- Multiple animals and/or vermin



SLIDE 47

Victim’s Physical / Medical Impairments

- Need of immediate medical treatment
- Functional strengths & impairments
- Capacity
- Denial
- Immediate & long-term care unmet needs
- Barriers to providing appropriate care



SLIDE 48

Financial / Social Situation


- Previous intervention history
- Resources available
- Victim’s support network
- Perpetrator’s support network
- Perpetrator’s awareness / cooperation



SLIDE 49

Capacity

- Ability to adequately process information in order to make a decision based on that information.
- Varies as result of:
 - physical or mental stress
 - Complexity of the decision
 - From morning to evening and day to day
- May affect either the victim and/or the caregiver



SLIDE 50

Assessing Capacity

The victim understands relevant information.

- Question: Do you know that you have a serious cut on your leg?

The quality of the victim’s thinking process.

- Question: How can you get treatment for your wound?

The victim is able to demonstrate and communicate a choice.

- Question: Do you want to get treatment for your wound?


The victim appreciates the nature of his/her own situation.

- Question: What will happen if you don’t get your wound treated?

SLIDE 51

Victim’s Right to Self-Determination

- Victims with the capacity to do so may refuse services
- Once legal proceedings are invoked, the individual’s right to self-determine ceases and mediation among family members may be impaired.

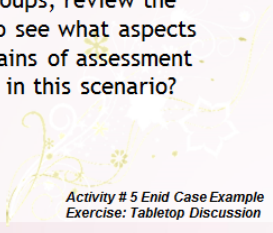


SLIDE 52

Assessing Neglect

Enid Case Example

- In your small groups, review the case example to see what aspects of the five domains of assessment are identifiable in this scenario?



*Activity # 5 Enid Case Example
Exercise: Tabletop Discussion*

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

ACTIVITY #5 - ASSESSING NEGLECT – ENID CASE EXAMPLE

In small groups, review the case example and for each domain of assessment identify:

1. Identify the domains of present in the case
2. What are the concerns related to this domain
3. What do you need more information on in this domain

The five domains of assessment which are: Safety / Risk; Living Environment; Physical / Medical Impairments; Financial / Social Situation & Capacity.

Case Example

Eight years ago when Marion’s husband, Charles, left her and moved out of state, he gave her the deed to their home as part of the divorce agreement. The house was large, and elegant, with four bedrooms and three bathrooms. At the time of the divorce, Marion agreed that Charles’ mother, Enid, who was then 83 years old and in good health, could live with Marion until she was ready to make other plans. He did send Marion a monthly check to cover his mother’s expenses but never contact his mother since moving out.

Marion lived alone and worked full-time as a realtor. Enid was living with in a sunny bedroom on the second floor. When Enid was 89, two years ago, Marion moved her to the basement. By then, Enid had become blind and very frail. She spent most of her time in bed, but was able to make her way to the shower, sink and toilet located in one corner of the basement. She had no telephone, radio or television, and no visitors.

Enid never left the basement. Enid’s furniture consisted of a bed and a table. There was a sliding door leading to an outside patio, but was inaccessible. The basement has several boxes and unused furniture stored on one side of the room. There was a damp and musty smell throughout the basement and peeling paint. The cement flooring was uneven. There was evidence of rodent droppings throughout the basement.

Before going to work, Marion brought Enid a bowl of oatmeal and a glass of juice. She left a glass of water and a sandwich wrapped in plastic on the table for lunch. At night, she brought a bowl of soup and some crackers. She seldom spoke, except to ask Enid if she was “all right.” Marion claimed that Enid was no longer able to carry on a coherent conversation but felt that Enid appeared to be fine with her living arrangements. She said that she had promised her ex-husband that she would care for his mother, and she was doing so, even though she felt that Enid belonged in a nursing home.

