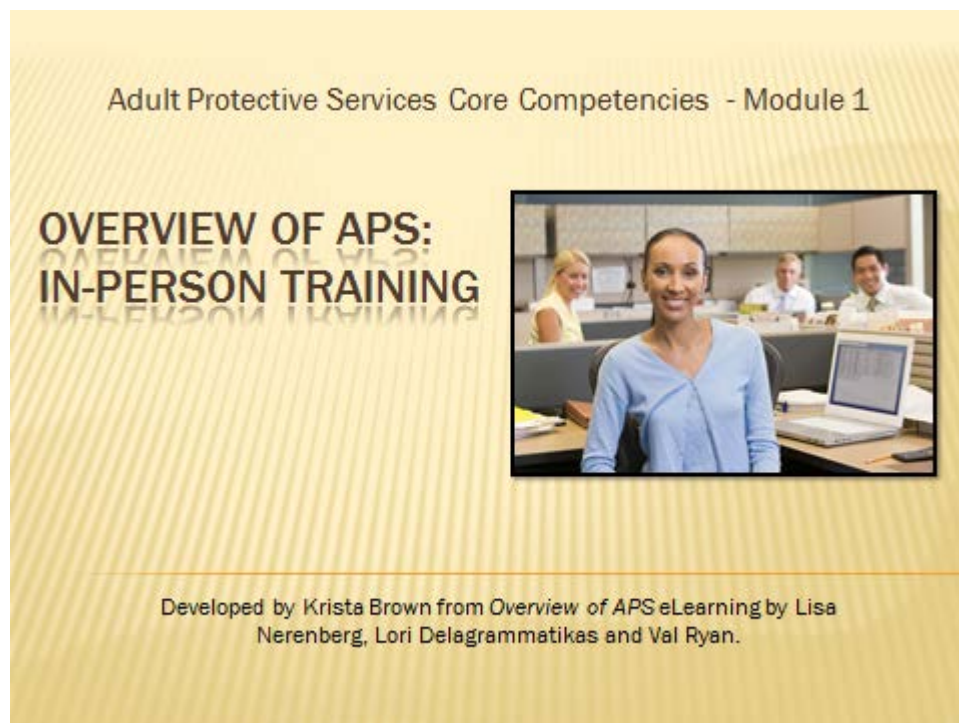


# Overview of Adult Protective Services In-Person Training

## PARTICIPANT MANUAL



## MODULE 1 HALF-DAY TRAINING

TRAINER'S MANUAL  
OVERVIEW OF ADULT PROTECTIVE SERVICES  
HALF-DAY TRAINING



Developed by Krista Brown from *Overview of APS eLearning* by Lisa Nerenberg, Lori Delagrammatikas and Val Ryan (2010).

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## INTRODUCTION

The Adult Protective Services (APS) Training Project, comprised of the California Regional Training Academies, worked 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 worked 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 within the State of California.

The APS Training Project's overarching goal was to develop and deliver statewide, standardized core curricula for new APS/IHSS social workers and to share these trainings on a national scale through partnerships 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.

To date, there are 23 APS Core Modules recognized as a national standard. These modules are available in a variety of modalities (in-class, eLearning, Supervisor Workbooks, Webinar, etc.) and can be accessed at <http://theacademy.sdsu.edu/programs/master/core-curriculum/> .

The Project is a founding member of the National APS Training Partnership with NAPSA.

## 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 CA Regional Training Academy staff members. Thank you to the following individuals and agencies:

### **Agencies**

National Adult Protective Services Association (NAPSA)  
California Department of Social Services, Adult Services Branch  
California Social Work Education Center Aging Initiative

### **Committees**

Regional Curriculum Advisory Committee  
National Adult Protective Services Association Education Committee  
Protective Services Operations Committee of the California Welfare Directors' Association

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**All APS Core Curriculum Modules may be accessed at**  
<http://theacademy.sdsu.edu/programs/master/core-curriculum/>

# APS OVERVIEW - PARTICIPANT MANUAL

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## APS OVERVIEW - PARTICIPANT MANUAL

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### COURSE OUTLINE

<b>Content</b>	<b>Total Time</b>	<b>Activities</b>	<b>Slides/Handouts</b>
<b>Welcome, Introductions, Learning Objectives</b>	15 min	Lecture Optional Pre-Test	Slides 1-6 Handouts 1-5
<b>APS History &amp; Practice Principles</b>	15 min	Lecture/Discussion	Slides 7-10
<b>APS Mandates &amp; Clients</b>	45 min	Lecture/Discussion	Slides 11-22 Handouts 6
<b>Break</b>	15 min		
<b>Responding to Abuse Reports</b>	60 min	Lecture/Discussion Videos Small & Large Group Activities	Slides 23-39 Handouts 7
<b>Factors for Case Planning</b>	60 minutes	Lecture/Discussion Small & Large Group Activity	Slides 40-48 Handouts 8-13
<b>Closing: Q &amp; A and Evaluations</b>	30 minutes	Q & A Optional Pre-Test Review Evaluations	Slide 49 Evaluations

**Total Time: 4 Hours**

## **TRAINING GOALS AND OBJECTIVES**



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

1. Describe APS Clients.
2. Explain APS worker's roles and responsibilities including APS practice principles and service goals.
3. Evaluate simple APS referrals.
4. Develop a basic case plan.
5. Apply key terminology used in APS.

## EXECUTIVE SUMMARY

HANDOUT #1

**Course Title:** *Overview of APS – Half-Day In-Person Training*

APS workers need to have an understanding of the job they are expected to perform. This includes knowing who their clients are, under what circumstances they are expected to intervene, and what interventions they are expected to provide.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, case studies); question/answer periods; PowerPoint slides; video clips; participant guide (encourages self-questioning and interaction with the content information); and embedded pre/post evaluation to assess training content and process.

### **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.

### **Target Audience:**

This course is designed for new APS social workers as well as Vulnerable Adult Abuse partners (e.g. conservatorship investigators, workers in the aging and disability networks, law enforcement). This training is also appropriate for senior staff that require knowledge and/or skills review.

### **Outcome Objectives for Participants:**

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

1. Describe APS Clients.
2. Explain APS worker's roles and responsibilities including APS practice principles and service goals.
3. Evaluate simple APS referrals.
4. Develop a basic case plan.
5. Apply key terminology used in APS.

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

### **BEFORE the training**



## **APS OVERVIEW - PARTICIPANT MANUAL**

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Supervisors can encourage line staff to attend the training and help them identify particular questions they have about APS clients, casework, etc. Training participants can ask questions during training.

### **AFTER the training**

Supervisors can read the training executive summary. Supervisor can meet with trainee to learn what specific knowledge and skills they obtained from the training and how they intend to use them on the job. If further staff involvement is available, trainees may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

# PRESENTATION

Adult Protective Services Core Competencies - Module 1

## OVERVIEW OF APS: IN-PERSON TRAINING



Developed by Krista Brown from Overview of APS eLearning by Lisa Nerenberg, Lori Delagrammatikas and Val Ryan.

# WELCOME AND INTRODUCTIONS



**TIME ALLOTTED: 15 minutes**

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## Slide #2

**HOW WE GOT HERE**

- ✦ APS Training Project
- ✦ Goal: Statewide Standardized Core Curriculum for new APS/IHSS social workers
- ✦ Partners in this effort
- ✦ Impact of project:
  - + National APS Training Partnership
  - + California
  - + National - NAPSA

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## Slide #3

**HOUSEKEEPING AND INTRODUCTIONS**

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



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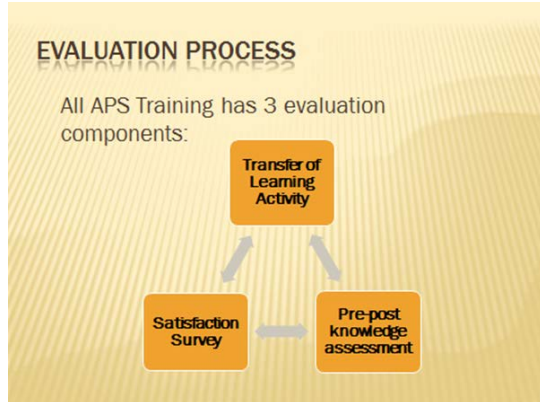
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# APS OVERVIEW - PARTICIPANT MANUAL

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## Slide #4



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## 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
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### Handout #2 – Optional Pre-Test

Let's begin with a pre-test to measure what you already know about Adult Protective Services. Circle True or False.

1. Bankers are mandated to report elder abuse. True or False?
2. Under California law, anyone over 60 years old is an elder. True or False?
3. Kidnapping is a form of physical abuse. True or False?
4. Most victims of abuse are females. True or False?
5. All individuals with a mental health diagnosis are dependent adults. True or False?
6. Perpetrators of abuse are often motivated by a desire to control the victim. True or False?
7. APS in California investigates cases of self neglect. True or False?
8. Adults have the right to make bad decisions. True or False?
9. ADLs are Aids for Disabled Living. True or False?
10. One of the APS service goals is to empower victims. True or False?



### HANDOUT #3 – Letter to Participants

Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (*Multi-disciplinary Adult Services Training & Evaluation for Results*) has 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 trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

**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 linking is done, we will only be looking at class aggregate scores, rather than 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.

## APS OVERVIEW - PARTICIPANT MANUAL

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If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system 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 questionnaires.

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:

James Coloma, MSW  
Training & Evaluation Specialist  
Academy for Professional Excellence  
San Diego State University – School of Social Work  
6505 Alvarado Road, Suite 107  
San Diego, CA 92120  
(619) 594-3219  
[icoloma@projects.sdsu.edu](mailto:icoloma@projects.sdsu.edu)

# APS OVERVIEW - PARTICIPANT MANUAL

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## HANDOUT #4

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 1<sup>st</sup> through the 9<sup>th</sup>, 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

### LEARNING OBJECTIVES

1. Describe APS Clients.
2. Explain APS worker's roles and responsibilities under their state mandates.
3. Evaluate simple APS referrals.
4. Develop a basic case plan.
5. Apply key terminology used in APS.

