

# TRAINER 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 Trainer 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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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**

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LaTanya Baylis, Training and Development Specialist,  
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### **Committees**

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

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# TABLE OF CONTENTS

## GENERAL INFORMATION

Introduction.....	3
Partner Organizations.....	4
Acknowledgements.....	5
Table of Contents.....	6
How to Use this Manual .....	8
Trainer Guidelines .....	9
Executive Summary .....	10
Course Outline.....	11

## PRESENTATION

### WELCOME

Learning Objectives .....	15
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### SETTING THE STAGE: ABUSE INDICATORS, FINDINGS STANDARDS, AND THE MATRIX

Handout #1 The CA APS Standards for Consistency in Determining Findings Matrix.....	55
Handout #2 The Guiding Principles for Consistency in Determining Findings .....	73
Activity #1: Abuse Indicators .....	17
Activity #2: Peter Frown Scenario .....	22
Handout #3 Bank Statement .....	24
Handout #4 DPOA .....	25
Handout #5 Bank Check .....	26
Handout #6 Property Tax Bill .....	27
Activity #3: Janice Pho Scenario .....	28
Handout #7 SOC 341 .....	30

### SKILL PRACTICE: DETERMINING FINDINGS

Activity #4: Skill Practice-Scenario #1 .....	31
Scenario #1 .....	32
Activity #5: Skill Practice-Scenario #2 .....	33
Scenario #2 .....	33
Answer Key #2 .....	35
Activity #6: Skill Practice-Scenario #3 .....	36
Scenario #3 .....	36
Answer Key #3 .....	38
Activity #7: Skill Practice-Scenario #4 .....	39
Scenario #4 .....	39
Answer Key #4 .....	41
Lessons Learned .....	42

**PERFORMANCE ASSESSMENT**

Activity #8: Peer Review .....	43
Performance Assessment Scenario .....	43
Answer Key Performance Assessment .....	45

**FINDINGS RATIONAL NARRATIVES**

Activity #9: Narrative Practice #1 .....	49
Activity #10: Narrative Practice #2 .....	50

**WRAP UP AND EVALUATIONS**

Lessons Learned .....	51
References.....	53

## HOW TO USE THIS MANUAL

- Training topics are in **bold** with expected time.
- Actions which the trainer takes during the training are written in **bold**.
- The Trainer Manual and Participant Manual differ in page numbers. It's suggested you make note of activities and handout page numbers from the Participant Manual for ease.

Trainer Notes are entirely written in bold text box and are provided as helpful hints.

**Use of language:** Throughout the manual, client is used most to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, the term victim is used. Also, alleged perpetrator is used to describe the person alleged to have committed the abuse or neglect. However, if concept or material was directly quoted from copyrighted material, the term abuser is used.

He and she has been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

### **Customizing the Power Point:**

This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide.

**\*\*\*NOTE: many of the slides are hyperlinked for activities or animated. Altering the slides will disrupt the hyperlinks, specifically Activity #1: Abuse Indicators**

#### **Hide a slide instructions:**

1. On the **Slides** tab in normal view, select the slide you want to hide.
2. On the **Slide Show** menu, click **Hide Slide**.

The slide number will have line through it to show you have hidden it.

NOTE: The slide remains in your file even though it is hidden when you run the presentation.

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

Total content of material is 5.5 hours, with two 15-min breaks and one hour lunch built in for a 7 hour day.

## TRAINER GUIDELINES

This is an advanced blended training. This manual corresponds with the instructor-led, skill-building training. Participants are expected to complete the foundational eLearning; CA APS Standards for Consistency in Determining Findings PRIOR to attending the course. It's suggested the Trainer also take the eLearning to familiarize self with the foundational material and to confidently reference it while training. The eLearning can be found at:

<https://theacademy.sdsu.edu/programs/apswi/advanced-training/>

<b>Teaching Strategies</b>	<p><b>The following instructional strategies are used:</b></p> <ul style="list-style-type: none"> <li>◆ Lecture segments</li> <li>◆ Interactive exercises (e.g. Table Top Activities, experiential exercises, peer review)</li> <li>◆ Question/answer periods</li> <li>◆ Slides</li> <li>◆ Participant Manual (encourages self-questioning and interaction with the content information)</li> </ul>
<b>Materials and Equipment</b>	<p><b>The following materials are provided and/or recommended:</b></p> <ul style="list-style-type: none"> <li>◆ Computer with LCD (digital projector)</li> <li>◆ USB or other storage device with the slide presentations</li> <li>◆ Easel/Flipchart paper/markers/highlighters</li> <li>◆ Extra Printed Copies of <b>Handouts #1 Consistency Matrix</b>, (1 per participant) <b>#2 Guiding Principles</b> (1 per participant), and <b>#8 Findings Report Template</b> (7 per participant)</li> <li>◆ Trainer Manual: This manual includes the course overview, introductory and instructional activities, and reference materials.</li> <li>◆ Participant Manual: This manual includes a table of contents, course introduction, and all training activities/handouts</li> <li>◆ Name tags/names tents</li> <li>◆ Water access/snacks/restroom access/lunch plans</li> </ul>

## 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>

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



## **WELCOME AND INTRODUCTIONS**

### **Time Allotted: 20 min**

#### **Slide #2: Welcome & Introductions**



**TRAINER NOTE: Set-up the room to accommodate up to 6 groups of 5 people.**

**Welcome** the participants to the class. **Introduce** yourself by name, job title, and organization, and share your experience working in the field. Next, **explain: (5 min)**

- APS's goal is to have higher rates of consistency in APS professionals' findings. That is, when counties across the state report data on findings, that the statistics don't display abnormal variability, e.g. a trend of mostly Inconclusive findings for some counties, and a trend of no Unfounded findings for other counties. Consistent data brings credibility to the APS program in California.
  - Remind participants that findings are a reflection of the investigation and the information gathered. This does not make APS a judge or jury, but is a key component to their entire investigation.
  - Findings give meaning to documentation and explanation of why interventions were or were not offered.
- Obtaining the skill of determining a finding through the analysis of whether the evidence meets the "legal components" will help them increase their consistency.
- Improved individual consistency will improve team consistency, which will improve county consistency, and hence statewide consistency. This could translate into higher quality services for those whose abuse is confirmed.


