

# PARTICIPANT MANUAL



## California Consistency in Determining Findings: Instructor-Led Skill Building



Creating experiences that transform the heart, mind and practice.



**This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.**



**Akiles A. Ceron, MSW**  
**Curriculum Developer, 2019**

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## INTRODUCTION

### THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the CA Consistency in Determining Findings Skill-Building, Participant Manual, developed by APSWI, a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI (Adult Protective Services Workforce Innovation) is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services. In partnership with state and national organizations, APSWI has developed a nationally recognized Core Competency Training Curriculum for Adult Protective Services professionals. This curriculum is reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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## **ACKNOWLEDGEMENTS**

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 the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

### **Agencies**

California Department of Social Services, Adult Programs Division  
County of Los Angeles Workforce Development, Aging and Community Services  
Orange County Social Services Agency  
Riverside County Department of Public Social Services  
San Bernardino County Department of Aging and Adult Services  
County of San Diego Aging & Independence Services

### **Regional Curriculum Advisory Committee**

Ralph Pascual, Human Services Administrator I, Los Angeles County  
Jacquelyne Garza, Social Services Supervisor I, Orange County  
Jessica Paradee, Staff Development Officer, Riverside County  
LaTanya Baylis, Training and Development Specialist,  
San Bernardino County  
Penny Jacobo, APS Supervisor, San Diego County

### **Committees**

APS Training Planning Committee  
National Adult Protective Services Association Education Committee  
Protective Services Operations Committee of the County Welfare Directors Association of California

### **Additional Subject Matter Expertise provided from:**

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### **Curriculum Developer 2019**

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## EXECUTIVE SUMMARY

### **Course Title:** *CA Consistency in Determining Findings: Instructor-Led Skill Building Training*

In this hands-on and engaging advanced training, participants receive the opportunity to build upon the foundations learned from the eLearning and practice determining findings to create consistency throughout the state. This training is packed with scenarios to help participants work through the *California APS Standards for Consistency in Determining Findings Matrix* and better understand the findings standards set forth in the *Guiding Principles for Consistency in Determining Findings*. This skill building training utilizes peer review, as well as individual critical thinking, in order to develop confidence in APS professionals when making a determination.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion and peer review); question/answer periods; PowerPoint slides; Participant Manual (encourages self-questioning and interaction with the content information).

**Course Requirements:** This instructor-led skill-building session was developed as a blended model, designed to be used to practice and reinforce the skills and information presented in the *CA Consistency in Determining Findings eLearning* found at <https://theacademy.sdsu.edu/programs/apswi/advanced-training/>. Participants shall complete the eLearning prior to attending. It is highly encouraged that participants have completed Modules #9 (Communication and Interviewing), #15 (Documentation and Report Writing) and #16 (Investigation First Steps) of the NAPSA Core Competency Curriculum prior to attending.

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

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

1. Determine potential abuse by identifying the abuse indicators, using the *CA APS Standards for Consistency in Determining Findings Matrix*.
2. Critique if evidence meets the abuse type's legal components (Essential Defining Elements, interpreted from the Welfare & Institutions Code) during scenario based skill practice.
3. Construct a findings rational narrative that includes the components required for it to be descriptive and complete.

After this course, APS professionals will return to the field having the experience and information to determine findings in a consistent manner within their programs and throughout the state.

**Target Audience:** This course is designed for experienced APS professionals as well as Aging & Adult Service partners (e.g. In-Home Supportive Services, Long-Term Care Ombudsman).



## Course Outline

<b><u>CONTENT</u></b>	<b><u>MATERIALS</u></b>	<b><u>TIME</u></b>
<b>WELCOME, INTRODUCTIONS, COURSE OVERVIEW</b>		<b>TOTAL: 20 minutes</b>
<b>SETTING THE STAGE: ABUSE INDICATORS, FINDINGS STANDARDS AND THE MATRIX</b>		<b>TOTAL: 40-45 minutes</b>
<i>Recall from eLearning or experience</i>	<i>Handout #? The Consistency Matrix, Handout #? The Guiding Principles for Consistency in Determining Findings.</i>	<b>3 minutes</b>
<i>Activity #1: Abuse Indicators (Large Group)</i>	<i>PowerPoint slides #-#?</i>	<b>7 minutes</b>
<i>The Consistency Matrix: Reviewing the Columns</i>	<i>Handout #?- The Consistency Matrix</i>	<b>5 minutes</b>
<i>Findings Standards: Reviewing definitions</i>	<i>Handout #?- The Guiding Principles for Consistency in Determining Findings</i>	<b>5 minutes</b>
<i>Activity #2: Working through the Matrix: Peter Frown (Large Group)</i>	<i>Peter Frown Scenario, Mock Bank Statement, Mock DPOA, Mock Check, Mock Property Tax Bill</i>	<b>10-15 minutes</b>
<i>Activity #3: Working through the Matrix: Janice Pho (Large Group)</i>	<i>Janice Pho Scenario, Mock SOC 341</i>	<b>10 minutes</b>
<b>SKILL PRACTICE: DETERMINING FINDINGS</b>		<b>TOTAL: 130-140 minutes</b>
<i>Activity #4: Skill Practice: Scenario #1 (Large Group)</i>	<i>Scenario #1, Handout #?- Finding Report Template, Handout #? (Matrix), Handout # (Findings Standards)</i>	<b>10 minutes</b>
<b>BREAK</b>		<b>15 minutes</b>
<i>Activity #5: Skill Practice #2 (Table Groups)</i>	<i>Scenario #2, Handout #?- Finding Report Template, Handout #? (Matrix), Handout # (Findings Standards)</i>	<b>20-30 minutes</b>
<i>Activity #6: Skill Practice #3 (Individual) &amp; (Table Groups)</i>	<i>Scenario #3, Handout #?- Finding Report Template, Handout #? (Matrix), Handout # (Findings Standards)</i>	<b>30-40 minutes</b>