Enid had not been seen by a doctor for three years, and was not taking any medications. When asked if she was satisfied with her current living situation, Enid said that Marion was very good to her. Enid avoided responding directly to questions regarding her meals, living arrangement and her own perspective of the situation. Instead, Enid proudly displayed a tattered birthday card from Marion, as proof of her daughter-in-law’s loving care. Enid appeared uncomfortable with the questions and wanted to end the conversation quickly.

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

Safety & Risk

What concerns you?

What would you need more information about?

Living Environment

What concerns you?

What would you need more information about?

Victim’s Physical / Medical Impairments

What concerns you?

What would you need more information about?

Financial / Social Situation

What concerns you?

What would you need more information about?

Capacity

What concerns you?

What would you need more information about?

CO-DEPENDENCY AND UNINTENTIONAL/INTENTIONAL NEGLECT

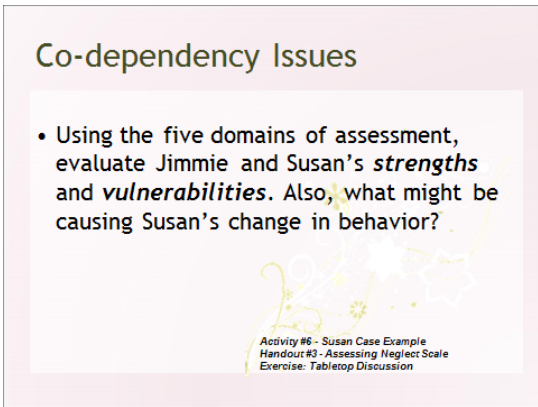


TIME ALLOTTED: 45 Minutes

SLIDE 53



SLIDE 54



ACTIVITY #6 - SUSAN CASE EXAMPLE

Susan lived with her son, Jimmie, who was 53. He had a successful career working in electronics, but never married or had a partner. When he was not working, he spent much of his time in his room on the Internet or playing computer games. Susan had a comfortable income, thanks to investments made by her late husband. She owned her home free and clear.

Jimmie did all the house cleaning, laundry, shopping and bill paying but Susan still cooked all their meals. Since he worked outside the home during the day Jimmie arranged for his mother to be transported by a local cab to church, the Senior Center, the hairdresser, and the doctor.

For an 80 year old, Susan was in relatively good health. She had high blood pressure, arthritis and moderate hearing loss. She saw her general physician once a year for a physical check-up. In the past year, she had become very critical of Jimmie, accusing him of “not taking care of her.” Although he was not very talkative, he was patient with her, and tried to ignore her verbal tirades. With increasing frequency, she called her pastor or staff at the Senior Center complaining about her son. When she did not promptly get the response she wanted, she started calling the fire department, saying that she had fallen and could not get up. Her calls to the fire department insisting that there was some sort of an emergency escalated to two or three times a week. The fire department was required by law to respond to every call, and always found her safe and in no apparent physical distress.

- 1. From the five domains of assessment (Safety & Risk, Living Environment, Physical & Medical Impairment, Financial & Social Situation, Capacity), which domain concerns you? What are the concerns?**

- 2. What are the strengths in this case?**

- 3. What additional information do you need?**

- 4. Given what you know, is this a case of neglect?**

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

HANDOUT #3 - ASSESSING NEGLECT SCALE

Score on scale of 1 (very low) to 5 (very high). **Circle based on observations/interview.**

1 2 3 4 5 insufficient information

(1) Active concern for well-being of the other, past and present

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(2) Warmth/affection for the other, past and present

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(3) Capacity to recognize verbal and non-verbal needs of the other

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(4) Capacity to meet needs, self and other

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(5) Willingness to use outside help to meet needs, self and other

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

Range of total scores between 10-50 (may be lower if little information shared/available)

Low score (~10-24)= **offer immediate assistance and evaluate for risk of harm and referral to Adult Protective Services (APS)**; or continue assessment due to insufficient information

Mid-range score (~25-40)= explore needed services to increase support system; **opportunity to prevent harm** through formal and informal help; continue to evaluate for compliance and APS referral