**Ask** participants to introduce themselves, state what county they work for, how long they have been with APS and what they hope to get from this training. **(10 min)**

**TRAINER NOTE: Write down on chart paper their responses to what they hope to get out of this training. You can refer back to these as content comes up, or note that today's training may not cover it, but possibly brainstorm with participants ways to get that information.**

**Slide #3: Housekeeping**

### Housekeeping

- Cell phones on silent or vibrate
- Location of restrooms and emergency exits
- Schedule
  - 1 break in morning and one in afternoon
  - An hour for lunch
- Course Materials
  - PowerPoint handout / Participant Manuals




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**Review** housekeeping items with participants of important reminders and information for the day.

- Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.
- There will be two 15 min breaks and 60 min lunch (on your own)
- Use the restrooms whenever you need to do so.

**Slide #4: Learning Objectives**

**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.

**Paraphrase** the learning objectives with participants.

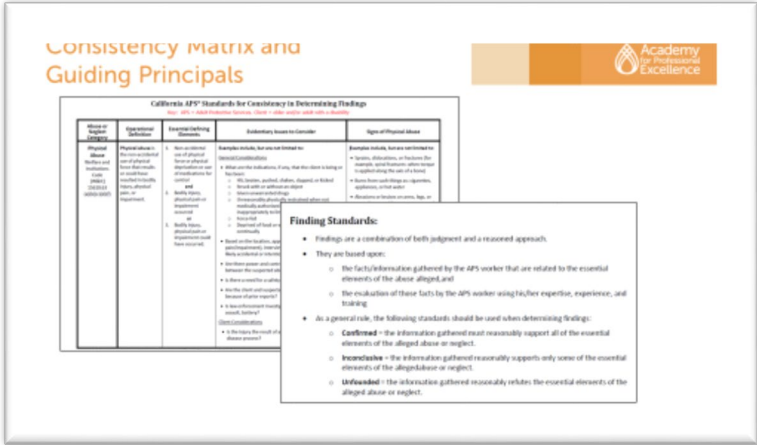
**Explain** that being able to complete these in today's skill practice training, they will gain experience needed to be successful in determining findings in their everyday work.

# SETTING THE STAGE: ABUSE INDICATORS, FINDINGS STANDARDS, AND THE MATRIX

**Time Allotted: 40-45 minutes**

**Slide #5: Consistency Matrix and Guiding Principles**

**Trainer Note: Print extra copies of Handouts #1, #2 and #8 for each participants. See Trainer Strategies for suggested amount.**

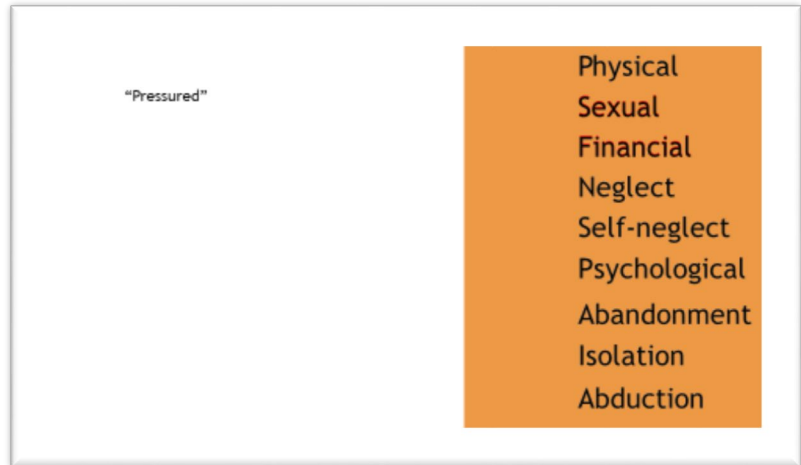


Explain that in this portion of today’s training, they will be engaging with two foundational concepts in obtaining consistency in determining findings: basis of the finding standards and the “Essential Defining Elements” in the *Consistency Matrix*.

Ask participants to locate **Handout #1 The California APS Standards for Consistency in Determining Findings Matrix** (hereafter called the “Consistency Matrix”) and the finding standards found within **Handout #2 The Guiding Principles for Consistency in Determining Findings**. *Both of these are located at the end of the Participant Manual.*

Solicit a few participant responses of what they remember from the eLearning about these documents.

Explain that the Consistency Matrix and Guiding Principles will be used throughout this training, so keep them handy. First, we’re going to do a quick activity.

**Slides #6 - #17: Abuse Indicators****Activity #1: Abuse Indicators (5-7 min)**

**TRAINER NOTE: This series of slides works with single clicks. Do not manipulate the slide deck as it is pre-programmed.**

Click on the slide and the first “abuse word” (indicator) will appear.

1. Ask the participants to tell you what type of abuse that word brings to their mind and what led them to think it.
2. As they provide you with the types of abuse it likely falls into, **click** on the slide to reveal the likely abuse types and **respond** to their reactions (highlighted in red font).
3. **Acknowledge** their suggestions of other types of abuse they think it could be and use those as opportunities to reinforce the importance of the due diligence in using their educated judgement their work requires them to do to determine to a finding.


Click again until the next “abuse word” (indicator) appears and the abuse types resets to all black.

1. Ask the participants to again tell you what type of abuse it brings to their mind and then reveal the likely types of abuse.
2. **Repeat** these steps until participants have gone through all the abuse words.

**Explain** that their initial reactions to words may or may not point them toward the likely abuse type that occurred and that referring to the *Matrix* will help them to more deliberately determine which abuse(s) has likely occurred, thus allowing them to make a more accurate finding determination.