<i>Activity #7: Skill Practice #4 (Individual) &amp; (Table Groups)</i>	<i>Scenario #4, Handout #?- Finding Report Template, Handout #? (Matrix), Handout # (Findings Standards)</i>	<b>30-40 minutes</b>
<i>Lessons Learned</i>		<b>10-20 minutes</b>
<b>LUNCH</b>		<b>60 Minutes</b>
<b>PERFORMANCE ASSESSMENT</b>		<b>TOTAL: 35-45 minutes</b>
<i>Activity #8: Peer Review (Individual) &amp; (Dyads)</i>	<i>Performance Assessment Scenario, Handout #?- Finding Report Template, Handout #? (Matrix), Handout # (Findings Standards)</i>	<b>35-45 minutes</b>
<b>FINDINGS RATIONAL NARRATIVES</b>		<b>TOTAL: 40-50 minutes</b>
<i>5 elements: "AFTER"</i>		<b>10 minutes</b>
<b>BREAK</b>		<b>15 minutes</b>
<i>Activity #9: Narrative Practice #1 (Individual) &amp; (Table Groups)</i>	<i>Practice Scenario #3, Handout #- Findings Report, Handout #- Consistency Matrix</i>	<b>10-15 minutes</b>
<i>Activity #10: Narrative Practice #2 (Table Groups)</i>	<i>Practice Scenario #4, Handout #- Findings Report, Handout #- Consistency Matrix</i>	<b>20-25 minutes</b>
<b>WRAP-UP &amp; EVALUATIONS</b>		<b>TOTAL: 20 minutes</b>
<b>TOTAL (INCLUDING LUNCH AND BREAKS)</b>		<b>7 hours</b>

Learning Objectives



- Determine potential abuse by identifying the abuse indicators, using the APS Standards for Consistency in Determining Findings Matrix.
- Critique if evidence meets the abuse type's legal components (Essential Defining Elements, interpreted from Welfare & Institutions Code) during scenario based skill practice.
- Construct a findings rational narrative that includes the components required for it to be descriptive and complete.

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Consistency Matrix and Guiding Principals



California APS' Standards for Consistency in Determining Findings

Abuse or Neglect Category	Essential Defining Elements	Substantive Issues to Consider	Signs of Physical Abuse
Physical Abuse (WIC 20181.5, 20181.6, 20181.7, 20181.8, 20181.9)	1. Non-accidental use of physical force or physical interference with the person's freedom of movement. 2. Bodily injury, physical pain or impairment. 3. Bodily injury, pain or impairment that is inflicted or inflicted in a cruel or unusual manner. 4. Bodily injury, pain or impairment that is inflicted or inflicted in a cruel or unusual manner.	Examples include, but are not limited to: • Alleged or actual indicators, injury, that the client is being or has been: o Hit, shaken, pushed, shaken, dragged, or kicked o Bound with or without restraints o Shown restraint without proper training o Physically restrained or physically restrained in a way that causes injury or impairment o Held in a confined space o Held in a confined space for an extended period of time • Based on the location, and whether the person is in a confined space or not. • How long the person was in the confined space. • How often the person was in the confined space. • How often the person was in the confined space. • How often the person was in the confined space. • How often the person was in the confined space.	Examples include, but are not limited to: • Bruising, abrasions, or lacerations that are unexplained, unexplained, or unexplained. • Bruising, abrasions, or lacerations that are unexplained, unexplained, or unexplained. • Bruising, abrasions, or lacerations that are unexplained, unexplained, or unexplained.

**Finding Standards:**

- Findings are a combination of both judgment and a reasoned approach.
- They are based upon:
  - The facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
  - The evaluation of these facts by the APS worker using his/her expertise, experience, and training.
- As a general rule, the following standards should be used when determining findings:
  - **Confirmed** - the information gathered most reasonably support all of the essential elements of the alleged abuse or neglect.
  - **Inconclusive** - the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
  - **Unfounded** - the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.

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"Pressured"

- Physical
- Sexual
- Financial
- Neglect
- Self-neglect
- Psychological
- Abandonment
- Isolation
- Abduction

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### Finding Standards Clarified



≥ 51% ✓

**Confirmed** = evidence with a ≥51% likelihood of supporting all of the legal components of the alleged abuse.

- Abuse occurred or most likely occurred

?

**Inconclusive** = evidence **insufficient** to lead to a conclusion, **BUT ALSO** that **does not remove** all doubt that abuse occurred.

≤ 49% ✗

**Unfounded** = evidence with a ≤49% likelihood of supporting all the legal components of the alleged abuse.

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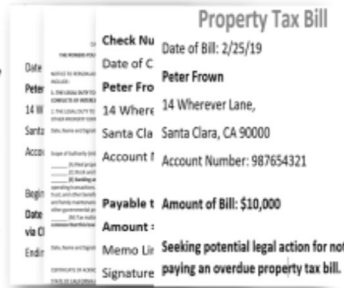
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### Using the Matrix with Evidence: Peter Frown



APS receives a report from a caretaker alleging financial abuse by the client, Peter Frown's son. The RP shows the APS professional a bank statement, with the client's name on it, and a line item shows that a \$10,000 withdrawal was made via check. The RP stated that Peter was upset at his son for taking control of his bank account. APS professional visits Peter and he is upset about his son taking over his account, but cannot give details of the events that led to it. APS professional calls the son, who offers to scan and email a copy of the DPOA, a copy of the check made to pay the overdue property tax, and a copy of the bill from the County's tax collector for the overdue \$10,000 in property tax and threatening legal action.