High score (~41-50)= balanced relationship with positive gratifications; **offer follow-up and information for future needs** as appropriate

Created by Carol Dayton, ACSW, LISW, Consultant and Educator in the Field of Aging cd10423@aol.com, July 2007

SLIDE 55

Unintentional Neglect

Neglect may occur because the caregiver:

- Lacks understanding of the victim’s needs
- Is not trained
- Is physically, mentally or emotionally incapable of adequate providing care
- Does not have a clear understanding of or agreement about the victim’s expectations
- Lacks resources and/or social supports
- Benign Neglect

SLIDE 56

Intentional Neglect

- “Intent” is a legal term
- APS professionals do not have the legal authority to determine intent
- A thorough APS investigation should always explore all the possible causes of the neglect

The diagram consists of two overlapping purple ovals. The left oval is labeled 'Focus of the APS investigation and service plan is on assuring the safety and well-being of the victim'. The right oval is labeled 'Focus of the law enforcement involvement is determining criminal intent and holding the perpetrator accountable'. The overlapping area in the center is shaded a darker purple.


SLIDE 57

Caregiver Excuses for Neglect

The slide features five speech bubbles arranged in a cluster. Each bubble contains a common excuse for neglect: 'She has always lived like this.', 'He doesn't want medication/medical treatment.', 'She refuses to eat.', 'Taking care of him is very difficult.', and 'I didn't know how sick she was.'

SLIDE 58

Assessing Allegations of Neglect



Handout # 4 - Pop Quiz

The image shows three people in a professional setting. On the left, a woman in a dark suit is looking at a document. In the center, a woman with glasses is also looking at the document. On the right, a man in a light blue shirt is pointing at the document. They are gathered around a table with a laptop open in front of them.

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

Activity #7 - Assessing Allegations of Neglect POP QUIZ

For each question identify three (3) statements that would assist in assessing an allegation of neglect

- 1.) “She is not a good housekeeper. She has always lived like this.”
 - a.) Do friends or family members support this statement?
 - b.) Does the caregiver have a fiduciary responsibility to provide care?
 - c.) Is there a medical history indicating how often the victim was taken to the doctor and what was told to the caregiver about the victim’s condition?
 - d.) Is the caregiver providing domestic services?
 - e.) Are the client’s needs for care obvious?

- 2.) Caregiver states, “I’m doing the best I can. Taking care of him is very difficult.”
 - a.) Does the caregiver need reassurance that he/she is doing a good job?
 - b.) Are the client’s needs for care obvious?
 - c.) Does the caregiver have sufficient training to provide care?
 - d.) Does the victim have a history of refusing help?
 - e.) Should the caregiver be told that he/she should be paid for providing care?

- 3.) Caregiver states, “I am just doing what she (the victim) wants. I am honoring her wishes.”
 - a.) Are these historical statements of the wishes of the victim?
 - b.) Should the caregiver decide what the victim needs?
 - c.) Does the victim have a history of refusing help?
 - d.) What is the victim’s capacity to make informed decision about care, including refusal to accept care?
 - e.) Does the caregiver have any special training in providing care?

- 4.) Caregiver states, “He refuses to eat.”
 - a.) Has the caregiver been instructed on the victim’s condition, care needs and how to provide them?
 - b.) Should the caregiver withhold food until the victim gets hungry?
 - c.) Is there a medical history indicating how often the victim was taken to the doctor and what was told to the caregiver about the victim’s condition?
 - d.) Does the caregiver have any special training in providing care?
 - e.) Does the caregiver need reassurance that he/she is doing a good job?

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- 5.) Caregiver states, “I didn’t know how sick she was, or what she needed.”
- a.) Does the caregiver have any special training in providing care?
 - b.) Does the caregiver appear tired and worn out?
 - c.) What is the victim’s health history?
 - d.) Are these sufficient resources to provide for the victim’s needs?
 - e.) Are the victim’s needs for care obvious?