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## APS OVERVIEW - PARTICIPANT MANUAL

### Handout #5 - Glossary of Terms

<b>A</b>	<b>Activities of Daily Living Scale</b>	ADL measure basic everyday functions needed to sustain life such as walking, bathing, eating, dressing, getting in and out of bed and chairs, and using the toilet
	<b>ADLs</b>	(see Activities of Daily Living Scale)
	<b>Adult day health centers</b>	Adult day health centers provide an array of services, including nursing care; physical, occupational, and speech therapy; and socialization to frail seniors.
	<b>Assisted Living facilities</b>	Assisted Living facilities provide supervision or assistance with activities of daily living. In California, they are overseen by the Community Care Licensing Division of the California Department of Social Services.
	<b>Attendants</b>	Attendants assist vulnerable people with their daily activities, including bathing, shopping, and preparing meals.
<b>C</b>	<b>Case Management</b>	A way of providing care for people who have multiple and changing needs. Case managers conduct comprehensive assessments of clients abilities and what they need help with. They then arrange for services and monitor them, responding to problems. Case management services in California include MSSP, Linkages.
	<b>Cognitive Assessment tools</b>	Cognitive Assessment tools help detect problems with mental impairments. A commonly used tool is the Folstein Mini-Mental State Examination. A tool that is being increasingly popular is the Montreal Cognitive Assessment (MoCA®), which is designed to assist health professionals detect mild cognitive impairment.
	<b>Conservatorship</b>	A mechanism by which a court appoints a person to handle the financial and/or personal affairs of individuals who are unable to protect themselves as the result of disability. LPS Conservatorships are for people who need help and supervision because of mental illnesses. (LPS stands for Lanterman, Petris, and Short, the legislators responsible for enacting the legislation establishing LPS conservatorships). Probate conservatorship is for people who need help and supervision as a result of other impairments, including dementia. Guardianship is for children under the age of 18. There are two types of conservatorships in California: <ul style="list-style-type: none"> <li>• <b>Conservatorship of person</b> refers to the handling of an individual's personal needs through the provision of medical care, food, clothing and shelter</li> </ul>

## APS OVERVIEW - PARTICIPANT MANUAL

		<ul style="list-style-type: none"> <li>• <b>Conservatorship of estate</b> refers to the management of financial resources and assets</li> </ul>
<b>D</b>	<b>Daily Money Management (DMM)</b>	Financial abuse frequently may occur when an older person has lost the ability to manage his or her finances. Arranging for trustworthy people to help can reduce this risk. The help may be informal, where the money manager simply helps the elder with simple tasks like paying bills, or it may involve formal transfers of authority, including representative payeeship, power of attorney, or guardianship.
	<b>Dementia</b>	Dementia refers to cognitive impairments severe enough to interfere with social functioning. The estimated prevalence of dementia is 3% to 6% for community-dwelling elders. By age 85, 50% of elders have dementia. The most common form is Alzheimer’s disease.
	<b>Delirium</b>	Delirium refers to symptoms caused by disturbances in the normal functioning of the brain. An older person who suddenly becomes confused - but was alert and oriented hours or days earlier, is having an acute problem such as a medication side effect, a urinary track infection, stroke, or even a heart attack.
	<b>Developmental Disabilities</b>	Developmental Disabilities are birth defects that cause lifelong problems with how a body part or system works. They include nervous system disabilities, sensory-related disabilities, metabolic disorders, and degenerative disorders.
<b>E</b>	<b>Executive function</b>	These are higher level mental processes (as opposed to simple acts like recalling an event) such as planning for the future, organizing, and shifting attention from one topic to another.
<b>G</b>	<b>Guardianship</b>	(see conservatorship) Guardianship is another term for conservatorship. The two terms are used differently across the country. In California, guardianships are essentially the same as conservatorships but for persons under the age of 18. Most other states use the term guardian instead of conservatorship for people of all ages.
<b>H</b>	<b>Home delivered meal programs</b>	Home delivered meal programs deliver nutritious meals and social interaction to seniors to in their homes. Also called meals on wheels.

## APS OVERVIEW - PARTICIPANT MANUAL

<b>I</b>	<b>Instrumental Activities of Daily Living Scale (IADLs)</b>	Instrumental activities of daily living (IADL) are more complicated tasks like balancing checkbooks, housework, grocery shopping, preparing meals, arranging for outside services, managing finances, and taking medications.
<b>L</b>	<b>LPS Conservatorship</b> (see “conservatorship”)	LPS stands for Lanterman, Petris and Short, the three senators who passed California's mental health conservatorship laws. This is a mental health conservatorship that has to be reviewed annually. It does not apply to organic (e.g. dementia) conditions.
<b>M</b>	<b>Mental status exams</b>	Tools that measure mental skills like memory, language, spacial abilities. A commonly used tool is the Folstein Mini-Mental State Examination. A tool that is being increasingly popular is the Montreal Cognitive Assessment (MoCA®), which is designed to assist health professionals detect mild cognitive impairment.
	<b>Meals on Wheels</b>	(See “home delivered meal programs”)
<b>N</b>	<b>Nursing Home</b>	(See “skilled nursing facility”)
<b>O</b>	<b>Ombudsman Long-term Care Ombudsman Program (LTCOP)</b>	Programs that recruit and train volunteers to visit long term care facilities and make themselves available to residents to discuss complaints of poor care. Ombudsmen report serious problems to state regulatory and licensing agencies and inform residents and their families of available resources and remedies. In California, LTCOPs are also mandated to investigate abuse and neglect reported in long term care facilities under the state’s mandatory reporting laws.
<b>P</b>	<b>Power of Attorney (POA)</b>	A document with which one person (the principal) grants authority to another (the “agent,” or “attorney in fact”) to act on the principal's behalf with regard to the principal's property, personal care or health care. POAs may be <i>limited</i> or <i>general</i> . Limited powers are for specific acts, such as authority to cash checks, while general powers grant authority to handle all of the principals' financial affairs. “Durable” or “enduring” powers of attorney (DPA), which remain in effect beyond the onset of incapacity, authorize agents to handle principals’ affairs even if they become incapacitated. The powers may become effective at the time they are signed or, in the case of “springing powers of

## APS OVERVIEW - PARTICIPANT MANUAL

		attorney,” at a specified time or event in the future (e.g. the DPA will “spring” –become valid- only if and when the principal becomes incapacitated).
	<b>Protective Orders (or restraining orders)</b>	<p>Protective Orders (or restraining orders) are court-issued orders to protect people from harm or harassment. Criminal orders are usually issued by prosecutors or judges as part of criminal cases/ Civil orders are initiated by victims in civil actions. California has a domestic violence order and a special order for victims of elder and dependent adult abuse (W&amp;I Code § 15657.03). Provisions that can be requested include:</p> <ul style="list-style-type: none"> <li>• Personal conduct orders prevent restrained parties from abusing, attacking, striking, stalking, threatening, harassing, or contacting the protected party, or destroying their personal property.</li> <li>• <b>Stay-away orders</b> provide that restrained parties must stay a specified distance (e.g., 100 yards) away from protected persons and their homes, jobs, workplaces, vehicles, and/or other places.</li> <li>• <b>Residence exclusions</b>, or “move-out” orders, require restrained persons to move out of protected persons’ residences.</li> <li>• <b>No-contact orders</b> prohibit restrained persons from contacting victims.</li> <li>• <b>Other.</b> Orders may contain a variety of additional provisions such as requiring restrained persons to surrender firearms.</li> </ul> <p>Emergency protective orders (EPOs) are typically issued at the request of law enforcement personnel who have been called to victims' residences (officers contact the court and speak with judicial officers who order the EPOs over the phone). Temporary orders of protection may be issued by civil courts when cases are first filed and are valid until the next court date is set.</p>
<b>R</b>	<b>Residential care facilities</b>	Also referred to as “board and care homes” or “assisted living facilities,” these facilities provide housing, meals, and personal services in a family-like atmosphere. RCFs serve people who are no longer able to perform all their activities of daily living but who do not require medical care.
	<b>Respite Care</b>	Respite Care offers relief to caregivers by giving them a break. Respite can be provided in many ways. Attendants, professionals or volunteers may come to the vulnerable person’s home to relieve a caregiver for a few hours, or the older person may be brought to an agency or day center. Some communities offer extended respite

## APS OVERVIEW - PARTICIPANT MANUAL

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		care in residential care or skilled nursing facilities
	<b>Regional Centers</b>	Regional Centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families.
	<b>Restraining orders</b>	(see protective orders)
<b>S</b>	<b>Skilled nursing facilities</b>	Commonly referred to as “nursing homes,” these facilities provide skilled care under the supervision of medical professionals.
<b>T</b>	<b>Telephone reassurance programs</b>	Telephone reassurance programs can make routine “check in” calls to isolated seniors or provide telephone counseling to seniors who are in emotional distress.

As you learn them, list new definitions here:

# APS HISTORY AND PRACTICE PRINCIPLES

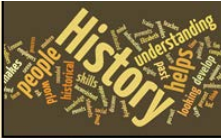


**TIME ALLOTTED: 15 minutes**

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## Slide #7

**HISTORY OF APS**



Title XX of the Social Security Act

- Enacted in 1975
- Permitted states to use funds, known today as Social Services Block Grants (SSBG), for advocacy and services to:

*Adults who, "as a result of physical or mental limitations, are unable to act in their own behalf; are seriously limited in the management of their affairs; are neglected or exploited; or are living in unsafe or hazardous conditions."*

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## Slide #8

Congressional hearings prompted states to enact reporting laws.