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**Bank Statement****HANDOUT #3**

**Date of Bank Statement: March 16, 2019**

**Peter Frown**

**14 Wherever Lane,**

**Santa Clara, CA 90000**

**Account Number: 987654321**

**Beginning Balance: \$75,230.78**

**Date and Amount = \$10,000 withdrawal  
via Check #000**

**Ending Balance: \$65,230.78**

**DPOA**

**HANDOUT #4**

**CALIFORNIA GENERAL DURABLE POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT - RESPONSIBILITIES INCLUDE:

- 1. THE LEGAL DUTY TO ACT SOLELY IN THE INTEREST OF THE PRINCIPAL AND TO AVOID CONFLICTS OF INTEREST.**
- 2. THE LEGAL DUTY TO KEEP THE PRINCIPAL'S PROPERTY SEPARATE AND DISTINCT FROM ANY OTHER PROPERTY OWNED OR CONTROLLED BY YOU.**

Date, Name and Signature of **Agent (aka Attorney-in-Fact)**: \_\_\_\_\_

Scope of Authority (initialed):

\_\_\_\_\_ (A) Real property transactions. \_\_\_\_\_ (B) Tangible personal property transactions.  
 \_\_\_\_\_ (C) Stock and bond transactions. \_\_\_\_\_ (D) Commodity and option transactions. \_\_\_\_\_  
**(E) Banking and other financial institution transactions.** \_\_\_\_\_ (F) Business operating transactions.  
 \_\_\_\_\_ (G) Insurance and annuity transactions. \_\_\_\_\_ (H) Estate, trust, and other beneficiary transactions.  
 \_\_\_\_\_ (I) Claims and litigation. \_\_\_\_\_ (J) Personal and family maintenance. \_\_\_\_\_  
 (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service. \_\_\_\_\_  
 (L) Retirement plan transactions. \_\_\_\_\_ (M) Tax matters. \_\_\_\_\_  
**(N) ALL OF THE POWERS LISTED ABOVE. (It is most common that this box is initialed)**

Date, Name and Signature of Principal (aka the APS Client): \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF CALIFORNIA COUNTY OF \_\_\_\_\_. This document was acknowledged before me on \_\_\_\_\_ [Date] by \_\_\_\_\_ [name of principal].

[Notary Seal]:

Bank Check

HANDOUT #5

**Check Number: #000**

**Date of Check: 03/05/2019**

**Peter Frown**

**14 Wherever Lane,**

**Santa Clara, CA 90000**

**Account Number: 987654321**

**Payable to: Property Tax Collector**

**Amount = \$10,000**

**Memo Line**

**Signature**



**Property Tax Bill****HANDOUT #6**

**Date of Bill: 2/25/19**

**Peter Frown**

**14 Wherever Lane,**

**Santa Clara, CA 90000**

**Account Number: 987654321**

**Amount of Bill: \$10,000**

**Seeking potential legal action for not paying an overdue property tax bill.**

**Using the Matrix with Evidence:  
Janice Pho**



APS receives a report from the Regional Center alleging sexual abuse. Their 20yo consumer with an intellectual disability is pregnant. The APS professional interviews the client, Janice Pho, who says that her cousin, who moved into her home a few months ago to work for her dad, took her for a ride in the mountains. When she said it was time for her to go home, he said that we would not drive her back unless she had sex with him. She said that she didn't want to, but he threw the keys in the backseat of the car until she would have sex with him. She reported, "I had to have sex with him so that I could get home".

**SOC 341**

Date of Report to APS: 2/05/2019  
Alleged Victim: Janice Pho  
Suspected Abuser: Victim's Cousin  
Reporting Party (RP): Regional Center

**Allegation: Sexual Abuse of 20yo  
Dependent Adult with an Intellectual  
Disability**

**Observations: Alleged Victim said to RP  
that she did not consent, and RP reports  
that the Alleged Victim is pregnant.**

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**SOC 341****HANDOUT #7**

**Date of Report to APS: 2/05/2019**

**Alleged Victim: Janice Pho**

**Suspected Abuser: Victim's Cousin**

**Reporting Party (RP): Regional Center**

**Allegation: Sexual Abuse of 20yo  
Dependent Adult with an Intellectual  
Disability**

**Observations: Alleged Victim said to RP that she did not consent, and RP reports that the Alleged Victim is pregnant.**

Scenario #1



An 83 year old woman, has In-Home Supportive Services (IHSS) and gives her in-home provider her jewelry for safekeeping while she goes to the hospital for surgery. Upon her discharge from the hospital, the client asks the provider to bring back her jewelry. The provider keeps forgetting to return it. The client tells this to her Home Health Nurse, who in turn files a report with APS.



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**Scenario #1:**


An 83 year old woman, has In-Home Supportive Services (IHSS) and gives her in-home provider her jewelry for safekeeping while she goes to the hospital for surgery. Upon her discharge from the hospital, the client asks the provider to bring back her jewelry. The provider keeps forgetting to return it. The client tells this to her Home Health Nurse, who in turn files a report with APS.

Scenario #2



In groups:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)



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## Scenario #2:

The Home Health Nurse returns in a couple of days. She notices that the client has not filled her prescription. The client says that her provider has not been able to get it from the pharmacy.

The client adds that she lent her provider \$400 dollars, and the provider has not paid her back. The client also says that her provider returned the jewelry. The provider comes daily. The nurse reports this additional information to APS.



Scenario #3



**Individually:**

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding

After completed, come to consensus with team members

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**Scenario #3:**


The following week, the APS professional and the Home Health Nurse do a joint visit to interview the client. The client confirms to the APS professional the statements she made to the nurse last week. Suddenly, the provider arrives.

They interview the provider privately. The APS professional inquires about the medication, and the provider explains that the client only recently told her about the medication, after which she picked up the prescription and brought it to her three days ago.

The nurse looks at it and sees that the client has not taken her prescription medication for two days. The provider adds that the client arrived from the hospital somewhat confused, and asked her to stay with her a couple of nights, until she felt better, and offered her \$400. The provider could not do it, but offered her sister to spend both nights for \$400, and the client accepted. The provider added that the client refused services for the last couple of days, and pointed at the overflowing sink with dishes from the past 3-5 days.

When asked, the client states that now she remembers that the provider's sister stayed with her for a couple of nights, and she thinks that she agreed to pay \$400, but inquires whether she paid her too much for two nights. The client admits having felt confused upon discharge, and her memory is blurry. The nurse will help her with her medication.