INTERVIEWING BEST PRACTICES



TIME ALLOTTED: 45 minutes

SLIDE 59

Interviewing Best Practices




- Practice your interviewing style
- Be aware of possible responses to questions
- Avoid questions that assume guilt
- Avoid questions that prompt “yes” & “no” responses
- Focus on interview content, not who made the report

SLIDE 60

Dealing with Resistance:
Getting in the Door

- “What does (the victim) expect you to do for him?”
- “What are some concerns that have come up in your work here?”
- “Have you had trouble doing some things? Which ones?”
- “What kind of assistance would be helpful when things get overwhelming?”
- “When do things get to be too much?”



Handout # 4
Dealing with Resistance: Open Ended Questions

CAREGIVER NEGLECT – PARTICIPANT’S MANUAL

Handout # 4 - Dealing with Resistance: Open Ended Questions

In the process of conducting investigations, you may encounter a perpetrator who does not cooperate. Here are some questions you might use when dealing with a caregiver who does not want to provide you with information.

- “What is your day like as a caregiver? Tell me what you do”
- “What does (the victim) expect you to do for them?”
- “Tell me what he/she can do for himself / herself.”
- “Help me understand what has happened.”
- “What happens when there is more to get done than there is time for doing it?”
- “What happens when things are not going so well?”
- “What happens when the client doesn’t feel okay about what’s going on?”
- “How do you know when the client wants you to do things differently?”
- “What kind of assistance would be helpful when things get overwhelming?”
- “How do you know when things are beginning to get too much?”
- “When do things get to be too much?”
- “What do you do about taking some time to catch your breath?”
- “How do you take care of yourself with everything you have to get done?”
- “What are some of the concerns that have come up in your work here?”
- “How do you make adjustments when things are not going so well?”
- “How can the client let you know that they are not doing okay?”
- “What are some of the things you’ve had to do that you don’t want to have to do again.”
- “How do you manage to get everything taken care of?”
- “What are some the things you are going to try to do differently over the next few months.”

Created by Dr. Jerald Shapiro, MSW, MPH, DSW, JD, Professor - San Francisco State University, School of Social Work - jshap@sfsu.edu

SLIDE 61

When the Perpetrator Begins to Talk

- Make it easy
- Identify with their needs
- Be empathetic
- Offer support
- What was their experience?
- Trigger event
- History
- Bottom line

Do not confuse building rapport with the perpetrator with condoning his/her behavior



SLIDE 62

Maintaining neutrality



- Frame questions in neutral, objective language
- Use same form of address for victim & perpetrator
- Maintain a neutral facial expression
- Use active listening
- Be respectful
- Do not react to perpetrator’s testing behavior

SLIDE 63

Addressing the Perpetrator

- Take notes as if you were preparing for court
- Interview the perpetrator alone
- Be professional, not friendly
- Use your authority
- Give perpetrator a chance to cooperate
- Be clear about consequences if perpetrator does not cooperate



SLIDE 64

Interviewing to prevent further reoccurrences

“This is very serious.” “This cannot continue.”

“How should we work together in order to not get to a point in which law enforcement has to become involved?”

“What would be a plan for providing good care?”

SLIDE 65

Interviewing Best Practices

- Refer to Activity 8.
- With a partner, practice interviewing Jacob and apply the best practices we have just covered.
 - How will you approach Jacob?
 - What questions will you ask?
- After 5 minutes, switch roles.

*Activity # 8 Betty Case
Exercise: Role-play*

Activity # 8 - Betty Case Example

Scenario

When Jacob first agreed to take care of his elderly mother, Betty, he was working full-time as an English professor at the University. Due to his open schedule, salary, benefits, and two-bedroom home, Jacob and his younger brother, Sam, determined that Betty would be more properly cared for with Jacob. Two years after Betty moved in with Jacob, he was let go due to budget cuts at the University. At the time, Jacob assured Sam that he would be able to find a job at a nearby community college or one of the other universities in the area, and that he would be able to continue caring for their mother, Betty.