National Center on Elder Abuse  
<http://www.ncea.aoa.gov/>

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# APS OVERVIEW - PARTICIPANT MANUAL

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## Slide #9

**PRACTICE PRINCIPLES**  NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- Adults have the right to accept or refuse services.

From NAPSA (APS) Code of Ethics <http://www.napsa-now.org/about-napsa/code-of-ethics/>

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## Slide #10

**APS CLIENTS' SERVICE GOALS**

- Maximize independence
- Strengthen care giving systems
- Resolve crises
- Ensure safety
- Empower and support victims
- Preserve, protect and recover assets
- Ensure justice
- Provide resources to treat the physical, financial and emotional effects of abuse
- Ensure that elders who are unable to make critical decisions have trustworthy surrogates
- Reduce the risk of abuse and neglect
- Hold perpetrators accountable

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# APS MANDATES AND CLIENTS



**TIME ALLOTTED: 45 minutes**

## Slide #11

**VICTIMS**

More likely to:

- Be women
- Have physical and/or cognitive impairments
- Live with others
- Have suffered recent losses
- Have low social support



National Center on Elder Abuse, 2004; Ernst, Ramsey-Klavnski, Schillerstrom, Dayton, Mison, & Counihan, 2014; Lachs & Pillemer, 2004; Quinn, 2002; Aierno, Hernandez-Tejada, Muzzy, & Steve, 2009

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## Slide #12

**ABUSERS**

- Family members
- Friends and acquaintances
- Professionals
- Corporations and business entities
- Perpetrators of abuse in long term care facilities may include employees, other residents or visitors



Naughton et al, 2012; National Center on Elder Abuse, 2004

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# APS OVERVIEW - PARTICIPANT MANUAL

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## Slide #13

### CAUSES OR MOTIVES OF ABUSE OR NEGLECT

- Financial gain
- Malevolence
- Mental health problems
- Caregiver issues
- Power and control



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## Slide #14

### APS' STATE MANDATE (CALIFORNIA)

Under California's Welfare Institution and Code, APS is charged to investigate and respond to allegations of abuse, neglect and exploitation against elders and dependent adults who live in the community when these adults are unable to meet their own needs, or are victims of abuse, neglect or exploitation.



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**HANDOUT #6  
CALIFORNIA CODES WELFARE AND INSTITUTIONS CODE  
SECTION 15610-15610.70**

15610. The definitions contained in this article shall govern the construction of this chapter, unless the context requires otherwise.

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.

15610.06. "Abduction" means the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court.

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.

15610.13. "Adult protective services agency" means a county welfare department, except persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff.

15610.15. "Bureau" means the Bureau of Medi-Cal Fraud within the office of the Attorney General.

## APS OVERVIEW - PARTICIPANT MANUAL

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15610.17. "Care custodian" means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff:

- (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
- (b) Clinics.
- (c) Home health agencies.
- (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services.
- (e) Adult day health care centers and adult day care.
- (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders.
- (g) Independent living centers.
- (h) Camps.
- (i) Alzheimer's Disease day care resource centers.
- (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code.
- (k) Respite care facilities.
- (l) Foster homes.
- (m) Vocational rehabilitation facilities and work activity centers.
- (n) Designated area agencies on aging.
- (o) Regional centers for persons with developmental disabilities.
- (p) State Department of Social Services and State Department of Health Services licensing divisions.
- (q) County welfare departments.
- (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys.
- (s) The office of the long-term care ombudsman.
- (t) Offices of public conservators, public guardians, and court investigators.
- (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following:
  - (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities.
  - (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness.
- (v) Humane societies and animal control agencies.

## APS OVERVIEW - PARTICIPANT MANUAL

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- (w) Fire departments.
- (x) Offices of environmental health and building code enforcement.
- (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

15610.19. "Clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, synagogue, temple, mosque, or recognized religious denomination or organization. "Clergy member" does not include unpaid volunteers whose principal occupation or vocation does not involve active or ordained ministry in a church, synagogue, temple, mosque, or recognized religious denomination or organization, and who periodically visit elder or dependent adults on behalf of that church, synagogue, temple, mosque, or recognized religious denomination or organization.

15610.20. "Clients' rights advocate" means the individual or individuals assigned by a regional center or state hospital developmental center to be responsible for clients' rights assurance for persons with developmental disabilities.

15610.23.

- (a) "Dependent adult" means any person between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that 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.
- (b) "Dependent adult" includes any person between the ages of 18 and 64 years 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.

15610.25. "Developmentally disabled person" means a person with a developmental disability specified by or as described in subdivision (a) of Section 4512.

15610.27. "Elder" means any person residing in this state, 65 years of age or older.

15610.30. (a) "Financial abuse" of an elder or dependent adult occurs when a person or entity does any of the following:

- (1) Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.

## APS OVERVIEW - PARTICIPANT MANUAL

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- (2) Assists in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.
- (3) Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence, as defined in Section 1575 of the Civil Code.
  - (b) A person or entity shall be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates, obtains, or retains the property and the person or entity knew or should have known that this conduct is likely to be harmful to the elder or dependent adult.
  - (c) For purposes of this section, a person or entity takes, secretes, appropriates, obtains, or retains real or personal property when an elder or dependent adult is deprived of any property right, including by means of an agreement, donative transfer, or testamentary bequest, regardless of whether the property is held directly or by a representative of an elder or dependent adult.
  - (d) For purposes of this section, "representative" means a person or entity that is either of the following:
    - (1) A conservator, trustee, or other representative of the estate of an elder or dependent adult.
    - (2) An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney.

15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following:

- (a) The provision of medical care for physical and mental health needs.
- (b) Assistance in personal hygiene.
- (c) Adequate clothing.
- (d) Adequately heated and ventilated shelter.
- (e) Protection from health and safety hazards.
- (f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.
- (g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.

15610.37. "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any

## APS OVERVIEW - PARTICIPANT MANUAL

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emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

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.

15610.40. "Investigation" means that activity undertaken to determine the validity of a report of elder or dependent adult abuse.

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.
  - (2) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
  - (3) False imprisonment, as defined in Section 236 of the Penal Code.
  - (4) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.
- (b) The acts set forth in subdivision (a) shall be subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician and surgeon licensed to practice medicine in the state, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.
- (c) The acts set forth in subdivision (a) shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.

## APS OVERVIEW - PARTICIPANT MANUAL

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15610.45. "Local law enforcement agency" means a city police or county sheriff's department, or a county probation department, except persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff.

15610.47. "Long-term care facility" means any of the following:

- (a) Any long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.
- (b) Any community care facility, as defined in paragraphs (1) and (2) of subdivision (a) of Section 1502 of the Health and Safety Code, whether licensed or unlicensed.
- (c) Any swing bed in an acute care facility, or any extended care facility.
- (d) Any adult day health care facility as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.
- (e) Any residential care facility for the elderly as defined in Section 1569.2 of the Health and Safety Code.

15610.50. "Long-term care ombudsman" means the State Long-Term Care Ombudsman, local ombudsman coordinators, and other persons currently certified as ombudsmen by the Department of Aging as described in Chapter 11 (commencing with Section 9700) of Division 8.5.

15610.53. "Mental suffering" means fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder or dependent adult.

15610.55. (a) "Multidisciplinary personnel team" means any team of two or more persons who are trained in the prevention, identification, and treatment of abuse of elderly or dependent adults and who are qualified to provide a broad range of services related to abuse of elderly or dependent adults.

(b) A multidisciplinary personnel team may include, but is not limited to, all of the following:

- (1) Psychiatrists, psychologists, or other trained counseling personnel.
- (2) Police officers or other law enforcement agents.
- (3) Medical personnel with sufficient training to provide health services.
- (4) Social workers with experience or training in prevention of abuse of elderly or dependent adults.



## APS OVERVIEW - PARTICIPANT MANUAL

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- (5) Public guardians.
- (6) The local long-term care ombudsman.

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.

15610.60. "Patients' rights advocate" means a person who has no direct or indirect clinical or administrative responsibility for the patient, and who is responsible for ensuring that laws, regulations, and policies on the rights of the patient are observed.

15610.63. "Physical abuse" means any of the following:

- (a) Assault, as defined in Section 240 of the Penal Code.
- (b) Battery, as defined in Section 242 of the Penal Code.
- (c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
- (d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
- (e) Sexual assault, that means any of the following:
  - (1) Sexual battery, as defined in Section 243.4 of the Penal Code.
  - (2) Rape, as defined in Section 261 of the Penal Code.
  - (3) Rape in concert, as described in Section 264.1 of the Penal Code.
  - (4) Spousal rape, as defined in Section 262 of the Penal Code.

## APS OVERVIEW - PARTICIPANT MANUAL

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- (5) Incest, as defined in Section 285 of the Penal Code.
  - (6) Sodomy, as defined in Section 286 of the Penal Code.
  - (7) Oral copulation, as defined in Section 288a of the Penal Code.
  - (8) Sexual penetration, as defined in Section 289 of the Penal Code.
  - (9) Lewd or lascivious acts as defined in paragraph (2) of subdivision (b) of Section 288 of the Penal Code.
- (f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
- (1) For punishment.
  - (2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
  - (3) For any purpose not authorized by the physician and surgeon.

15610.65. "Reasonable suspicion" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

15610.67. "Serious bodily injury" means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

15610.70. (a) "Undue influence" means excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity. In determining whether a result was produced by undue influence, all of the following shall be considered:

(1) The vulnerability of the victim. Evidence of vulnerability may include, but is not limited to, incapacity, illness, disability, injury, age, education, impaired cognitive function, emotional distress, isolation, or dependency, and whether the influencer knew or should have known of the alleged victim's vulnerability.

(2) The influencer's apparent authority. Evidence of apparent authority may include, but is not limited to, status as a fiduciary, family member, care provider, health care professional, legal professional, spiritual adviser, expert, or other qualification.