Scenario #4



**Individually:**

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding

After completed, come to consensus with team members and record it in your Findings Report Template

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**Scenario #4:**

The following week, the APS professional receives a call from the client’s niece, who just arrived to visit her aunt. The niece reports that while helping her aunt open and read her mail, she found a bank statement that shows that recently, the provider's sister was added to her aunt’s checking account. The niece noticed two recent large withdrawals of \$400 and \$600. Her aunt says that recently, she went to the bank with the provider’s sister to pay her for spending two nights after her aunt was discharged from the hospital, but that her aunt says she would never add the provider’s sister to her account. There is a copy of a check attached to the statement payable to CASH, and the signature is not her aunt’s. The APS professional returns to interview the client, who confirms what she said to her niece.

The APS professional reviews the copy of the check, and the client maintains that she would never withdraw \$600, as she is frugal and only receives SSI. Her balance is now \$50. The APS professional calls the provider’s sister, who says that the client gave her the \$600 in anticipation of overnight care that she will need if she’s hospitalized again. She says that the client added her to the account in case the client needed help with bill-paying after a future hospitalization. She refuses to return this money to the client, as she believes it’s owed to her in the client’s future best interest.

### Skill Practice Lessons Learned



- What seemed to be the clearest allegation to determine a finding?
- What was most difficult?
- What surprised you the most?
- What will you take away from this activity?



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### Peer Assessment



Individually:

- Evaluate evidence for abuse indicators
- Determine if the evidence meets the abuse's legal components
- Explain how the evidence meets the abuse's legal components
- Assign a finding(s)

Then, pass to peer on left to asses.



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## **Performance Assessment Scenario:**

The APS professional returns to visit the client to address the new allegations from the client's niece. The APS professional looks at the bank statement and confirms that the name of the provider's sister is now on the account, and it wasn't there on the prior statement. They look at the copies of the checks that came with the recent statement, and there is one for \$600 payable to CASH and signed by the provider's sister, with the word "loan" on the Memo line. The balance on the account is now \$50.

The APS professional interviews the client in private, and she recalls going to the bank with the provider's sister to withdraw money to pay her \$400 for the two nights she had stayed to care for her right after the discharge from surgery, as she couldn't find her checkbook. While at the bank, the provider's sister offered to help her with paying bills, until she recovered and she accepted her offer, so they did some arrangement at the bank. The client said that later, the provider's sister needed to borrow money from the client to pay a debt, but that she would pay her back some day.

The APS professional administers the Interview of Decisional Abilities (IDA), and as a result the APS professional suspects that the client's ability to appreciate consequences and evaluate alternatives is of concern. Additionally, it looks like the client's bills for the month were paid. The APS professional calls again the provider's sister by phone, and she says that getting her name on the account was the easiest way to help the client pay the bills, and that the \$600 was to cover gas and food during her two day stay, and groceries for the client for that week. The rest was for anticipated care should she go into the hospital again. She denies it was a loan, and that she must've written that in the check's "memo" line in error, and admits writing and signing the check. She reiterates she doesn't owe the money back, and asks the APS professional to stop harassing her with calls.

The APS professional calls the Home Health Nurse, and she says that the client is accepting all services, including the IHSS, but she's forgetting to take her medication, and they're still concerned about that. She suffers from cardiovascular dementia.

### Writing with Clarity and Thoroughness: "AFTER"



Findings Rational Narratives should include:

- Abuse Type
- Finding Determination
- Theory of the events that led up to the allegation
  - Describe how/why abuse appears to have been committed
- Evidence that supports the finding
- Required Action
  - Disposition of case (e.g. Referred to L.E., Case closed, No Services needed, Protective Services offered, Conducted a needs assessment)

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### Narrative Comparison



- Identify the "AFTER" elements:

**Financial Abuse - Unfounded.** The client's son used his DPOA to protect his mother from the consequences of not paying her overdue property tax. He produced copies of the bill for \$10,000, the check used to pay the bill, and the DPOA. There is no evidence on the bank statement suggesting that the son is financially abusing the client. APS services are not needed.

**Financial Abuse - Inconclusive.** Even though I can't prove it, I know the provider's sister is totally robbing the client, and the client lacks capacity.

- Abuse Type
- Finding Determination
- Theory of Events that led up to the allegation
- Evidence to support the finding
- Required Action

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### Narrative Practice #1



Using Scenario #3 from earlier, work in teams to:

- Construct a findings rational narrative, including "AFTER".
  - Organize info into a comprehensible, coherent explanation of your finding
- Record on the "Narratives" section of a Findings Report Template




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### Narrative Practice #2



Using Scenario #4 from earlier, work individually to:

- Construct a findings rational narrative, including "AFTER".
  - Organize info into a comprehensible, coherent explanation of your finding
- Record on the "Narratives" section of a Findings Report Template



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### Wrap-Up and Lessons Learned



- Use of the Consistency Matrix, Understanding the Findings Standards, and Findings Rational Narratives can improve consistency of findings determination within programs and across the State.
- Write in participant manuals two key takeaways from today's training.
  - Share one of them.



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### Final Questions and Evaluations



- Final Questions?
- Thank you for your commitment to older and dependent adults in your community and making them safer with improved quality of life
- Thank you for attending and participating in this training!
- Please fill out your evaluations.