**TRAINER NOTE: It may be useful to explain that the words they are “eliminating” (the abuse indicators) could represent evidence in a case, whether it is reported by the client, reported by a 3<sup>rd</sup> party, or observed by the APS professional. Someone might report that the client is malnourished, or you might witness their demeanor change during your interview for a number of reasons. These abuse indicators are important for your documentation and determining a finding.**

Slide #18: The Consistency Matrix



### The Consistency Matrix

California APS® Standards for Consistency in Determining Findings  
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Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Exclusionary Issues to Consider	Signs of Physical Abuse
<b>Physical Abuse</b> Includes and excludes Code (APSC 15000) (APSC 15001)	Physical abuse is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.	1. Non-accidental use of physical force or physical manipulation or use of medication for control 2. Bodily injury, physical pain, impairment or control 3. Bodily injury, physical pain or impairment could have occurred.	Examples include, but are not limited to: <b>Direct Contact/Offense</b> • What are the indicators, if any, that the client is being or has been: ◦ Hit, beaten, pushed, shaken, slapped, or kicked ◦ Struck with or without an object ◦ Given unapproved drugs ◦ Unnecessarily physically restrained when not explicitly authorized or given medication inappropriately to limit mobility or communication ◦ Force-fed ◦ Dragged or pulled or pushed for a prolonged period continuously • Based on the location, appearance, type of injury (e.g. bruising, lacerations, abrasions and redness), how a body is altered or distorted? • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. assault, battery? <b>Client Characteristics</b> • Is the injury the result of a normal part of aging or disease process?	Examples include, but are not limited to: • Swelling, discoloration, or fractures (for example, spiral fractures when fracture is located along the axis of a bone) • Burns from such things as cigarettes, matches, or hot water • Abrasions or bruises on arms, legs, or torso that resemble wear or strap marks, indicating physical restraint • Signs of traumatic hair and scalp loss • Discolor from abuse can be anywhere on the body, but bruising in the following places are more likely to be from abuse than accident: ◦ Head, ear, face, ears, and neck ◦ Arms, in, behind and the side of the arm the thumb is on or anterior area the back or palm side of the arm ◦ Groin ◦ Side of the face ◦ Posterior torso (including back, upper and lower back, and buttocks) • Related to the same individual the person has been shaken, grabbed, or restricted) • Bruising on the lower legs (including medial malleolus)

Ask by a show of hands, how many use the Consistency Matrix in their current investigations?

- For those with their hands raised, **ask** them to recall their experience with determining findings using the *Consistency Matrix*.
- **Solicit** two to three volunteers to share their experience, including the value they perceive in the matrix and any obstacles or confusion they encountered when attempting to determine a case finding.
- **Write down** on chart paper any responses that indicated problems with using or understanding the matrix and guiding principles and **coach** them through those problems during the practices.

**Trainer Note: If participants are not using the Consistency Matrix in their agencies, encourage them to discuss with their Supervisors the possibility of implementing it. The Consistency Matrix can be thought of as investigation guide.**

Slide #19: Reviewing the Columns

Reviewing the Columns

California APS\* Standards for Consistency in Determining Findings  
\* APS = Adult Protective Services, Client = able and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse Welfare and Institutions Code (WIC) 15630(a)(1) (a)(b)(3)(B)	Physical abuse is the non-accidental use of physical force or physical deprivation or use of medications for control or could have resulted in bodily injury, physical pain, or impairment.	<ol style="list-style-type: none"> <li>Non-accidental use of physical force or physical deprivation or use of medications for control <b>and</b></li> <li>Bodily injury, physical pain or impairment occurred <b>or</b></li> <li>Bodily injury, physical pain or impairment could have occurred.</li> </ol>	<p>Examples include, but are not limited to:</p> <p><b>General Considerations:</b></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 unwaranted 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 continuously</li> </ul> </li> </ul> <p><b>Based on the location, appearance, type of injury (or pain/impairment), interview and explanation, was it likely accidental or intentional?</b></p> <ul style="list-style-type: none"> <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><b>Client Considerations:</b></p> <ul style="list-style-type: none"> <li>Is the injury the result of a normal part of aging or</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Scrapes, abrasions, or fractures (for example, spiral fractures when torque is applied along the axis of a bone)</li> <li>Bruises 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> </ul> </li> </ul>

Direct participants to Handout #1 The Consistency Matrix.

Explain that the primary columns they will refer to for this training’s set of practices are the “Signs of Abuse” column, the “Evidentiary Issues to Consider” column, and the “Essential Defining Elements” column.

- These columns make up the foundation upon which they will determine their findings and help relieve the “guessing game” in their everyday practice.

Explain:

- The “Signs of Abuse” column contains examples of abuse indicators (what was discovered in the first activity).
- The “Evidentiary Issues to Consider” contains questions you need to ask to consider other possible reasons that can explain suspected abuse.
- The “Essential Defining Elements” column contains the legal components interpreted from California Welfare and Institutions Code (W&IC).

## Slide #20: Finding Standards

**TRAINER NOTE: This slide is animated. Complete all 3 standards with volunteer input BEFORE showing entire slide.**

Finding Standards 

-  • **Confirmed** = evidence reasonably **supports all** of the essential elements of the alleged abuse.
-  • **Inconclusive** = evidence reasonably **supports only some** of the essential elements of the alleged abuse.
-  • **Unfounded** = evidence reasonably **refutes** the essential elements of the alleged abuse.

Ask a volunteer to recall one of the three finding standards from **Handout #2 Guiding Principles** (or the eLearning) and its description.

Solicit help from other volunteers to assist if needed. **Repeat** this process for the remaining two finding standards.


After you have received all 3 descriptions **review** the definitions as how they are currently defined in the *Guiding Principles*.

- 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.



## Slide #21: Clarified Standards

**TRAINER NOTE: This slide is animated to display one standard at a time. Please click one time for each standard to appear.**



### Finding Standards Clarified

$\geq 51\%$ ✓	<p><b>Confirmed</b> = evidence with a <math>\geq 51\%</math> likelihood of supporting <u>all</u> of the legal components of the alleged abuse.</p> <ul style="list-style-type: none"> <li>• Abuse occurred or most likely occurred</li> </ul>
?	<p><b>Inconclusive</b> = evidence <b>insufficient</b> to lead to a conclusion, <b>BUT ALSO</b> that <b>does not remove</b> all doubt that abuse occurred.</p>
$\leq 49\%$ ✗	<p><b>Unfounded</b> = evidence with a <math>\leq 49\%</math> likelihood of supporting <u>all</u> the legal components of the alleged abuse.</p>

Point out that “Confirmed” can be thought of as 51% or greater likelihood of supporting all legal elements based on using preponderance of evidence standard of proof.