(3) The actions or tactics used by the influencer. Evidence of actions or tactics used may include, but is not limited to, all of the following:

(A) Controlling necessities of life, medication, the victim's interactions with others, access to information, or sleep.

(B) Use of affection, intimidation, or coercion.

## APS OVERVIEW - PARTICIPANT MANUAL

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- (C) Initiation of changes in personal or property rights, use of haste or secrecy in effecting those changes, effecting changes at inappropriate times and places, and claims of expertise in effecting changes.
- (4) The equity of the result. Evidence of the equity of the result may include, but is not limited to, the economic consequences to the victim, any divergence from the victim's prior intent or course of conduct or dealing, the relationship of the value conveyed to the value of any services or consideration received, or the appropriateness of the change in light of the length and nature of the relationship.
- (b) Evidence of an inequitable result, without more, is not sufficient to prove undue influence.


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

# APS OVERVIEW - PARTICIPANT MANUAL

## Slide #15

APS CLIENT DEFINITIONS (CALIFORNIA)

Elders                      Dependent Adults



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## Slide #16

APS CLIENT DEFINITIONS (CALIFORNIA)

Elders



**Elders** are persons residing in this state who are 65 years of age or older (WIC Section 15610.27).

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## Slide #17

APS CLIENT DEFINITIONS (CALIFORNIA)

**Dependent Adults** are persons between the ages of 18 and 64, who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights including, but not limited to, persons who have **physical or developmental disabilities or whose physical or mental abilities have diminished because of age** (WIC Section 15610.23).

Dependent Adults



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## Slide #18

**A CLOSER LOOK AT DISABILITY**

Physical or mental impairments that substantially limit daily activities. May be caused by:

- Chronic diseases
- Mental illnesses
- Dementias
- Developmental disabilities
- Accidents



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## Slide #19

**FACTORS AFFECTING DISABILITY & DEPENDENCE**

- Age at the onset of disability
- Coping ability
- Social and emotional support
- Financial resources
- Attitude/acceptance
- Culture
- Environment



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## Slide #20

**VULNERABILITY**

People with disabilities *maybe* "at risk" (vulnerable) for:

- Premature decline
- Mental health problems, including depression, substance abuse and suicide
- Falls or other injuries
- Self-neglect
- Abuse and neglect by others

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## Slide #21

**CAREGIVERS**

**Definition**

- Provide ongoing to care to people with disabilities

**Providers**

- Most care provided by family members, with women providing majority of care
- Most are unpaid. Payment can come from client, 3<sup>rd</sup> party, MediCal

**Tasks**

- Variety of tasks including balancing checkbooks, grocery shopping, cooking, giving medications, assisting with bathing or dressing, etc

**Laws**

- The "duty to care" may be imposed by law (through contract or family relationship)

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## Slide #22

**RELIANCE ON CAREGIVERS MAY HEIGHTEN RISK**

- Imbalance in power
- Shortage of caregivers and inadequate screening
- Caregivers are likely to have access to adults' homes, finances and personal information
- Depending on the nature of the adults' disabilities, they may be less able to:
  - Understand or appreciate financial transactions, proposals or threats
  - Avoid, escape or flee from danger
  - Withstand manipulation, pressure, coercion or threats

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# RESPONDING TO ABUSE REPORTS



**TIME ALLOTTED: 60 minutes**

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**Slide #23**

**RESPONDING TO ABUSE REPORTS**

Under California's elder adult reporting law, certain individuals must report the following types of abuse committed against elders and dependent adults to APS (WIC Section 15610.07):

Physical Abuse	Psychological Abuse	Financial Abuse	Abduction
Abandonment	Isolation	Neglect	

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**Slide #24**

**PHYSICAL ABUSE (CALIFORNIA)**

Includes:  
assault, battery, assault with a deadly weapon, unreasonable physical constraint, prolonged or continual deprivation of food or water, sexual assault and rape (WIC Section 15610.63).



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Slide #25

PSYCHOLOGICAL ABUSE (CALIFORNIA)

Psychological or mental abuse is causing:

- Fear
  - Agitation
  - Confusion
  - Severe depression
  - Emotional distress
- (WIC Section 15610.53)



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Slide #26

FINANCIAL ABUSE (CALIFORNIA)

Taking, secreting or appropriating money or property of an elder or dependent adult by a person who has the care or custody of or who is in a position of trust to, that elder or dependent adult (WIC Section 15610.30).



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Slide #27

ABDUCTION (CALIFORNIA)

Removal from state and/or restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to the removal from or restraint from returning to this state (WIC Section 15610.06)



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## Slide #28

### ABANDONMENT (CALIFORNIA)

Desertion or willful forsaking of an elder or a dependent adult by anyone who has care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody (WIC Section 15610.05).



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## Slide #29

### ISOLATION (CALIFORNIA)

Isolation means prevention from receiving phone calls or mail, false imprisonment or physical restraint from meeting with visitors (WIC Section 15610.43).



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## Slide #30

### NEGLECT (CALIFORNIA)

“Negligent failure” to:

- Assist with personal hygiene
- Provide food, clothing, shelter or medical care
- Protect from health and safety hazards
- Prevent malnutrition or dehydration

(WIC Section 15610.57)



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## Slide #31

**SELF-NEGLECT (CALIFORNIA)**

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.  
(WIC Section 15610.57)



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## Slide #32

**INDICATORS OF ABUSE**

Actual signs, symptoms or evidence. They include:

- Suspicious injuries, including bruises or fractures, or burns that are not likely to occur accidentally.
- Suspicious documents, such as recently executed wills, deeds or trusts executed by elders with severe impairments.
- Suspicious behaviors such as elders and their caregivers offering different explanations for injuries.

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# APS OVERVIEW - PARTICIPANT MANUAL

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## Handout #7

### Indicators of Elder and Dependent Adult Abuse, Neglect, and Self-Neglect

Indicators are signs or symptoms of abuse or neglect. The presence of these signs does not necessarily mean that abuse or neglect is occurring; however they may suggest the need for further investigation, especially if multiple indicators are present.

Indicators may be physical symptoms or signs, environmental (there is something in the senior's residence that is suggestive of abuse, or behavioral (the way victims and perpetrators act or interact), or financial.

#### PHYSICAL SIGNS

- Injury that has not been cared for properly
- Injury that is inconsistent with explanation for its cause
- Pain from touching
- Cuts, puncture wounds, burns, bruises, welts, pressure marks, broken bones, abrasions
- Dehydration or malnutrition without illness-related cause
- Weight loss
- Poor coloration
- Sunken eyes or cheeks
- Inappropriate administration of medication
- Soiled clothing or bed
- Frequent use of hospital or health care/doctor-shopping
- Lack of necessities such as food, water, or utilities
- Lack of personal effects, pleasant living environment, personal items
- Forced isolation

#### SIGNS OF FINANCIAL ABUSE

- Frequent expensive gifts from elder to caregiver
- Sudden change in financial situations
- Elder's personal belongings, papers, credit cards missing
- Numerous unpaid bills
- A recent will when elder seems incapable of writing will
- Caregiver's name added to bank account
- Elder unaware of monthly income
- Elder signs on loan
- Frequent checks made out to "cash"
- Unusual activity in bank account
- Irregularities on tax return
- Elder unaware of reason for appointment with banker or attorney

## **APS OVERVIEW - PARTICIPANT MANUAL**

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- Caregiver's refusal to spend money on elder
- Signatures on checks or legal documents that do not resemble client's

### **BEHAVIORAL SIGNS**

- Fear
- Sudden change in alertness
- Anxiety, agitation
- Anger
- Isolation, withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Contradictory statements, implausible stories
- Hesitation to talk openly
- Confusion or disorientation

### **SIGNS BY CAREGIVER**

- Prevents elder from speaking to or seeing visitors
- Anger, indifference, aggressive behavior toward elder
- History of substance abuse, mental illness, criminal behavior, or family violence
- Lack of affection toward elder
- Flirtation or coyness as possible indicator of inappropriate sexual relationship
- Frequent arguments
- Belittling or threats
- Conflicting accounts of incidents
- Withholds affection
- Talks of elder as a burden

### **SELF NEGLECT**

- Isolation and declining physical ability
- Hoarding
- Failure to seek medical treatment or take needed medications
- Poor hygiene
- Clutter; lack of housecleaning
- Wandering and confusion
- Leaving the stove or water faucet unattended

Prepared by Lisa Nerenberg, 2009 and revised January 2015

# APS OVERVIEW - PARTICIPANT MANUAL

## Slide #33

VIDEOS



Physical Abuse      Psychological Abuse      Financial Abuse

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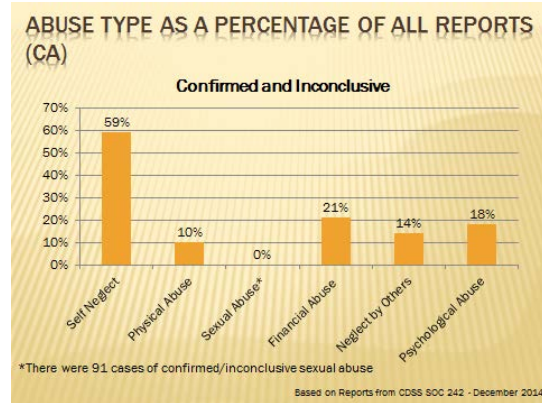
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## Slide #34



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## Slide #35

WHO IS REQUIRED TO REPORT?

**In California:** "Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter." (WIC Section 15610.17)

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# APS OVERVIEW - PARTICIPANT MANUAL

## Slide #36

Which of the following individuals are mandated reporters?  
Why?