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## REFERENCES

California Department of Social Services, All County Letter No. 18-146 (12/21/2018).  
*Implementation of Revised Adult Protective Services (APS) and County Services Block Grant (CSBG) Monthly Statistical Report SOC 242 (1/19)*

California Department of Social Services. SOC 343 Investigation of Suspected Dependent Adult/Elder Abuse (2001). Retrieved from  
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC343.pdf>

County Welfare Directors Association (2017). California APS Guidelines to Supplement Regulations, Version 1.8 (9/6/2017). *Coordinated by County Welfare Directors Association*. (PDF).  
<https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines>

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**HANDOUT #1**

**California APS\* Standards for Consistency in Determining Findings**

**Key:** APS = Adult Protective Services. Client = elder and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
<p><b>Physical Abuse</b>                      Welfare and Institutions Code (W&amp;IC) 15610.63 (a)(b)(c)(d)(f)</p>	<p>Physical abuse is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.</p>	<p>1. Non-accidental use of physical force or physical deprivation or use of medications for control <b>and</b></p> <p>2. Bodily injury, physical pain or impairment occurred <b>or</b></p> <p>3. Bodily injury, physical pain or impairment could have occurred.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been:                             <ul style="list-style-type: none"> <li>○ Hit, beaten, pushed, shaken, slapped, or kicked</li> <li>○ Struck with or without an object</li> <li>○ Given unwarranted drugs</li> <li>○ Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness</li> <li>○ Force-fed</li> <li>○ Deprived of food or water for a prolonged period or continually</li> </ul> </li> <li>• Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional?</li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is there a need for a safety plan?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime, e.g. assault, battery?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the injury the result of a normal part of aging or disease process?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone)</li> <li>• Burns from such things as: cigarettes, appliances, or hot water</li> <li>• Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint</li> <li>• Signs of traumatic hair and tooth loss</li> <li>• Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental:                             <ul style="list-style-type: none"> <li>○ head, i.e., face, ears, and neck</li> <li>○ arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm)</li> <li>○ genitalia</li> <li>○ soles of the feet</li> <li>○ posterior torso (including chest, upper and lower back, and buttocks)</li> <li>○ Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained)</li> <li>○ Bilateral bruising of the inner thighs (indicating sexual abuse)</li> </ul> </li> </ul>

**HANDOUT #1**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
<p>(continued)                      Physical Abuse                      W&amp;IC                      15610.63                      (a)(b)(c)(d)(f)</p>			<ul style="list-style-type: none"> <li>• Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix?</li> <li>• Is the client cognitively impaired?</li> <li>• Does the client use an assistive device for mobility?</li> <li>• Does the client require assistance with ADLs?</li> <li>• If the client is bruised, does he/she remember how he/she got the bruises?</li> <li>• Are the suspected abuser's and the client's explanations about how the injury occurred consistent with one another?</li> <li>• Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> <li>• Does the suspected abuser understand the doctor's instructions regarding the administration of medications, and/or use of restraints?</li> </ul>	<ol style="list-style-type: none"> <li>1. Larger bruises—accidental bruises tend to be smaller than deliberate ones</li> <li>2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries</li> </ol> <ul style="list-style-type: none"> <li>• Injuries in various stages of healing including multicolored bruises (indicating they occurred over time).</li> <li>• Medical assessment and lab work including medical opinion on the results</li> <li>• Signs of malnutrition or dehydration without illness-related cause</li> <li>• Police arresting the accused for battery or assault</li> </ul>

**HANDOUT #1**

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 APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
<p><b>Sexual Abuse</b>                      W&amp;IC                      15610.63 (e)</p>	<p>Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Unwanted touching</li> <li>• All types of sexual assault or battery such as rape, sodomy, and coerced nudity</li> <li>• Sexually explicit photographing</li> <li>• Forced exposure to pornography</li> <li>• Unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul>	<p>1. Evidence a sexual incident(s) or situation(s) occurred                      and                      2. The incident or situation is unwanted or non-consensual in nature.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been:                             <ul style="list-style-type: none"> <li>○ Touched in an unwanted fashion</li> <li>○ Raped, sodomized, or forced to take off his/her clothes</li> <li>○ Photographed in a sexually explicit way</li> <li>○ Forced to look at pornography</li> <li>○ Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul> </li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is there a need for a safety plan?</li> <li>• Are this client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act?</li> <li>• Does the client have family or friends to provide emotional support or to advocate on his/her behalf?</li> <li>• Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Genital or anal pain, irritation or bleeding</li> <li>• Bruising on external genitalia or inner thighs</li> <li>• Difficulty walking or sitting</li> <li>• Torn, stained or bloody underclothing</li> <li>• Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.</li> <li>• Client forced to watch pornography on the television and/or computer</li> <li>• Client is newly diagnosed with a sexually transmitted disease</li> <li>• Medical assessment and lab work, including a medical opinion support the report of sexual assault</li> <li>• The dependent adult is pregnant</li> <li>• Sudden, marked change in personality or demeanor</li> </ul>



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 APS Guidelines to Supplement Regulations

**2.2: The California APS Standards for Consistency in Determining Findings Matrix**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
(continued) <b>Sexual Abuse</b> W&IC 15610.63 (e)			<p><b>Suspected Abuser Considerations</b></p> <ul style="list-style-type: none"> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature?</li> </ul>	

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Effective Date 2/1/2016

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
<p><b>Financial Abuse</b>                      W&amp;IC                      15610.30</p>	<p><b>Financial abuse</b> is the illegal or improper use of a client's funds, property or assets.</p>	<p>1. Funds, property or assets belonging to the client                      2. Have been taken, secreted, appropriated, and/or retained, possibly through the use of undue influence*                      3. For a wrongful use (likely to be harmful to the client)                      4. With intent to defraud.</p>	<p><b>Examples include, but are not limited to:</b>                      General Considerations</p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been financially exploited by someone, e.g.                             <ul style="list-style-type: none"> <li>○ Cashing a client's check or using/misusing a client's debit card without authorization or permission</li> <li>○ Forging the client's signature</li> <li>○ Misusing or stealing the client's money or possessions</li> <li>○ Taking the client's funds or property by using undue influence                                     <ul style="list-style-type: none"> <li>○ Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will</li> <li>○ Improperly executing the duties of conservatorship, guardianship, or powers of attorney</li> </ul> </li> </ul> </li> <li>• Scams such as ID theft, telemarketing/lottery/ investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors</li> <li>• Who is making the financial decisions and are the decisions being made in the client's best interest?</li> <li>• Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications?</li> <li>• Is the suspected abuser targeting vulnerabilities (e.g. takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Unpaid bills, eviction notices or notices to discontinue utilities</li> <li>• Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client</li> <li>• Bank statements and canceled checks no longer delivered to the client's home</li> <li>• New "best friends" who take an interest in the client's finances</li> <li>• Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation</li> <li>• Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals</li> <li>• Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot)</li> <li>• A suspected abuser's excessive interest in the amount of money spent on the client</li> <li>• Missing belongings or property</li> <li>• Suspicious signatures on checks or other documents</li> </ul>