- Explain that *preponderance of evidence* refers to having more evidence in favor of an allegation than not in favor, i.e. an objective review of the evidence revealing that the alleged abuse more than likely occurred than not. Confidence in the evidence to arrive at a finding grows as both the quality and quantity of the evidence grows.

**TRAINER NOTE: The concept that a confirmed finding using Preponderance of Evidence standard means abuse “most likely” occurred will come up in most scenarios. It will be important to reiterate it doesn’t mean that APS is 100% sure the abuse occurred based on evidence gathered. CDSS Community Care Licensing gives the explanation of 51% or more to explain Preponderance of Evidence and may make it easier for APS professionals to grasp the standard.**


**Review** “Inconclusive” which is insufficient evidence to support a finding but that also does not remove doubt that abuse occurred. **Emphasize** that the “inconclusive” finding applies **only** when the other two findings are not met and it, in of itself, should not be actively pursued as a finding.

**Explain** that the basis of “Unfounded” is almost the opposite of confirmed, being 49% or less likelihood of supporting all legal elements based on a preponderance of evidence. It does not mean that one must find evidence to *refute*, or disprove, the legal components of the abuse; it means that the evidence gathered is more unlikely than likely to support the abuse allegation.

**Transition** into a brief explanation that their experience in this class should help them to more clearly understand the findings standards and to more effectively use the matrix to increase the accuracy in their findings.

Slide #22: Using the Matrix with Evidence: Peter Frown

**Trainer Note: The samples of evidence are very obviously made up for this training. Acknowledge this and ask participants to imagine they are official documents. They are animated on the slide to appear and disappear as you talk through the scenario.**



### 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.

**Property Tax Bill**

**Check Nu** \_\_\_\_\_ **Date of Bill:** 2/25/19

**Date of C** \_\_\_\_\_ **Payer:** Peter Frown

**14 Where:** 14 Wherever Lane,

**Santa Cla** Santa Clara, CA 90000

**Account #** \_\_\_\_\_ **Account Number:** 987654321

**Payable to:** \_\_\_\_\_ **Amount of Bill:** \$10,000

**Amount:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Activity #2: Working through the Matrix, Peter Frown: (10 min)**

Explain that you will now demonstrate how to use the matrix using the Peter Frown Scenario, comparing a sample piece of evidence to the columns in the Consistency Matrix, to determine which type of abuse it could support based on only this information. Sometimes APS doesn't have any further information for various reasons.

Refer participants to **Handout #3 Bank Statement thru Handout #6 Property Tax Bill**

Read over the scenario and when it mentions the bank statement, click to display the bank statement. Repeat that process for mentioning of DPOA, Check, and Property Tax Bill.

*Peter Frown Scenario:*

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.

1. Talk through your thought process as you review the signs of abuse and make your determination.
  - a. ***Signs of Financial Abuse>Withdrawals from bank accounts or transfers between accounts that the client cannot explain***

Continued

2. From there, **review** the evidentiary considerations to determine if there are other possible explanations for the alleged abuse.
  - a. ***Evidentiary Issues to Consider***>*who is making the financial decisions and are the decisions being made in the client's best interest?*
3. **Talk** through your thought process through your review and as you make your determination.
4. **Explain** that if the evidence still reflects potential abuse, then analyze the legal components ("Essential Defining Elements") to confirm that the evidence either does or does not support all the components.
  - a. **Essential Defining Elements**> 1. Funds belong to the client, 2. Funds have been taken, 3. Not for a Wrongful Use, but to protect the client. ***Therefore, the allegation of Financial Abuse in this case is UNFOUNDED.***
5. **Talk** through your thought process as you make your determination. **Remind** participants that for a finding of "confirmed," **each** element in the "Essential Defining Elements" column must be met by at least one form of evidence.
  - a. **NOTE:** This does not mean that the caretaker as the RP had no basis to suspect financial abuse.

**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.**

**Slide #23: Using the Matrix with Evidence: Janice Pho**

**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.

**Activity #3: Working through the Matrix, Janice Pho: (5-7 min)**

Read over the scenario and when it mentions the SOC 341 from the Regional Center, click to display the SOC 341.

Refer participants to Handout #7 SOC 341.

*Janice Pho Scenario:*

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 he 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".

1. Talk through your thought process as you review the signs of abuse and make your determination.
  - a. ***Signs of Sexual Abuse>The dependent adult is pregnant according to SOC 341***
2. From there, review the evidentiary considerations to determine if there are other possible explanations for the alleged abuse.
  - a. ***Victim's testimony to APS professional as evidence of no consent (Evidentiary Issues to Consider> was the client coerced or pressured into the sexual act?).***
3. Talk through your thought process through your review and as you make your determination.
4. Explain that if the evidence still reflects potential abuse, then analyze the legal components ("Essential Defining Elements") to confirm that the evidence either does or does not support all the components.
  - a. ***Essential Defining Elements>1. A sexual situation occurred, 2. The situation was unwanted and nonconsensual in nature... Therefore, the allegation of Sexual Abuse in this case is CONFIRMED.***
  - b. ***It's important to remind participants that the Guiding Principles state, "In general, believe the client especially when he/she recounts or describes abuse suffered."***

Continued



- c. **You may also want to discuss the practice of assuming client has capacity until otherwise determined by a mental health professional or court.**
5. **Talk** through your thought process as you make your determination. **Remind** participants that for a finding of “confirmed,” **each** element in the “Essential Defining Elements” column must be met by at least one form of evidence.
  - a. **In this situation, based on what you have, it is more likely than not that the sexual abuse occurred.**

**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.**

**SKILL PRACTICE: DETERMINING FINDINGS****Time Allotted: 130-140 minutes****Slide #24: Scenario #1****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.