Paramedic	Adult Day Health	Neighbor	Daughter providing volunteer respite care
Doctor	Priest	Banker	Public Notary

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## Slide #37

### RESPONDING TO ABUSE - JURISDICTION (CALIFORNIA)

If the abuse occurred in:	Then the report goes to:
Private homes	APS
Long Term Care Facility	Ombudsman
State Mental Health Hospital	State Dept. of Mental Health
State Developmental Center	State Dept. of Developmental Services
Penal code violations in any setting	Law Enforcement

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## Slide #38

### APS SERVICES ARE VOLUNTARY

Exceptions:

- When adults are incapable of consenting as a result of impairment (*acting under the principle of parens patriae*)
- When crimes have been committed



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## Slide #39

**WHO IS ELIGIBLE FOR APS SERVICES?**

Based on what you have learned so far, please read each of the following case vignettes and determine whether or not it is an appropriate APS referral.

**This is an APS Case**      **I need more information**      **This is NOT an APS Case**

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### Who is eligible for APS Services? Case Vignette Activity

#### Vignette 1

A 78-year-old woman dated a man she met at church, but after a few weeks, she decided she didn't want to see him again. When she told him, he became verbally abusive and shoved her, causing her to fall. He has made harassing phone calls and now she is frightened of him and afraid to leave her house.

- APS Case
- Need More Information
- Not APS Case

#### Vignette 2

An 82-year-old man calls to complain that his upstairs neighbors are playing music so loud that he cannot sleep.

- APS Case
- Need More Information
- Not APS Case

#### Vignette 3

A man calls to report that his 84-year-old mother's house is so cluttered that she refuses to let anyone come in to visit.

- APS Case
- Need More Information
- Not APS Case

## APS OVERVIEW - PARTICIPANT MANUAL

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### **Vignette 4**

A 46-year-old woman is beaten by her boyfriend.

-APS Case

-Need More Information

-Not APS Case

### **Vignette 5**

An 82-year old man was befriended by a 38-year-old woman at his church. His family is concerned because whenever they call, the woman answers and tells them that he cannot come to the phone.

-APS Case

-Need More Information

-Not APS Case

### **Vignette 6**

A bank teller calls and reports that an elderly man (age unknown) just came in with his caregiver. The caregiver filled out a withdrawal slip for \$6,000. The man signed the slip but didn't seem to understand what he was signing.

-APS Case

-Need More Information

-Not APS Case

### **Vignette 7**

A man calls to report that he believes that a 52-year-old co-worker who is receiving worker's compensation for an injury is not really injured.

-APS Case

-Need More Information

-Not APS Case



# FACTORS FOR CASE PLANNING



**TIME ALLOTTED: 60 minutes**

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## Slide #40

**GOALS OF APS PRACTICE (CALIFORNIA)**

1. Determine if vulnerable adults' basic needs are being met.
2. Determine if abuse, neglect or exploitation have occurred or are likely to occur.
3. Provide or arrange for services to reduce vulnerability, stop misconduct that is occurring and treat the effects.
4. Hold perpetrators accountable.

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## Slide #41

**DETERMINING IF VULNERABLE ADULTS' BASIC NEEDS ARE BEING MET**

APS workers typically make home visits to determine how vulnerable elders are managing. They may use functional assessment tools:

- Activities of Daily Living (ADL) Scales
- Instrumental Activities of Daily Living (IADL) Scales

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Issue Number 2, Revised 2012

Editor-in-Chief: Sherry A. Greenberg, PhD(c), MSN, GNP-BC  
New York University College of Nursing

## Katz Index of Independence in Activities of Daily Living (ADL)

By: Mary Shelkey, PhD, ARNP, Virginia Mason Medical Center, and  
Meredith Wallace, PhD, APRN, BC, Fairfield University School of Nursing

**WHY:** Normal aging changes and health problems frequently show themselves as declines in the functional status of older adults. Decline may place the older adult on a spiral of iatrogenesis leading to further health problems. One of the best ways to evaluate the health status of older adults is through functional assessment which provides objective data that may indicate future decline or improvement in health status, allowing the nurse to plan and intervene appropriately.

**BEST TOOL:** The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently. Clinicians typically use the tool to detect problems in performing activities of daily living and to plan care accordingly. The Index ranks adequacy of performance in the six functions of *bathing, dressing, walking, transferring, continence, and feeding*. Clients are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment.

**TARGET POPULATION:** The instrument is most effectively used among older adults in a variety of care settings, when baseline measurements, taken when the client is well, are compared to periodic or subsequent measures.

**VALIDITY AND RELIABILITY:** In the forty-eight years since the instrument has been developed, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in the elderly population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag signaling functional capabilities of older adults in clinical and home environments.

**STRENGTHS AND LIMITATIONS:** The Katz ADL Index assesses basic activities of daily living. It does not assess more advanced activities of daily living. Katz developed another scale for instrumental activities of daily living such as heavy housework, shopping, managing finances and telephoning. Although the Katz ADL Index is sensitive to changes in declining health status, it is limited in its ability to measure small increments of change seen in the rehabilitation of older adults. A full comprehensive geriatric assessment should follow when appropriate. The Katz ADL Index is very useful in creating a common language about patient function for all practitioners involved in overall care planning and discharge planning.

### MORE ON THE TOPIC:

Best practice information on care of older adults: [www.ConsultGerRN.org](http://www.ConsultGerRN.org).

Graf, C. (2006). Functional decline in hospitalized older adults. *JGIM*, 21(1), 56-67.

Hartigan, I. (2007). A comparative review of the Katz ADL and the Barthel Index in assessing the activities of daily living of older people. *International Journal of Older People Nursing*, 2(3), 204-212.

Katz, S. (1963). Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. *JAGS*, 31(12), 721-736.

Katz, S., Down, TD., Cash, H.R., & Grots, R.C. (1970) Progress in the development of the index of ADL. *The Gerontologist*, 10(1), 20-30.

Katz, S., Ford, A.B., Moskowitz, R.W., Jackson, B.A., & Jaffe, M.W. (1963). Studies of illness in the aged: The index of ADL: A standardized measure of biological and psychosocial function. *JAMA*, 185(12), 914-919.

Knezevic, D.M. (2012). Assessment of physical function. In M. Bolts, E. Capenuti, T.T. Fulmer, & D. Zwicker (Eds.), A. O'Meara (Managing Ed.), *Evidence-based geriatric nursing protocols for best practice* (4th ed., pp 69-103). NY: Springer Publishing Company, LLC.

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## APS OVERVIEW - PARTICIPANT MANUAL

### Katz Index of Independence in Activities of Daily Living

ACTIVITIES POINTS (1 OR 0)	INDEPENDENCE: (1 POINT) NO supervision, direction or personal assistance	DEPENDENCE: (0 POINTS) WITH supervision, direction, personal assistance or total care
<b>BATHING</b>  POINTS: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
<b>DRESSING</b>  POINTS: _____	(1 POINT) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
<b>TOILETING</b>  POINTS: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
<b>TRANSFERRING</b>  POINTS: _____	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
<b>CONTINENCE</b>  POINTS: _____	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder.
<b>FEEDING</b>  POINTS: _____	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.

**TOTAL POINTS = \_\_\_\_\_ 6 = High (patient independent) 0 = Low (patient very dependent)**

Slightly adapted from Katz, S., Down, T.D., Cash, H.R., & Grotz, R.C. (1970) Progress in the development of the index of ADL. *The Gerontologist*, 10(1), 20-30.

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Issue Number 23, Revised 2013

Editor-in-Chief: Sherry A. Greenberg, PhD(c) MSN, GNP-BC  
New York University College of Nursing

## The Lawton Instrumental Activities of Daily Living (IADL) Scale

By: Carla Graf, PhD(c), MS, RN, GCNS-BC, University of California, San Francisco

**WHY:** The assessment of functional status is critical when caring for older adults. Normal aging changes, acute illness, worsening chronic illness, and hospitalization can contribute to a decline in the ability to perform tasks necessary to live independently in the community. The information from a functional assessment can provide objective data to assist with targeting individualized rehabilitation needs or to plan for specific in-home services such as meal preparation, nursing and personal care, home-maker services, financial and medication management, and/or continuous supervision. A functional assessment can also guide the clinician to focus on the person's baseline capabilities, facilitating early recognition of changes that may signify a need either for additional resources or for a medical work-up (Gallo & Paveza, 2006).

**BEST TOOL:** The Lawton Instrumental Activities of Daily Living Scale (IADL) is an appropriate instrument to assess independent living skills (Lawton & Brody, 1969). These skills are considered more complex than the basic activities of daily living as measured by the Katz Index of ADLs (See Try This: Katz Index of ADLs). The instrument is most useful for identifying how a person is functioning at the present time and for identifying improvement or deterioration over time. There are 8 domains of function measured with the Lawton IADL scale. Historically women were scored on all 8 areas of function; men were not scored in the domains of food preparation, housekeeping, laundering. However, current recommendations are to assess all domains for both genders (Lawton, Moss, Fulcomer, & Kleban, 2003). Persons are scored according to their highest level of functioning in that category. A summary score ranges from 0 (low function, dependent) to 8 (high function, independent).

**TARGET POPULATION:** This instrument is intended to be used among older adults, and may be used in community clinic, or hospital settings. The instrument is not useful for institutionalized older adults. It may be used as a baseline assessment tool and to compare baseline function to periodic assessments.

**VALIDITY AND RELIABILITY:** Few studies have been performed to test the Lawton IADL scale psychometric properties. The Lawton IADL Scale was originally tested concurrently with the Physical Self-Maintenance Scale (PSMS). Reliability was established with twelve subjects interviewed by one interviewer with the second rater present but not participating in the interview process. Inter-rater reliability was established at 0.85. The validity of the Lawton IADL was tested by determining the correlation of the Lawton IADL with four scales that measured domains of functional status, the Physical Classification (5-point rating of physical health), Mental Status Questionnaire (10-point test of orientation and memory), Behavior and Adjustment rating scales (4-6-point measure of intellectual, person, behavioral and social adjustment), and the PSMS (5-item ADLs). A total of 180 research subjects participated in the study, however, few received all five evaluations. All correlations were significant at the 0.01 or 0.05 level. To avoid potential gender bias at the time the instrument was developed, specific items were omitted for men. This assessment instrument is widely used both in research and clinical practice.