**HANDOUT #1**

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 APS Guidelines to Supplement Regulations  
 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) <b>Financial Abuse</b> W&I/C 15610.30			<ul style="list-style-type: none"> <li>• Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud?</li> <li>• Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative?</li> <li>• Are there any indicators of undue influence, such as:                             <ul style="list-style-type: none"> <li>○ Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness &amp; vulnerability?</li> <li>○ Is the suspected abuser attempting to make the client emotionally dependent?</li> <li>○ Is the suspected abuser trying to isolate the client?</li> <li>○ Is the suspected abuser attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances?</li> <li>○ Is the suspected abuser creating an "us against them" mentality?</li> <li>○ Is the suspected abuser exploiting his/her emotional relationship with client?</li> </ul> </li> <li>• Is the client susceptible to threats of abandonment?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have mobility problems and physical ailments that make him/her more dependent on others?</li> <li>• Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of documentation about financial arrangements</li> <li>• Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client's finances</li> <li>• Client's ignorance or lack of understanding regarding financial arrangements made on his/her behalf</li> <li>• The client is not receiving care nor is his/her living arrangements commensurate with his/her assets.</li> <li>• The scope/quality of care the client has been receiving is reduced</li> <li>• The suspected abuser cues or prompts the client or interrupts the client in interviews</li> <li>• There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories.</li> <li>• Changes in the ownership of property and other assets.</li> <li>• Client has received a foreclosure notice.</li> <li>• Client's service providers were changed after the suspected abuser became involved in the client's life.</li> </ul>

Originated 2011

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Effective Date 2/1/2016

**HANDOUT #1**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) <b>Financial Abuse</b> W&IC 15610.30			<ol style="list-style-type: none"> <li>4. Are the client's needs being adequately met—medical, environmental, etc., or is the suspected abuser benefiting from the client's resources while the client does not have the necessary care, supplies or affordable amenities?</li> <li>5. Have there been any changes in the client's contact with his/her social network?</li> <li>6. Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</li> <li>7. What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client?</li> <li>8. Is the client depressed, anxious, or fearful?</li> </ol> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the suspected abuser resist or try to interfere with the client being interviewed alone?</li> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• What was the suspected abuser's financial history before becoming actively involved with the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<ul style="list-style-type: none"> <li>• Access to the client is limited by the suspected abuser.</li> <li>• The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc</li> </ul>

**HANDOUT #1**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
<p><b>Neglect</b>                      W&amp;IC 15610.57 (a)(b)</p>	<p>Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.</p>	<p>1. Negligent failure to take action, whether intentional or unintentional.</p> <p>2. Could be:</p> <ul style="list-style-type: none"> <li>• Caretaker</li> <li>• Care Custodian*</li> <li>• Person providing services (e.g. home health nurse)</li> <li>• Person in a position of trust or fiduciary (e.g. POA)</li> </ul> <p>3. Level of care or service is what a reasonable person would provide.</p> <p>* "Care custodian" means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been neglected because:                             <ul style="list-style-type: none"> <li>○ A person who has a fiduciary responsibility to the client has failed of to insure the client is receiving adequate care</li> <li>○ An in-home service provider has failed to provide the client with necessary care.</li> <li>○ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client.</li> <li>○ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering.</li> </ul> </li> <li>• Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)?</li> <li>• Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)?</li> <li>• What is the level of stress in the in the household due to financial, family, marital, or health problems?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Client has bad hygiene and smells of foul odor.</li> <li>• Client has long, dirty, and unkempt finger and toe nails.</li> <li>• The suspected abuser is creating a risk to the client's health by                             <ul style="list-style-type: none"> <li>○ not providing the prescribed medication properly (e.g. diabetes or high blood pressure)</li> <li>○ not providing transportation to medical/mental health visits</li> <li>○ not complying with the client's medical appointments</li> </ul> </li> <li>• Client's home is in dilapidated condition.</li> <li>• Client is living in hoarding conditions.</li> <li>• Client has been living with no running water, heat, or electricity.</li> <li>• Client is found soiled and the house smells of feces.</li> <li>• The suspected abuser refuses to dress the client or dresses the client inappropriately.</li> <li>• The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home).</li> </ul>

**HANDOUT #1**

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 APS Guidelines to Supplement Regulations 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) <b>Neglect</b> W&IC 15610.57 (a)(b)			<p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client’s capacity?</li> <li>• Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect.</li> <li>• Does the client have a mental illness or drug or alcohol problems that make providing care difficult?</li> <li>• Does the client have an abusive or dominating personality?</li> <li>• Does the client resist help?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the neglect intentional or unintentional?</li> <li>• Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication?</li> <li>• Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)?</li> <li>• Does the suspected abuser have a drug/ alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client?</li> <li>• Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care?</li> <li>• Does the suspected abuser have Durable Power of Attorney over client?</li> <li>• Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would?</li> </ul>	<ul style="list-style-type: none"> <li>• Deprivation by care custodian: W&amp;IC 15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following:                         <ul style="list-style-type: none"> <li>(a) The provision of medical care for physical and mental health needs.</li> <li>(b) Assistance in personal hygiene.</li> <li>(c) Adequate clothing.</li> <li>(d) Adequately heated and ventilated shelter.</li> <li>(e) Protection from health and safety hazards.</li> <li>(f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.</li> <li>(g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.</li> </ul> </li> </ul>