**TRAINER NOTE:** Prior to reviewing first practice's instruction, break up the class into teams of 3 to 5 people per team, for a total of no more than 6 teams (30 participants). Then instruct each team to select a team name which will be used for the practices and write it on their name tent.

**Activity #4- Skill Practice-Scenario #1 (10 min)**

Explain this next section will give them time to practice their ability to:

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)

**TRAINER NOTE:** If necessary, explain that one case can have multiple allegations, thus multiple findings. Also note that an allegation might come to your attention as one potential type of abuse, but through the investigation, you find different types of abuse, thus multiple findings.

Tell them that the materials and resources they will use for this skill practice are:

- Handout #8 Finding Report template for the whole team
- Consistency Matrix
- Finding Standards
- Pen or pencil

**Trainer Note:** You will need to make and provide multiple copies of the Finding Report Template, as they will use a new one each scenario.

Explain that they will work as a team for the entirety of this skill practice.

We'll first talk this one out together.

Ask a volunteer to read aloud Scenario 1 to the class.

Continued

**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.

**Solicit** 2-3 comments on what possible findings they would come to base on this information only.


## Slide #25: Scenario #2

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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)



**Activity #5: Skill Practice-Scenario #2 (20-30 min)**

**Explain** that they will work as a team for the entirety of this practice.

They have 10 minutes to complete this practice and they will:

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, using **Handout #8- Finding Report Template**
  - a. **Explain**, if this is all they had, if they didn't have an opportunity to investigate more what would their case finding be?
  - b. **NOTE:** this may be challenging for APS professionals to come up with, as they will want more information, but explain sometimes you don't get to have a full investigation due to a variety of circumstances

**Explain** that you will walk around the room to provide coaching, assistance, and guidance during the activity as well as be available as needed.

**Instruct** them to refer to their *Matrix* and finding standards to guide them for this practice.

**Explain** that this scenario is a continuation of the original scenario with changes to the situation. Each team will review **Scenario #2** in the participant manual and determine the finding.

**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.

**TRAINER NOTE: This scenario contains an abuse allegation containing two types of abuse, two abuse indicators, and two pieces of evidence.**

**TRAINER NOTE:**

- ❑ Walk to each team *only once* to offer guidance or assistance.
- ❑ Remain present about the room so team members are aware of your availability.
- ❑ If a given team you are observing is still in the process of determining the correct answers, remain to observe what answers they get and provide feedback to them.
- ❑ If a given team has already determined their answers, solicit their answers
  - ❑ If they determined the correct answers for all items, validate their answers.
  - ❑ If they wrote the incorrect answers to any of the three items, ask them to explain how they came to their answer(s) and point out where they could rethink their answer.

**Report Out: (15-20 minutes)**

1. Ask for a team to volunteer their findings and explanation for the findings.
2. Before giving any feedback, solicit if other teams had differences and invite them to share.
3. Once all findings have been reported, **share** the answer key.
  - a. **Remind** participants that APS threshold for confirmed is preponderance of evidence: more likely than not.

**TRAINER NOTE:** To have a rich discussion and if report outs went quickly, ask, “What if the jewelry had not been returned? Would that change your finding or feeling about the situation?”

Continued

**ANSWER KEY 2**2 kinds of abuse to be identified

Financial Abuse  
Neglect-by-Other

2 Indicators

- 1 NEW indicator of financial abuse (Financial Abuse indicator #2) – Provider borrowing money from client and not paying her back
- 1 indicator of neglect by other - (Neglect by Other indicator #1)- Not picking up the client's prescription from the pharmacy.

2 pieces of evidence


- The Nurse's statement that client has not filled her prescription, because client says that provider has not been able to get it from the pharmacy (meets Neglect by Other Essential Defining Elements #1 & #3).
- The caretaker relationship established by the alleged perpetrator being an IHSS provider (meets Neglect by Other Essential Defining Elements #2).

2 Findings

- **Neglect by Other is confirmed.** It is reasonable for client to expect that her IHSS provider who comes everyday would have filled the needed prescription already. This is especially reasonable because the client just came out of the hospital and the Home Health Nurse is expressing concern about it.
- **Financial Abuse is Inconclusive.** The client states that she lent \$400 (meets Financial Abuse Essential Defining Elements #1), and that the provider is not paying her back (meets Financial Abuse Essential Defining Elements #2). However, we have not established that the provider will not pay her back. Yet, it's not unreasonable to wonder if the provider will pay her back, therefore depriving the client from her personal property. Financial Abuse Essential Defining Elements #3 [wrongful use] or #4 [intent to defraud] have not been met, but we cannot remove doubt because client still doesn't have her money back. If the provider does not pay her back for a longer period of time, then the quality of this evidence would increase to likely become financially abusive.

## Slide #26: Scenario #3


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



**Activity #6: Skill Practice- Scenario #3 (30-40 min)**

Explain that this next practice will be 2 parts.

1. They will have 8-10 minutes to individually review Scenario 3 and determine a finding. Explain this is a continuation of the previous scenarios and that they can consult with other participants to help determine their answers if desired.
2. After the 8-10 minutes, they will have 5-10 minutes to review each other's determinations as a team and come to a consensus on which determination should be presented as the **team's** determination.
3. After they have reached consensus, **instruct** each team member to note the team's consensus on their individual report templates (**Handout #8**) in the space provided as they will need this finding later.

**Advise** the class that you are available **upon request ONLY** to **provide guidance** or **confirm** their answers are correct. If your guidance is requested, provide answers only to questions asked of you (refrain from volunteering information) and ask only rhetorical questions to prompt them to think through their determination.

**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.

Continued



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.

**TRAINER NOTE: This scenario contains one new type of abuse (resolving the previous two types), three abuse indicators, and three pieces of evidence.**

**TRAINER NOTE:**

- Remain present about the room so team members are aware of your availability.**
- Respond only to requests for guidance (e.g., interpretation of language in the Matrix) and confirmation of correct answers. DO NOT volunteer information or provide corrective feedback.**

**Report Out: (15-20 minutes)**

1. Ask for a team to volunteer their findings and explanation for the findings.
2. Before giving any feedback, **solicit** if other teams had differences and **invite** them to share.
3. Once all findings have been reported, **share** the answer key.
  - a. **Remind** participants that APS threshold for confirmed is preponderance of evidence: more likely than not.