After a year of being unemployed and having no luck in his job search, Jacob became increasingly withdrawn from his friends and family. The few times Sam actually saw Jacob, he noticed a considerable change in Jacob’s appearance. Jacob was unshaven, disheveled, and Sam could clearly detect alcohol on Jacob’s breath. Becoming progressively more concerned about his mother’s care, Sam decided to visit Jacob’s home and check on Betty. When he knocked on the door, he could hear Jacob yelling inside. When Jacob finally came to the door he was visibly drunk and enraged at Sam’s surprise visit. After a few minutes of Sam trying to calm Jacob down, Jacob slammed the door in Sam’s face. Sam walked alongside the house and peered into a window where he saw Jacob throwing objects, but Betty was nowhere to be seen.

Sam called Jacob the next week and demanded to know how Betty was doing. Jacob sounding intoxicated, rambled about how Betty was “just fine”, and hung up on Sam. That was the last straw for Sam, and he decided to call APS to have a worker check on Betty. When the APS worker arrived to Jacob’s home, they were greeted with the same treatment Sam had experienced. After half an hour, the APS worker was finally let into the home. The sink and kitchen were full of dirty dishes, expired food, and empty bottles of alcohol. The worker found Betty in one of the bedrooms. She was malnourished, fearful, and her clothes were soiled. The worker now had to interview Jacob.

Exercise: Role-play

Work in pairs and decide who will act as Jacob and who will be the APS worker. Apply the interviewing best practices that have just been covered while interviewing Jacob. After five minutes, switch roles.

1. How will you approach Jacob?

2. What questions will you ask?

Example: “What is your day like as a caregiver for your mother?”

SERVICE PLANNING



TIME ALLOTTED: 60 minutes


SLIDE 66



SLIDE 67

Safety & Risk


- The APS worker’s perception of the causes of the problem and level of risk
- Emergency services
- Removing victim from immediate danger
- Removing perpetrator
- Least restrictive interventions
- Short and long term risk reduction



SLIDE 68

Living Environment

- Immediate environmental changes
- Animal car
- Cleaning
- Repairs



SLIDE 69

Victim’s Physical / Medical Impairments


- Medical treatment
- Medications
- Assistive devices
- Rehabilitation



SLIDE 70

Financial / Social Situation


- Victim’s informal and formal resources
- Victim’s service eligibility
- Sensitive to victim’s culture
- Clear, realistic roles, expectations and accountability
- Flexibility to accommodate change



SLIDE 71

Capacity

- Victim’s perception of the problem
- Victim’s capacity
- Victims’ strengths, needs, wishes and motivation
- Perpetrator’s capacity



SLIDE 72

What about Services for Caregivers?

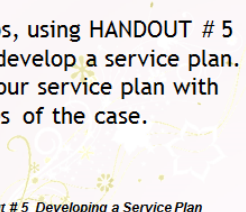
- Caregiver burden
- Caregiver training and group interventions
- Spousal caregivers
- Caregivers of people with dementia



SLIDE 73

Developing a Service Plan

- In your small groups, using HANDOUT # 5 and Activity #2 to develop a service plan. We will compare your service plan with the actual outcomes of the case.



Handout # 5 Developing a Service Plan
Activity # 2 Case of the 59 Pound Victim PART 1
Handout # 6 Case of the 59 Pound Victim PART 2
Exercise: Tabletop Discussion

Activity #2 – Case of the 59 Pound Victim Part 1

In 2001, a woman, who was living her husband and two adult step children, suffered a stroke. She also had two biological children with whom her communication was cut off soon after she became disabled. The woman was the primary source of income for her family. As a result of the stroke, she was paralyzed on her left side, required the use of a wheelchair, and 24-hour care. Many outpatient services were provided after her discharge from the rehabilitation hospital.