**HANDOUT #1**

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 APS Guidelines to Supplement Regulations 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) Neglect W&IC 15610.57 (a)(b)			<ul style="list-style-type: none"> <li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a criminal record?</li> <li>• If a licensed agency is responsible, is a cross report warranted?</li> </ul>	

Originated 2011

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Effective Date 2/1/2016

**HANDOUT #1**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
<p><b>Self Neglect</b>                      W&amp;IC                      15610.57                      (a)(2), (b)(5)</p>	<p>Self-Neglect is an adult's refusal or failure to perform essential self-care tasks.</p>	<p>1. Client is refusing or failing to exercise self care.                      and                      2. The level of self care is not reasonable.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client's self care is or has been inadequate, for example:                             <ul style="list-style-type: none"> <li>○ Not obtaining essential food, clothing, shelter, and medical care or</li> <li>○ Not maintaining physical health, mental health, financial health, or general safety?</li> </ul> </li> <li>• Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect.</li> <li>• Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency.</li> <li>• Is this client known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect.</li> <li>• Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?</li> <li>• Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services?</li> <li>• Does the client exhibit hoarding behavior, including animal hoarding?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Client is unable/fails/refuses to take in adequate amounts of food and fluids.</li> <li>• Client has a noticeable weight loss or is showing signs of malnutrition.</li> <li>• Client's physical appearance shows sunken eyes.</li> <li>• Client is eating food that is potentially unsafe or harmful to his/her health condition.</li> <li>• Client is unable/fails/refuses to dress him/herself appropriately.</li> <li>• Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor.</li> <li>• Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity).</li> <li>• Client is unable/fails/refuses medical care and/or mental health services.</li> <li>• Client is unable/fails/refuses to take his/her medication.</li> </ul>



2.2: The California APS Standards for Consistency in Determining Findings Matrix

HANDOUT #1

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
(continued) <b>Self Neglect</b> W&IC 15610.57 (a)(2), (b)(5)			<ul style="list-style-type: none"> <li>• Is the self-neglect a result of lack of awareness or inability?</li> <li>• Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health?</li> <li>• What resources were available to the client and how reasonable is it that the client could have accessed them?</li> <li>• If resources were available combined with functional ability and balancing safety – could safety be maintained?</li> <li>• Is the client able to manage his/her finances?</li> </ul>	<ul style="list-style-type: none"> <li>• Bills are unpaid or payments are late.</li> <li>• Utilities are shut off or at risk of being shut off.</li> <li>• Client is unable/fails/refuses to protect his/her money from scams or others.</li> </ul>

HANDOUT #1

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 AFS Guidelines to Supplement Regulations 2.2: The California AFS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse
<p><b>Psychological Abuse (Mental Suffering)</b>                      W&amp;IC                      15610.53</p>	<p>Psychological abuse is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.</p>	<p>1. Emotional distress exhibited by client                      and                      2. The emotional distress is a result of someone else's behavior/ actions.</p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been                             <ul style="list-style-type: none"> <li>○ Verbally assaulted, insulted, and threatened</li> <li>○ Intimidated, humiliated (e.g., treated as an infant), and harassed.</li> <li>○ Given the "silent treatment" or had affection withdrawn</li> <li>○ Told misleading comments made with malicious intent to inflict emotional harm.</li> </ul> </li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others?</li> <li>• Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity?</li> <li>• Is the response of others to the client's cognitive impairment causing the client additional emotional distress?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Suspected abuser observed or heard yelling at, belittling, and/or threatening the client.</li> <li>• Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc.</li> <li>• Client looks depressed.</li> <li>• Client is confused or disoriented.</li> <li>• Client is showing signs of confinement.</li> <li>• Suspected abuser lying to the client deliberately to upset him/her.</li> <li>• Client being intimidated/harassed by others</li> </ul>

**HANDOUT #1**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abandonment
<p><b>Abandonment</b>                      W&amp;IC                      15610.05</p>	<p><b>Abandonment</b>                      is intentionally leaving or forsaking a client</p>	<p>1. Desertion is deliberate</p> <p>2. Could be:</p> <ul style="list-style-type: none"> <li>• Caretaker</li> <li>• Care Custodian*</li> <li>• Person providing services (e.g. home health nurse)</li> <li>• Person in a position of trust or fiduciary (e.g. POA)</li> </ul> <p>3. Reasonable person would continue to provide care and custody.</p> <p><b>**“Care custodian” means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</b></p>	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client has been abandoned?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> <li>• Is the abandonment part of a threat?</li> <li>• Is there a risk to the client’s safety because of where he/she was left?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client cognitively impaired?</li> <li>• Did the client consent to be left?</li> <li>• Is it in the client’s best interests to be left where he/she is?</li> </ul> <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Was the client abandoned for the personal gain or to meet someone other than the client’s needs?</li> <li>• Is the suspected abuser dependent financially or otherwise on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return</li> <li>• Caregiver for a client who cannot manage without assistance goes away without making plans for coverage</li> <li>• Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care</li> <li>• Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver</li> </ul>

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 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
<p><b>Isolation</b>                      W&amp;IC                      15610.43</p>	<p>Isolation is the purposeful prevention of communication between a client and others without the client's consent or knowledge when the action is not in the client's best interest.</p>	<p>1. The action of the suspected abuser is purposeful                      2. Client does not or cannot consent                      and                      3. Not in the client's best interest</p>	<p><b>Examples include, but are not limited to:</b>  <u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been isolated—such as restricting a client's personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats?</li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as:                             <ul style="list-style-type: none"> <li>○ attempting to make the client emotionally dependent</li> <li>○ attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances</li> <li>○ creating an "us against them" mentality</li> <li>○ fostering powerlessness &amp; vulnerability in the client</li> <li>○ exploiting his/her emotional relationship with client?</li> </ul> </li> <li>• Is the suspected abuser trying to control the client's through deceit, coercion, force, or threats?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</li> <li>• Does the client have mobility problems and physical ailments that make him/her more dependent on others?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Client's support system, both formal and informal, has increasingly restricted access to the client, e.g.:                             <ul style="list-style-type: none"> <li>○ visitors are turned away</li> <li>○ phone calls blocked</li> <li>○ phone number changed</li> <li>○ mail not given to the client</li> </ul> </li> <li>• The client's ability to contact others is made difficult by                             <ul style="list-style-type: none"> <li>○ denying the client access to a phone</li> <li>○ disconnecting the client's phone</li> </ul> </li> <li>• There is a change in the client's doctors, attorneys, etc.</li> <li>• Caregivers not hired by the suspected abuser are fired.</li> <li>• Client's mailing address is changed to a PO Box or the suspected abuser's address.</li> <li>• Client is told that friends and/or family are mad at him/her (as reason they are not visiting).</li> <li>• Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.</li> </ul>