Continued

**ANSWER KEY 3**

Acknowledge that the shift from two perceived types of abuse to a whole new type, is in of itself a challenge for APS professionals.

- 1 NEW kind of abuse to be identified – Self-Neglect
- 3 indicators of self-neglect
- Self-Neglect indicator #1 – Not asking in-home provider to pick up medication soon after discharge
- Self-Neglect indicator #2 – Not taking her medication for two days, and forgetting details, and her memory being blurry.
- Self-Neglect indicator #3 – Turning away the provider, resulting in the dirty dishes piling up for multiple days.

**3 pieces of evidence**

- Statement from provider that the client told her about getting the medication only recently, and that the client has been refusing services recently, citing the piling up dishes as an example – meets Self-Neglect Essential Defining Elements #1 & #2
- Statement from the Home Health Nurse upon review of the medication that she believes the client has not taken it for two days – meets Self-Neglect Essential Defining Elements #1 & #2
- APS professional's first-hand observation that the dishes have not been washed and are piling up for 3-5 days – meets Self-Neglect Essential Defining Elements #1 & #2

**1 Finding: Self-Neglect is confirmed.** In this context, the provider states that she has been offering services and has been responsive to the client's requests, like getting the medication once the client asked her to get it. However, she says that the client is refusing other in-home services, and evidence of it are the piling dishes. The Home Health Nurse assessed that the client is not taking her medication as prescribed, and the client is not recalling details of recent events from when she was discharged, and her memory is blurry.

**NOTE:** The Financial Abuse concern about the client reportedly lending to the provider \$400, and the client not being paid back, is now potentially resolved. 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. The client admits having felt confused upon discharge, and her memory is blurry. Some participants might raise the question if paying \$400 for two nights of overnight care is abusive. It's about what is reasonable and makes sense that leads to resolving the concern with the prior allegation. And, would a reasonable person agree that paying the caregiver \$200 per night for two nights is not abusive? Is it reasonable to conclude that the client received a service (overnight care) and she paid a reasonable price for that service?

**Slide #27: Scenario #4**


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**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



**Activity #7: Skill Practice-Scenario #4 (30-40 min)**

Explain that this last practice is 2 parts.

1. First work individually for 8-10 minutes to review the scenario, a continuation of the previous ones, and determine a finding(s).
  - a. **Instruct** that this should be done completely by themselves, with no peer support.
2. They will then, as a team, have 5-10 minutes to review each person's determination and come to a consensus on which determination should be presented as the **team's** determination.
3. After they have reached consensus, **instruct** each team member to note the team's consensus on their individual report templates in the space provided as they will need this finding later.

**Advise** the class that you are available *upon request only to confirm whether or not they determined the correct answers.*

**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.

**TRAINER NOTE:** This scenario contains a return of one new type of abuse (canceling for a second time the previous types), two additional abuse indicators, and two additional pieces of evidence.

**TRAINER NOTE:**

- Respond only to requests for confirmation of correct answers. DO NOT volunteer information or provide corrective feedback.**

**Report Out: (15-20 minutes)**

1. **Ask** for a team to volunteer their findings and explanation for the findings.
2. Before giving any feedback, **solicit** if other teams had differences and **invite** them to share.
3. Once all findings have been reported, **share** the answer key.
  - a. **Remind** participants that APS threshold for confirmed is preponderance of evidence: more likely than not.

Continued

**ANSWER KEY 4**

- Financial abuse returns as an allegation.
- 2 NEW indicators of financial abuse
- Financial Abuse indicator #3 – Provider's sister recently added to client's checking account
- Financial Abuse indicator #4 – A \$600 withdrawal via check not signed by the client

**4 pieces of evidence**

- Bank statement showing the provider's sister has been added to the client's account, it shows an unrecognized \$600 withdrawal, and a low balance of \$50 – meets Financial Abuse Essential Defining Elements #1 (money belongs to client), #2 (taken from client), **#3 (harmful and disadvantageous to the client as she's left with a balance of \$50)**, and likely #4 (with intent to defraud)
- A \$600 check payable to CASH not signed by the client – likely meets Financial Abuse Essential Defining Elements #1, #2, & likely #4 (with intent to defraud)
- Client's statement that she did not add the provider's sister to her account, and that she would never give her \$600 - meets Financial Abuse Essential Defining Elements #1, #2, & #4
- The provider's sister (Alleged Perpetrator) statement that the client paid her in advance for anticipated future care, and help with bill paying; and that she doesn't owe this money to the client - meets Financial Abuse Essential Defining Elements #1, #2, & #4

**1 Finding: Financial Abuse is confirmed.** In this context, the provider's sister took the client's money, leaving the client, who is on SSI and IHSS with only \$50 in her account, and does not intend to return the money. It is likely the provider's sister deceived the client, and secured continued access to her bank account by adding her name to it. It is more likely than not that the provider's sister took advantage of the client while she was in need of overnight care upon discharge from the hospital, during the days she was confused.


**NOTE:** The Financial Abuse concern and the self-neglect concerns are the two issues of current concern, whereas the neglect by other (the IHSS provider) was resolved as a concern. The APS Needs Assessment and Service Plan would therefore revolve around addressing these two issues.

**Slide #28: Lessons Learned**

**Skill Practice Lessons Learned**

Academy for Professional Excellence

- 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?



Depending on time, **cover** the following questions in one of two ways:

**Option 1: Group Discussion (PREFERRED) (15-20 min)**

**Solicit** 2-4 volunteers for each question.

- This is particularly helpful when participants seem concerned about how to come to consistent determinations within their own APS programs.

**Option 2: (Individual Reflection) (5 min)**

**Ask** participants to write down the answers to the questions in their participant manuals.

- Encourage them to discuss with lead staff or Supervisor when returning to the field.