In the next four years, Protective Services (PS) had numerous reports concerning the care that the woman was receiving from her family. Each allegation was investigated and services were offered by PS. Each time services were put in place but then discontinued by the husband or the victim, who was found to be competent at the time.

In 2005, the woman was taken to a local emergency department by her stepdaughter. She was slumped in her wheelchair, *cyanotic*, her temperature was 96.7 and she weighed 59 pounds. She had bedsores, one to the bone. She was foul-smelling and had excrement under her nails, in her mouth, on her torso and on her lower extremities. Her husband had her health care proxy, but refused to provide financial information so that she could qualify for benefits.

In the home where the victim had been living, investigators found stained sheets and insects in her bed. The husband was asked what the victim ate on a daily basis; none of the items he named were found in the home. He said that the victim “did not like to eat.” He was asked what was being used to treat the bedsores and asked to produce these supplies but none were located in the home. None of the victim’s prescribed medications were current; there were only expired bottles.

Handout #5 – Developing a Service Plan

Re-review **Activity # 2 Case of the 59 Pound Victim - Part 1**. This is your client and she has returned home. What are some things you should consider in regards to each of the five domains of assessment?

Safety/ Risk: Actions needed to assure victim’s immediate safety. Long-term actions needed to reduce the possibility of further risk

Problem:

Objective:

Service(s):

Living Environment: Immediate actions needed to address environmental problems. Long-term actions needed to improve victim’s living situation

Problem:

Objective:

Service(s):

Physical / Medical Impairments: Emergency medical care needed to treat victim’s immediate condition. Long-term treatment needs.

Problem:

Objective:

Service(s):

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Financial / Social: Resources to provide for victim’s immediate needs. Legal actions needed to protect and manage assets and/or obtain benefits. Resources needed to build social support.

Problem:

Objective:

Service(s):

Capacity: Level of victim’s ability to accept services. Level of perpetrator’s cooperation

Problem:

Objective:

Service(s):

CLOSING & EVALUATION



TIME ALLOTTED: 15 minutes

SLIDE 74

Closing & Evaluations

- Review
- Questions?
- Please complete evaluations
- Thank you for your time and energy!

Thank you for your hard work and making this training day a success!!

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Appendix: Service Planning - Activity # 9- Case of the 59 lb Victim Part 2

Year 2001

Victim	Perpetrators	Professional Intervention
<ul style="list-style-type: none"> • woman living at home • paralysis on left side due to stroke • in wheelchair, required 24 hr care • initially competent • agreed to, then cancelled services 	<ul style="list-style-type: none"> • husband & stepchildren • dependent on victim for income • agreed to then cancelled services • multiple neglect reports 	<ul style="list-style-type: none"> • APS investigated allegations • APS offered and set up services

Year 2005

Victim	Perpetrators	Professional Intervention
<ul style="list-style-type: none"> • woman admitted to ER • weight 59 pounds • temperature 96.7 • bedsores--one to bone • covered with feces • blue skin due to lack of oxygen • intensive care--critical condition • woman lacked capacity to consent 	<ul style="list-style-type: none"> • husband & stepchildren • stained, bug infested sheets • no appropriate food • no appropriate medical supplies • no up to date medications • husband had health care proxy • husband still uncooperative 	<ul style="list-style-type: none"> • local law enforcement investigation • report to APS • APS investigation, located perpetrators • State Police investigation • District attorney notified • DA crime scene investigation • APS Legal Counsel & APS workers • hospital legal counsel & social worker • petitioned for guardian • temporary guardian appointed • woman placed in long-term care • additional court hearings

Year 2010

Victim	Perpetrators	Professional Intervention
<ul style="list-style-type: none"> • woman in long-term care • gained 20 pounds • reunited with biological family 	<ul style="list-style-type: none"> • husband substantiated abuser 	<ul style="list-style-type: none"> • biological daughter - permanent guard • criminal issues pending