**STRENGTHS AND LIMITATIONS:** The Lawton IADL is an easy to administer assessment instrument that provides self-reported information about functional skills necessary to live in the community. Administration time is 10-15 minutes. Specific deficits identified can assist nurses and other disciplines in planning for safe hospital discharge.

A limitation of the instrument includes the self-report or surrogate report method of administration rather than a demonstration of the functional task. This may lead either to overestimation or under-estimation of ability. In addition, the instrument may not be sensitive to small, incremental changes in function.

**FOLLOW-UP:** The identification of new disabilities in these functional domains warrants intervention and further assessment to prevent ongoing decline and to promote safe living conditions for older adults. If using the Lawton IADL tool with an acute hospitalization, nurses should communicate any deficits to the physicians and social workers/case managers for appropriate discharge planning.

### MORE ON THE TOPIC:

Best practice information on care of older adults: [www.ConsultationRN.org](http://www.ConsultationRN.org).

Gallo, J.J., & Paveza, G.J. (2006). Activities of daily living and instrumental activities of daily living assessment. In J.J. Gallo, H.R. Bogner, T. Fulmer, & G.J. Paveza (Eds.), *Handbook of Geriatric Assessment* (4th ed., pp. 193-240). MA: Jones and Bartlett Publishers.

Graf, C. (2006). Functional decline in hospitalized older adults. *AJRN*, 30(1), 58-67.

Graf, C. (2008). The Lawton Instrumental Activities of Daily Living Scale. *AJRN*, 30(4), 52-62.

Lawton, M.P., & Brody, E.M. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 9(3), 179-186.

Lawton, M.P., Moss, M., Fulcomer, M., & Kleban, M. H. (2003). *Multilevel assessment instrument manual for full-length IADL*. North Wales PA: Polisher Research Institute, Madlyn and Leonard Abramson Center for Jewish Life.

Pearson, V. (2000). Assessment of function. In R. Kane, & R. Kane (Eds.), *Assessing Older Persons: Measures, Meaning and Practical Applications* (pp. 17-46). New York: Oxford University Press.

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## The Lawton Instrumental Activities of Daily Living Scale

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### A. Ability to Use Telephone

1. Operates telephone on own initiative; looks up and dials numbers..... 1
2. Dials a few well-known numbers..... 1
3. Answers telephone, but does not dial..... 1
4. Does not use telephone at all..... 0

### B. Shopping

1. Takes care of all shopping needs independently..... 1
2. Shops independently for small purchases..... 0
3. Needs to be accompanied on any shopping trip..... 0
4. Completely unable to shop..... 0

### C. Food Preparation

1. Plans, prepares, and serves adequate meals independently..... 1
2. Prepares adequate meals if supplied with ingredients..... 0
3. Heats and serves prepared meals or prepares meals but does not maintain adequate diet..... 0
4. Needs to have meals prepared and served..... 0

### D. Housekeeping

1. Maintains house alone with occasion assistance (heavy work)..... 1
2. Performs light daily tasks such as dishwashing, bed making..... 1
3. Performs light daily tasks, but cannot maintain acceptable level of cleanliness..... 1
4. Needs help with all home maintenance tasks..... 1
5. Does not participate in any housekeeping tasks..... 0

### E. Laundry

1. Does personal laundry completely..... 1
2. Launders small items, rinses socks, stockings, etc..... 1
3. All laundry must be done by others..... 0

### F. Mode of Transportation

1. Travels independently on public transportation or drives own car..... 1
2. Arranges own travel via taxi, but does not otherwise use public transportation..... 1
3. Travels on public transportation when assisted or accompanied by another..... 1
4. Travel limited to taxi or automobile with assistance of another..... 0
5. Does not travel at all..... 0

### G. Responsibility for Own Medications

1. Is responsible for taking medication in correct dosages at correct time..... 1
2. Takes responsibility if medication is prepared in advance in separate dosages..... 0
3. Is not capable of dispensing own medication..... 0

### H. Ability to Handle Finances

1. Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income..... 1
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc..... 1
3. Incapable of handling money..... 0

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**Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).**

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Lawton, M.P., & Brody, E.M. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 9(3), 179-186.

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## Slide #42

### CAPACITY ASSESSMENTS

May be needed to:

- Determine if abuse has occurred
- Determine what interventions are available and appropriate

Several simple screening tools are available to help detect problems. Examples include:

- The Montreal Cognitive Assessment (MoCA®)
- Clock Drawing Test/Mini Cog Assessment
- Trail Making Test

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# APS OVERVIEW - PARTICIPANT MANUAL

## HANDOUT #10

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**  
Version 7.1 Original Version

Education :  
Sex :

Date of birth :  
DATE :

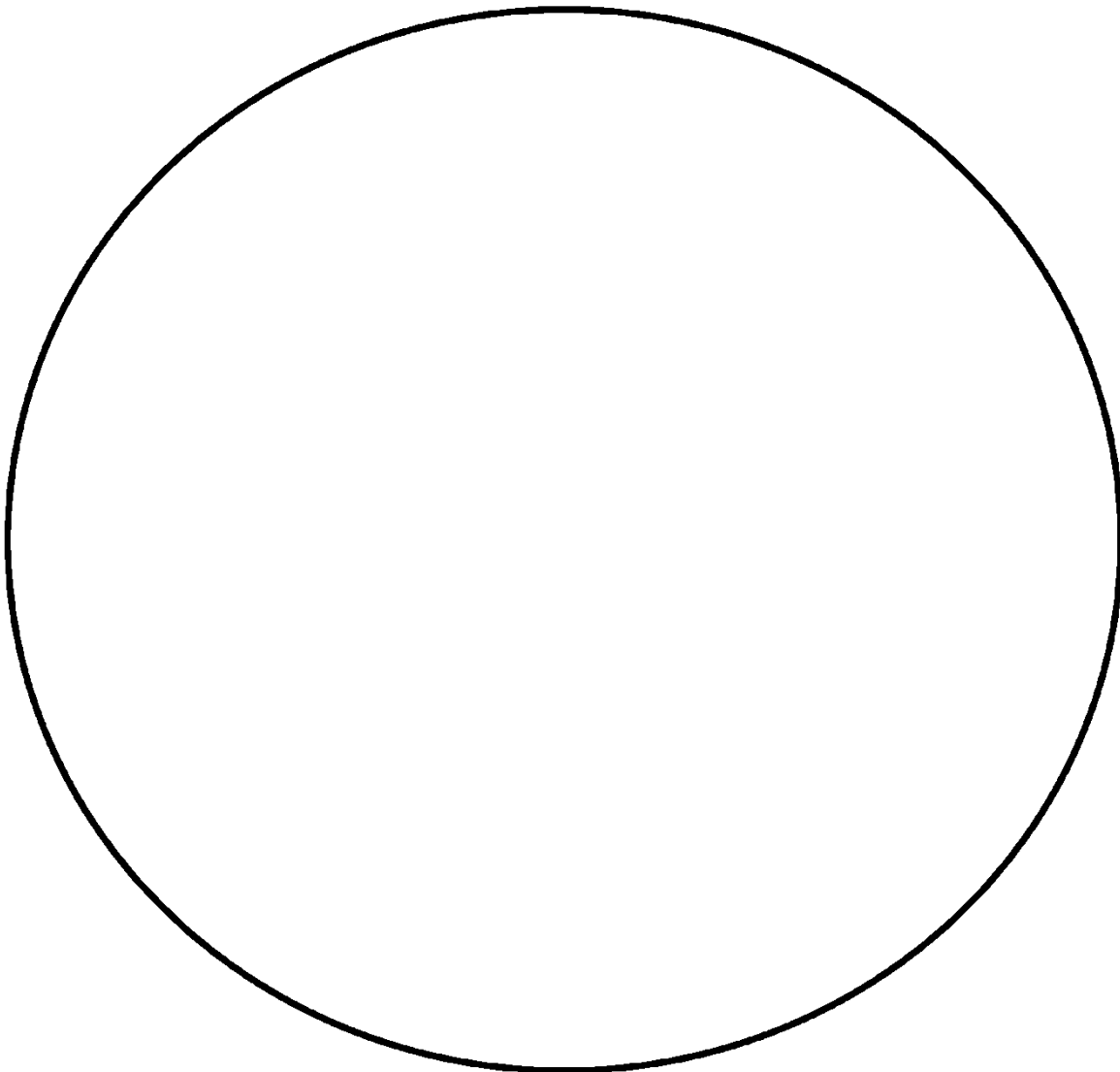
<b>VISUOSPATIAL / EXECUTIVE</b>						POINTS
		Copy cube	Draw CLOCK (Ten past eleven) (3 points)			
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___/5
<b>NAMING</b>						
						___/3
[ ]	[ ]	[ ]				
<b>MEMORY</b>	Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	FACE	VELVET	CHURCH	DAISY	RED
	1st trial					No points
	2nd trial					
<b>ATTENTION</b>	Read list of digits (1 digit/ sec.).	Subject has to repeat them in the forward order [ ] 2 1 8 5 4				___/2
		Subject has to repeat them in the backward order [ ] 7 4 2				
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors	[ ] FBACMNAAJKLBAFAKDEAAAJAMOF AAB				___/1
	Serial 7 subtraction starting at 100	[ ] 93	[ ] 86	[ ] 79	[ ] 72	[ ] 65
		4 or 5 correct subtractions: <b>3 pts</b> , 2 or 3 correct: <b>2 pts</b> , 1 correct: <b>1 pt</b> , 0 correct: <b>0 pt</b>				___/3
<b>LANGUAGE</b>	Repeat : I only know that John is the one to help today. [ ] The cat always hid under the couch when dogs were in the room. [ ]					___/2
	Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)					___/1
<b>ABSTRACTION</b>	Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler					___/2
<b>DELAYED RECALL</b>	Has to recall words <b>WITH NO CUE</b>	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]
<b>Optional</b>	Category cue					Points for UNCUED recall only
	Multiple choice cue					
<b>ORIENTATION</b>	[ ] Date	[ ] Month	[ ] Year	[ ] Day	[ ] Place	[ ] City
						___/6
© Z.Nasreddine MD		<a href="http://www.mocatest.org">www.mocatest.org</a>		Normal ≥ 26 / 30		<b>TOTAL</b> ___/30
Administered by: _____		Add 1 point if ≤ 12 yr edu				

**HANDOUT #11**

**Clock Drawing Test**

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_





# APS OVERVIEW - PARTICIPANT MANUAL

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**Instructions for the Clock Drawing Test:**

- Step 1: Give patient a sheet of paper with a large (relative to the size of handwritten numbers) predrawn circle on it. Indicate the top of the page.
- Step 2: Instruct patient to draw numbers in the circle to make the circle look like the face of a clock and then draw the hands of the clock to read "10 after 11."