Lessons Learned Questions:

- 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?

**PERFORMANCE ASSESSMENT****Time Allotted: 35-45 minutes****Slide #29: Peer Assessment**

**Trainer Note: This performance assessment is a 3-part activity.**

- 1. Individual determination.**
- 2. Peer review with explanation.**
- 3. Report Out with answers and discussion.**



### 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.



**Activity #8: Peer Review (35-45 min)**

**Part 1: Explain** that they will work individually to determine a finding(s) all on their own. **Explain** that they will be given 10 minutes to complete this assessment and that they will be evaluated on their performance, first by a peer and then in comparison to answer key.

**Explain** that they will be evaluated on their ability to:

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)

**Instruct** participants to:

1. Independently review the "Performance Assessment Scenario"
  - a. The scenario is a continuation of the original scenario but with more changes to the situation.
2. Determine a finding(s) as they have practiced in the previous three practice activities, using the Consistency Matrix and Finding Standards.
3. **Explain** that participants are to work completely independently for this practice.
4. Record on the Finding Report Template and turn their templates over to indicate they have finished their assessment.

**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

Continued

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.

**TRAINER NOTE: This scenario contains two types of abuse, two additional financial abuse indicators, and six additional pieces of evidence (5 for financial abuse and 1 for self-neglect).**

**Part 2:** When everyone is finished (or 10 min is up), **inform** participants to pass their assessment to the person on their left.

- This peer will now evaluate the determination and make notes on the template where they agree or disagree. (10 min)
- After every participant has done her/his second peer evaluation, **instruct** them to return their work to their owners.

**Trainer Note: If time allows and you are ahead of schedule, have a 2<sup>nd</sup> peer at the table review the findings report template for an additional 5-10 minutes.**

**Part 3: Reveal** the correct answers to the class.

- Then **solicit** from each team its most frequent error(s), how they would resolve them, and what lessons they learned. (15-25 min)



**ANSWER KEY Practice Scenario**Financial abuse and Self-Neglect

- 2 NEW indicators of financial abuse
  - Financial Abuse indicator #5 – the client’s poor medical condition and questionable decisional ability
  - Financial Abuse indicator #6 – the provider’s sister contradictory statements and demeanor

6 new pieces of evidence

## Financial Abuse:

- Copy of check written by the provider’s sister with the word “Loan” on the Memo – meets Financial Abuse Essential Defining Elements #1 (money belongs to client), #2 (taken from client), and #4 (with intent to defraud)
- The provider’s sister’s second testimony elaborating on what the \$600 was for, not being a loan despite what she wrote on the Memo line, admitting that she wrote the check, and saying that she doesn’t owe the money back to the client - meets Financial Abuse Essential Defining Elements #1, #2, & #4 (with intent to defraud)
- The IDA suggests the client has a poor ability to appreciate consequences and evaluate alternatives when faced with important decisions, like adding the provider’s sister to her checking account - meets Financial Abuse Essential Defining Elements #2 (susceptible to undue influence), & #3 (harmful and disadvantageous to the client as her poor decisional ability places her at a disadvantage)
- The testimony from the Home Health Nurse, that the client is still not taking her medication as prescribed, and client suffers from cardiovascular dementia - meets Financial Abuse Essential Defining Elements #2 (susceptible to undue influence), & #3 (harmful and disadvantageous to the client as her poor decisional ability places her at a disadvantage)

## Self-Neglect:

- The testimony from the Home Health Nurse, that the client is still not taking her medication as prescribed, and client suffers from cardiovascular dementia – meets Self Neglect Essential Defining Elements #1 & #2.

- 1<sup>st</sup> Finding: **Financial Abuse is confirmed.** In this context, it is reasonable to believe that the provider’s sister is likely taking advantage of the client’s vulnerabilities, needs, and poor health to obtain apparent (i.e. passive) consent for financial gain.
- 2<sup>nd</sup> Finding: **Self-Neglect is confirmed.** In this context, it is reasonable to believe that the client’s medical diagnosis, poor decisional ability, and not taking her medication as prescribed substantially limits her ability for self-care and self-protection.

**NOTE:** Again, the Financial Abuse concern and the Self-Neglect concerns are the two issues of current concern, whereas the neglect by other (the IHSS provider) was resolved as a concern. The APS Needs Assessment and Service Plan would therefore revolve around addressing these two issues.

## FINDINGS RATIONAL NARRATIVES

### Time Allotted: 40-50 minutes

#### Slide #30: Writing with Clarity and Thoroughness

The slide features a title 'Writing with Clarity and Thoroughness: "AFTER"' in orange text. In the top right corner, there is a logo for 'Academy of Professional Excellence' with a stylized orange and white icon. The main content is a bulleted list under the heading 'Findings Rational Narratives should include:'. The list items are: 'Abuse Type', 'Finding Determination', 'Theory of the events that led up to the allegation' (with a sub-bullet 'Describe how/why abuse appears to have been committed'), 'Evidence that supports the finding', and 'Required Action' (with a sub-bullet 'Disposition of case (e.g. Referred to L.E., Case closed, No Services needed, Protective Services offered, Conducted a needs assessment)').

**Ask** the participants to recall a time when they have read a report or document and could not understand the whole context because there were pieces of the story missing. **Solicit** 3 to 5 volunteers to share their experiences.

**Follow** this up by asking them to share how the confusion affected their ability to process the information.

**Inform** participants this next section of this training will focus on Findings Rational Narratives, a way to explain your findings, even though not all counties have this system.

- **Acknowledge** that some counties use LEAPS, or have other templates, but for the purpose of this training, it will help them practice the skill of walking through the process of reporting a finding.
- They can think of writing a Findings Rational Narrative as “showing their work” as how they came to that finding determination.
  - Writing a Findings Rational Narrative justifies the need to, “provide a framework for presenting logical justification for the findings in each case based on the evidence gathered” as explained in the APS Guidelines to Supplement Regulations, September 1, 2016, *APS Guidelines for Investigations*.