Originated 2011

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Effective Date 2/1/2016

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Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
(continued) <b>Isolation</b> W&IC 15610.43			<u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"> <li>• Is the suspected abuser isolating the client for personal gain?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance abuse or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	

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2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
<p><b>Abduction</b>                      W&amp;IC                      15610.06</p>	<p><b>Abduction</b> is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator.</p>	<p>1. The client was taken from California and is not being allowed to return.                      or                      2. The client is a California resident who is out of state and wants to return but is not being allowed to.                      and                      3. The client did not leave of his/her own volition or the conservator hasn't consented.                      or                      4. The client does not have the capacity to consent</p>	<p><b>Examples include, but are not limited to:</b>                      General Considerations</p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been abducted?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime, e.g. kidnapping?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have the capacity to consent to the move or is the client conserved?</li> <li>• Did the client consent or did the conservator give permission for the move?</li> <li>• Is it in the client's best interests to move?</li> </ul> <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• The client was taken from California and is not being allowed to return.</li> <li>• A California resident is out of state, wants to return but is not being allowed to.</li> <li>• The client adult did not leave of his/her own volition.</li> <li>• The client was not removed from the state as protective measure or because it was in his/her best interest.</li> </ul>

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HANDOUT #1

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## Guiding Principles

### Findings Are:

- A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse
- Based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred
- Based on community standards rather than the client's perspective in determining self-neglect

### Findings Are Not:

- Tied to services, i.e., you need not have a confirmed or inconclusive finding to offer services
- Subject to determining or proving the intent of the suspected abuser
- Dependent on identification of the abuser
- Subject to the county's or agency's political issues
- Influenced by possible repercussions for a suspected abuser as a consequence of the finding
- Influenced by the possibility of a future abuser registry
- Influenced by law enforcement's response to the finding

### Guidance on Findings:

- When capacity is in doubt, get an expert opinion if possible, but regardless create the service plan as if the client lacked capacity.
- When capacity is in question, and the worker has no psychological testing results, a worker should not make an unfounded finding.
- Workers should document the specific reasons that led them to their findings, not just state their conclusions.
- Workers' synthesis of the information could result in a confirmed finding even if that finding conflicted with some of the information gathered.
- While gut feelings or instincts are often indicators that something is wrong, a finding should not be made on gut feelings alone with no evidence to support it.

### Guidance on Information Gathering:

- In general, believe the client especially when he/she recounts or describes abuse suffered. However, a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser.



HANDOUT #2

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APS Guidelines to Supplement Regulations

## 2.3: Guiding Principles (for Consistency in Determining Findings)

- Approach the investigation and assessment with an open mind. The social worker's personal beliefs and attitudes about what is in the best interest of the client cannot interfere with the findings of an allegation.
- Where possible, evidence should be gathered from more than one source.

**Types of Evidence:**

- Client statement
- SW direct observations
- Physical evidence, e.g., injuries, cluttered home, no utility service, etc.
- Corroborating evidence, e.g., witnesses, physician records, documents, etc.
- Circumstantial evidence
- Unobserved/3rd Party suspicions
- History, e.g., prior APS reports, police records, incidents with same perpetrator, patterns of covering up abusive situations, etc.

**Finding Standards:**

- Findings are a combination of both judgment and a reasoned approach.
- They are based upon:
  - the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
  - the evaluation of those facts by the APS worker using his/her expertise, experience, and training
- As a general rule, the following standards should be used when determining findings:
  - **Confirmed** = the information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
  - **Inconclusive** = the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
  - **Unfounded** = the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.
- Exceptions to the general rule: Because of the complexity and uniqueness of abuse and neglect investigations, exceptions can and do happen. When that occurs, the worker should consult with his/her supervisor.

# FINDING REPORT

HANDOUT #8

Name \_\_\_\_\_

Practice # \_\_\_\_\_

Assessment

Type of abuse suspected	What are the indicators of abuse?
<input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sexual <input type="checkbox"/> Abandonment <input type="checkbox"/> Financial <input type="checkbox"/> Isolation <input type="checkbox"/> Neglect <input type="checkbox"/> Abduction <input type="checkbox"/> Self-neglect	

Evidence meets <u>ALL</u> legal components? (“Essential Defining Elements” column, <i>Consistency Matrix</i> )			
YES		NO	
What are the chances the evidence supports all the elements?		Does the evidence still leave doubt whether the abuse occurred?	
$\geq 51\%$	$\leq 49\%$	NO	YES
<b>CONFIRMED</b>	<b>UNFOUNDED</b>		<b>INCONCLUSIVE</b>

Indicate how the evidence meets (confirmed), does not meet (unfounded) each legal component, or cannot be confirmed but still leaves doubt that it is unfounded.	Team Consensus (Practices 3 & 4 – all participants are to record this consensus on their templates)

“Narrative” section on the back

# FINDING REPORT

HANDOUT #8

Name \_\_\_\_\_

Practice # \_\_\_\_\_

Assessment

**Narrative** (Include all components described in "AFTER" process)

"AFTER"

Abuse type suspected  
Finding standard  
Theory of the events leading to abuse  
Evidence meeting the legal components, if any  
Required action