**Scoring:**

Score the clock based on the following six-point scoring system:

Score	Error(s)	Examples
1	"Perfect"	No errors in the task
2	Minor visuospatial errors	a) Mildly impaired spacing of times b) Draws times outside circle c) Turns page while writing so that some numbers appear upside down d) Draws in lines (spokes) to orient spacing
3	Inaccurate representation of 10 after 11 when visuospatial organization is perfect or shows only minor deviations	a) Minute hand points to 10 b) Writes "10 after 11" c) Unable to make any denotation of time
4	Moderate visuospatial disorganization of times such that accurate denotation of 10 after 11 is impossible	a) Moderately poor spacing b) Omits numbers c) Perseveration: repeats circle or continues on past 12 to 13, 14, 15, etc. d) Right-left reversal: numbers drawn counterclockwise e) Dysgraphia: unable to write numbers accurately
5	Severe level of disorganization as described in scoring of 4	See examples for scoring of 4
6	No reasonable representation of a clock	a) No attempt at all b) No semblance of a clock at all c) Writes a word or name

(Shulman et al., 1993)

Higher scores reflect a greater number of errors and more impairment. A score of  $\geq 3$  represents a cognitive deficit, while a score of 1 or 2 is considered normal.

**Sources:**

- Kirby M, Denihan A, Bruce I, Coakley D, Lawlor BA. The clock drawing test in primary care: sensitivity in dementia detection and specificity against normal and depressed elderly. *Int J Geriatr Psychiatry*. 2001;16:935-940.
- Richardson HE, Glass JN. A comparison of scoring protocols on the clock drawing test in relation to ease of use, diagnostic group, and correlations with Mini-Mental State Examination. *J Am Geriatr Soc*. 2002;50:169-173.
- Shulman KI, Gold DP, Cohen CA, Zuccherro CA. Clock drawing and dementia in the community: a longitudinal study. *Int J Geriatr Psychiatry*. 1993;8:487-496.

## HANDOUT #12

### Trail Making Test (TMT) Parts A & B

**Instructions:**

Both parts of the Trail Making Test consist of 25 circles distributed over a sheet of paper. In Part A, the circles are numbered 1 – 25, and the patient should draw lines to connect the numbers in ascending order. In Part B, the circles include both numbers (1 – 13) and letters (A – L); as in Part A, the patient draws lines to connect the circles in an ascending pattern, but with the added task of alternating between the numbers and letters (i.e., 1-A-2-B-3-C, etc.). The patient should be instructed to connect the circles as quickly as possible, without lifting the pen or pencil from the paper. Time the patient as he or she connects the "trail." If the patient makes an error, point it out immediately and allow the patient to correct it. Errors affect the patient's score only in that the correction of errors is included in the completion time for the task. It is unnecessary to continue the test if the patient has not completed both parts after five minutes have elapsed.

- Step 1: Give the patient a copy of the Trail Making Test Part A worksheet and a pen or pencil.
- Step 2: Demonstrate the test to the patient using the sample sheet (Trail Making Part A – *SAMPLE*).
- Step 3: Time the patient as he or she follows the "trail" made by the numbers on the test.
- Step 4: Record the time.
- Step 5: Repeat the procedure for Trail Making Test Part B.

**Scoring:**

Results for both TMT A and B are reported as the number of seconds required to complete the task; therefore, higher scores reveal greater impairment.

	Average	Deficient	Rule of Thumb
Trail A	29 seconds	> 78 seconds	Most in 90 seconds
Trail B	75 seconds	> 273 seconds	Most in 3 minutes

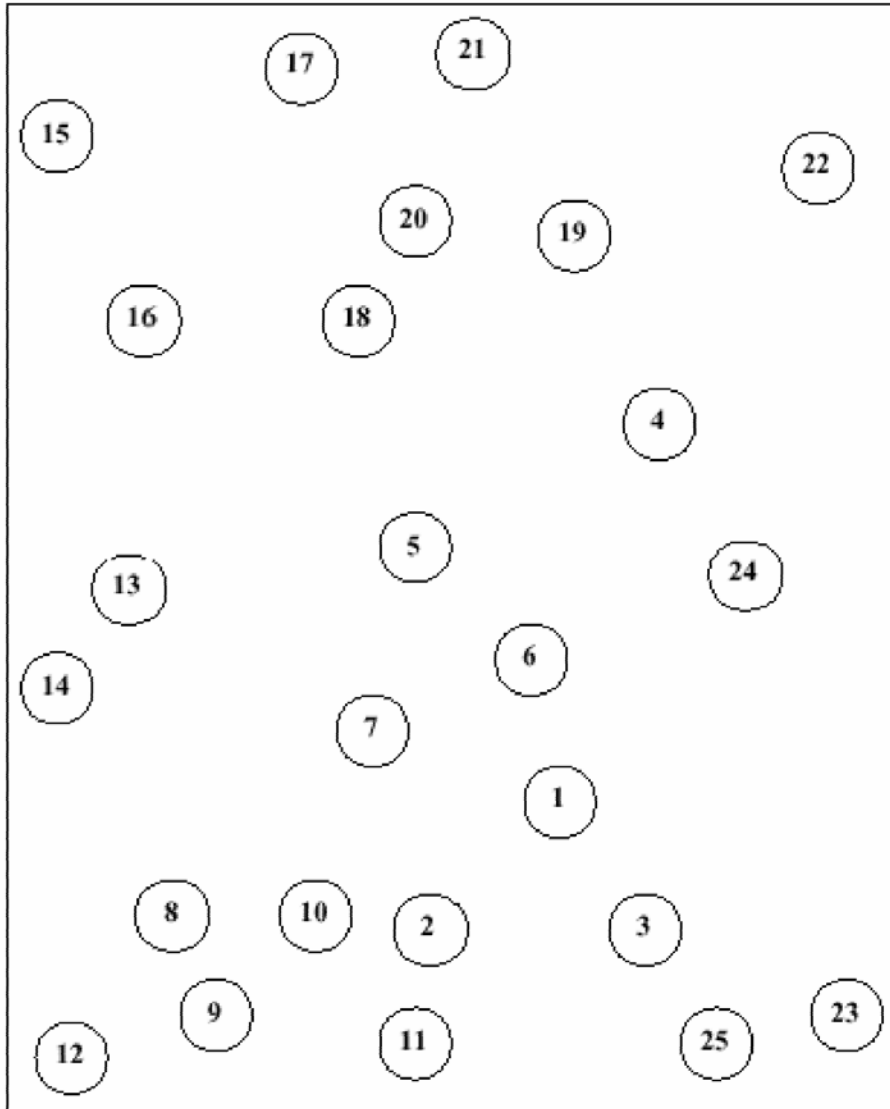
**Sources:**

- Corrigan JD, Hinkeldey MS. Relationships between parts A and B of the Trail Making Test. *J Clin Psychol.* 1987;43(4):402–409.
- Gaudino EA, Geisler MW, Squires NK. Construct validity in the Trail Making Test: what makes Part B harder? *J Clin Exp Neuropsychol.* 1995;17(4):529-535.
- Lezak MD, Howieson DB, Loring DW. *Neuropsychological Assessment.* 4th ed. New York: Oxford University Press; 2004.
- Reitan RM. Validity of the Trail Making test as an indicator of organic brain damage. *Percept Mot Skills.* 1958;8:271-276.