**Explain** to the class that when they construct their findings rational narratives, we’ll be using the acronym “AFTER” to help participants remember 5 components to include, ensuring their narrative is clear and thorough. The 5 components are:

- Abuse type
- Finding determination
- Theory of the events that led up to the allegation
  - From SOC 343- 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)

**Refer** participants to the 2<sup>nd</sup> page of their Findings Report Template (**Handout #8**).

**Remind** participants that they will be filling this section out after they've come to a finding determination.

## SLIDE #31: Narrative Comparison



### Narrative Comparison

- Identify the “AFTER” elements:

<p><b>Financial Abuse - Unfounded.</b> 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.</p>	<p><b>Financial Abuse - Inconclusive.</b> Even though I can't prove it, I know the provider's sister is totally robbing the client, and the client lacks capacity.</p>
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Abuse Type  
Findings Determination  
Theory of Events that led up to the allegation  
Evidence to support the finding  
Required Action


Give participants about 5 min to review both Findings Rational Narratives on the slide.

Ask them to look for the 5 “AFTER” components.

Solicit a volunteer(s) to explain which narrative is correct and identify all 5 components.

- *Answer: The Unfounded finding correctly includes all 5 “AFTER” components.*


## Slide #32: Narrative Practice #1



### 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



**Activity #9: Narrative Practice #1 (10-15 min)**

**Explain** they will use their findings report from Practice Scenario #3.

Working in their teams, they have 5 minutes to:

1. Include essential pieces of information into a narrative they construct together.
2. Organize the information into a comprehensible, coherent explanation of their finding and record on the “Narrative” section of a Findings Report Template.

**TRAINER NOTE: You can also have them record their narratives on a flip chart paper to share.**

**Tell** them that the materials and resources they will use for this practice are


- Finding Report template from Practice 3
- 2<sup>nd</sup> page of Finding Report “Narrative” section (and/or flip chart paper)
- Pen or pencil
- *Consistency Matrix* (optional, as needed)

**Acknowledge** again that their county may not have this process, but this practices a skill of walking someone through how you report your finding determination.

**TRAINER NOTE:**


- Walk to each team *only once* to offer guidance or assistance.**
- Remain present about the room so team members are aware of your availability.**
- If a given team you are observing is still in the process of determining the correct answers, remain to observe what answers they get and provide feedback to them.**
- If a given team has already determined their answers, solicit their answers**
  - If they determined the correct answers for all items, validate their answers.**
  - If they wrote the incorrect answers to any of the three items, ask them to explain how they came to their answer(s) and point out where they could rethink their answer.**
  - There is no report out for this activity.**

**Slide #33: Narrative Practice #2**

**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

**Activity #10: Narrative Practice #2 (20-25 min)**

**Explain** that they will first work independently for this practice for 5 minutes.

- Construct a findings rational narrative including the 5 “AFTER” components using Scenario #4 from this morning.
- Organize information into a comprehensible, coherent explanation of your finding.
- Record in the “Narratives” section of a Findings Report Template.

Once everyone at their tables are finished, they have 5 minutes to share their narratives and attempt to reach a consensus on the most descriptive narrative.

**TRAINER NOTE: Respond only to requests for confirmation of correct answers. DO NOT volunteer information or provide corrective feedback.**

***Report out: (10-15 min)***

After they have constructed their narratives, each team will share with the class their responses and the class will provide their feedback to each team’s answers.


**Encourage** participants to keep copies of the Report Findings Template and remember the “AFTER”, even if their counties do not require this type of narrative. Having this information at their fingertips helps explain how they came to determine their findings.

## WRAP-UP AND EVALUATIONS


Time allotted: 15-20 minutes

### Slide #34: Wrap-Up and Lessons Learned

### 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.





**Conclude** that APS is committed to yielding more consistency in findings determinations state-wide. Ensuring each APS professional has the same tools and are given the same methods for using those tools is the first step to narrowing the gap in consistency in findings.

**Emphasize** that participants have a great responsibility to APS's clients in need of APS services. By developing a consistent practice of determining findings by always addressing the three columns reviewed today from the Consistency Matrix, understanding the findings standards, and by constructing findings rational narratives that include all five "AFTER" narrative components, participants will narrow the disparity in consistency among all APS findings reports.

**Ask** participants to write in their participant manuals two "lessons learned" or key points they are taking away from today's training. **Solicit** a few volunteers to share one of those.

**Slide #35: Final Questions and Evaluations**

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. 

**Ask** participants if there are any final questions.

**Ask** every participant to complete the evaluation.

**Thank** them for taking time away from their caseload and other duties to participant in this training!



## 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>                      2. Bodily injury, physical pain or impairment occurred <b>or</b>                      3. Bodily injury, physical pain or impairment could have occurred.</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:                             <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
(continued) <b>Physical Abuse</b> W&IC 15610.63 (a)(b)(c)(d)(f)			<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**

Page 20 of 183  
 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>

**HANDOUT #1**

Page 21 of 183  
 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)			Suspected Abuser Considerations <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>	

**HANDOUT #1**

Page 22 of 183  
 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 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.                      or                      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</li> </ul> </li> <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> <li>• Scams such as ID theft, telemarketing/lottery/ investment/ annuity/sweethart/ 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>

Originated 2011

5

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&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>



**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**

Page 26 of 183  
 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>

Originated 2011

9

Effective Date 2/1/2016



**HANDOUT #1**

Page 27 of 183  
 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)			<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

10

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>

**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

Page 30 of 183  
 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 verbally assaulted, insulted, and threatened                             <ul style="list-style-type: none"> <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>



**HANDOUT #1**

Page 32 of 183  
 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 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>

**HANDOUT #1**

Page 33 of 183  
 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 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>	

**HANDOUT #1**

Page 34 of 183  
 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 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>

Originated 2011

17

Effective Date 2/1/2016

HANDOUT #1

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HANDOUT #2

Page 36 of 183

APS Guidelines to Supplement Regulations

2.3: Guiding Principles (for Consistency in Determining Findings)

## 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

Page 37 of 183

APS Guidelines to Supplement Regulations

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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?	
≥51%	≤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