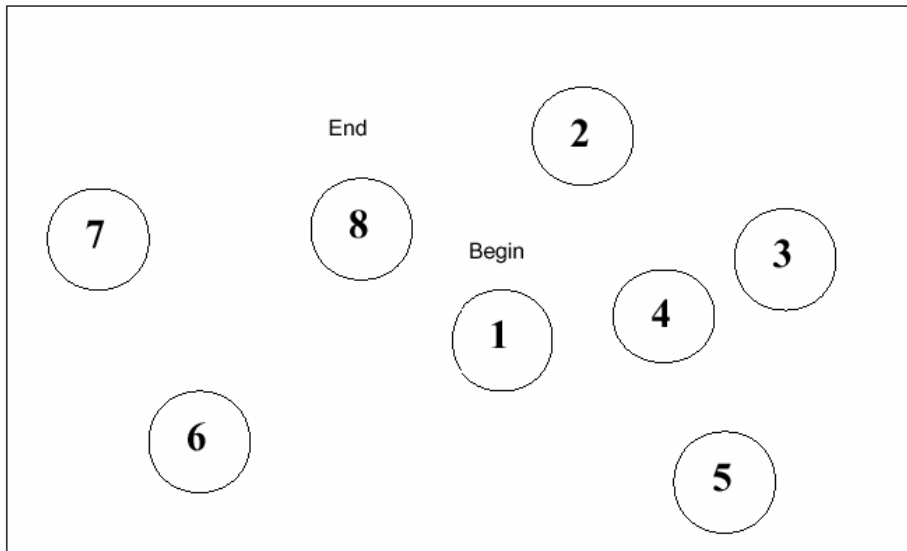
**Trail Making Test Part A**

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_



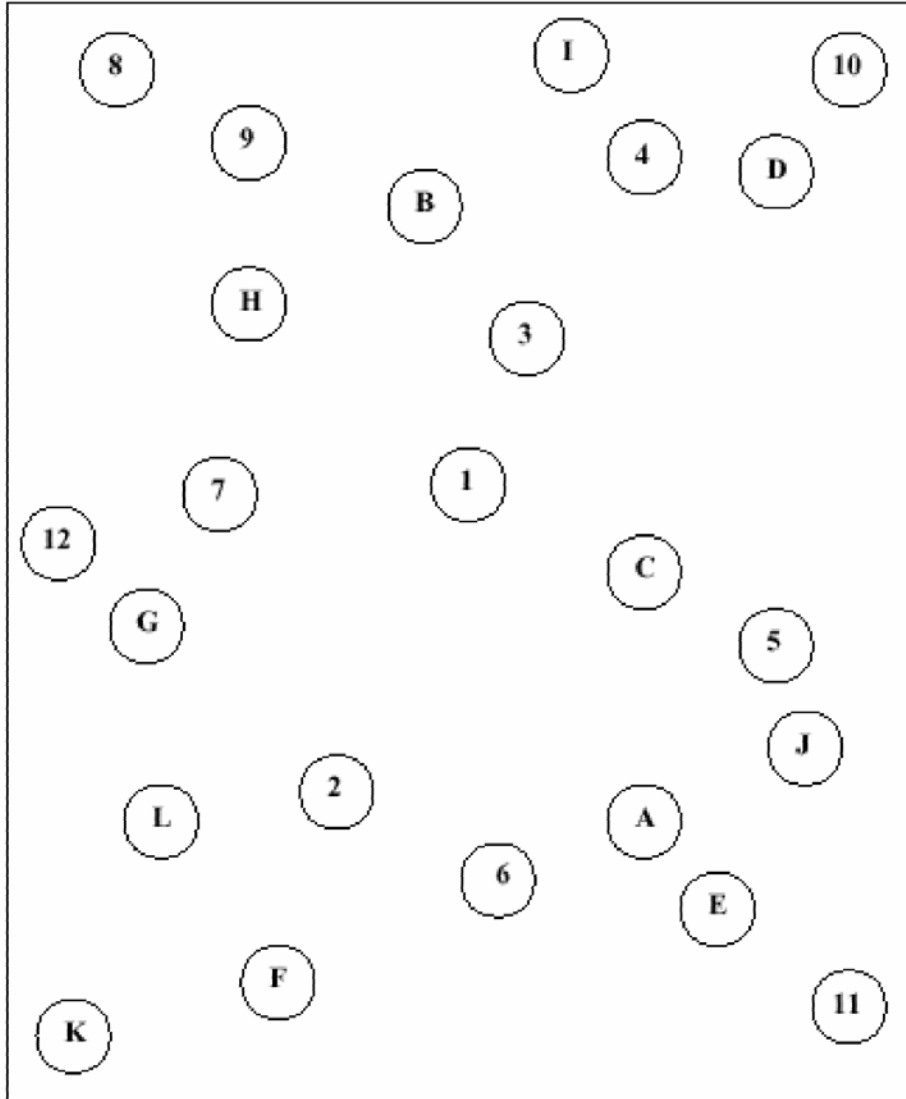
**Trail Making Test Part A – *SAMPLE***



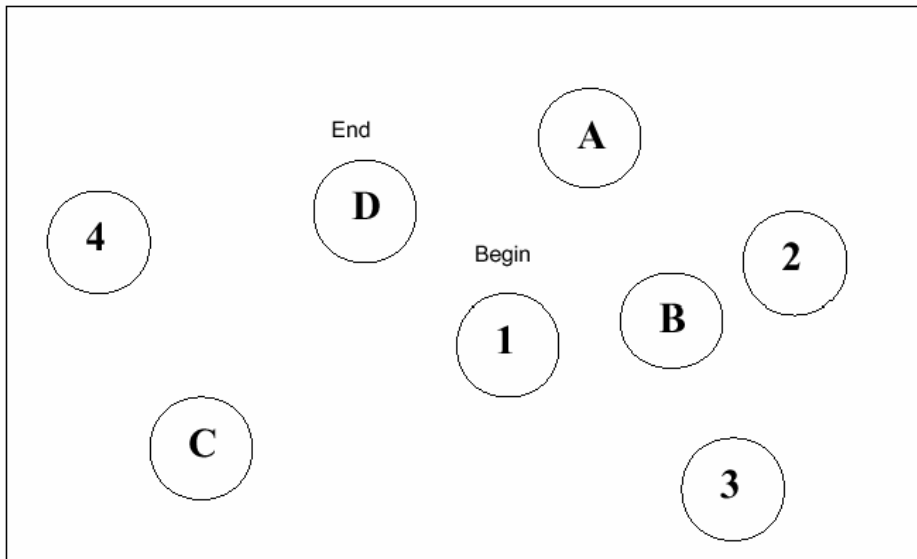
**Trail Making Test Part B**

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Trail Making Test Part B – *SAMPLE***



## Slide #43

**PRINCIPLES OF CAPACITY ASSESSMENT**

Capacity is specific to the task at hand. Various tasks and decisions require different types and levels of capacity.

Does your client understand their situation?	Does your client understand the risks of their behavior?	Does your client understand the benefits of accepting help?
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## Slide #44

Does your client understand their situation?



Your assessment of whether the client has the mental facility to understand the elements of their situation as well as the risks and benefits will determine whether you can walk away if they refuse services or whether you need to refer the client for a full geriatric assessment.

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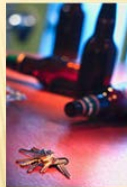
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## Slide #45

Does your client understand the risks of their behavior?



People of all ages have the right to make poor decisions and engage in risky behaviors. However, you need to determine whether your client understands the risk.

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Slide #46

Does your client understand the benefits of accepting help?



You will also need to assess whether your client is able to understand the benefits of accepting help. Sometimes clients are able to articulate the risks of their behavior but they can't image those small changes that would minimize those risks and allow them to stay somewhat safely in their own home.

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Slide #47

FACTORS FOR CASE PLANNING

- Client capacity to consent
- Client perception of the problem
- Client wishes and motivation
- Worker perception of problem & level of threat
- Services that client is eligible for/available
- Client formal/informal supports

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Slide #48

CASE STUDY ACTIVITY

Read the case study about Mr. Adams and decide how you might proceed.



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# APS OVERVIEW - PARTICIPANT MANUAL

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## Handout #13 Case Study – Mr. Adams – Participant Version

**Directions:** In your small groups, choose a note taker and read the scenario and answer the questions that follow. Be prepared to share your answers with the large group.

### APS Report

Mr. Adams is 86 years old. He suffers from diabetes and is confined to a wheelchair. After his wife died two years ago, he moved in with his two daughters, Linda and Barbara, who share a two-bedroom apartment. The older man sleeps on the living room couch. The arrangement was intended to be temporary, but Linda and Barbara have not been able to find him another place to live.

A neighbor called APS reporting that the older man is left sitting in front of the television for many hours at a time, often in urine. The last time she visited him, he asked her for a glass of water and drank two glasses in rapid succession. She also noted that he seems to have lost weight. She expressed her concerns to Linda and Barbara who became very defensive. Since then, they have not allowed her to visit.

### 1. What type of abuse or neglect do you suspect? Choose all that apply.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Physical Abuse      | <input type="checkbox"/> Abandonment  |
| <input type="checkbox"/> Psychological Abuse | <input type="checkbox"/> Isolation    |
| <input type="checkbox"/> Financial Abuse     | <input type="checkbox"/> Neglect      |
| <input type="checkbox"/> Abduction           | <input type="checkbox"/> Self-Neglect |

### 2. For each type of abuse you checked above, what are the indicators?

Type of Abuse	Indicators
Physical abuse includes assault, battery, assault with a deadly weapon, unreasonable physical constraint, prolonged or continual deprivation of food or water, sexual assault and rape.	
Psychological abuse which includes fear, agitation, confusion, severe depression and other forms of serious emotional distress that are brought about by threats, harassment and intimidation.	

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Financial abuse includes the taking, secreting or appropriating money or property of an elder or dependent adult by a person who has the care or custody of, or who is in a position of trust to, that elder or dependent adult.	
Abduction means the removal from this state and/or the restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to the removal from or restraint from returning to this state.	
Abandonment means the desertion or willful forsaking of an elder or a dependent adult by anyone who has care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.	
Isolation means prevention from receiving phone calls or mail, false imprisonment or physical restraint from meeting with visitors.	
Neglect means the negligent failure of any person, including the individual 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.	
Self-neglect means 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.	

### **Planning the Home Visit**

**1. If this was your case, think about who you would want to talk to during your home visit. Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Mr. Adams         | <input type="checkbox"/> Linda and Barbara |
| <input type="checkbox"/> Mr. Adam's Doctor | <input type="checkbox"/> Mr. Adam's Wife   |
| <input type="checkbox"/> Neighbor/Reporter |  |



# CLOSING: Q & A AND EVALUATIONS



**TIME ALLOTTED: 30 minutes**

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## Slide #49

**CLOSING**

- ✦ Optional Pre-Test
- ✦ Q & A
- ✦ Evaluations

Thank you for your time and energy!!!

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