



# APS Case Documentation and Report Writing

## **TRAINER MANUAL**

We create experiences that transform the heart, mind and practice.



**Curriculum Revisions, 2019, were developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.**



**The original training, 2012, was developed by the Adult Protective Services (APS) Training Project a program of the Bay Area Academy, San Francisco State University School of Social Work. The APS Training Project is funded by the California Department of Social Services, Adult Services Branch with additional funding for this training provided by California State University Sacramento IHSS Training Project.**



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## INTRODUCTION

### THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the APS Case Documentation and Report Writing Trainer Manual, developed by APSWI (Adult Protective Services Workforce Innovations), 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 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 older and vulnerable adult abuse fields.

APSWI's partners include:

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

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## **ACKNOWLEDGEMENTS**

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and professionals 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

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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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### **Curriculum Revision**

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## HOW TO USE THIS TRAINING 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. These terms are used for ease of training and should not be confused with a substantiated allegation.

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.

#### **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 suggested for your ease. 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.



## 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: 25-30 minutes</b>
<i>Activity #1- Self-Assessment (Part 1) (Individual)</i>	<i>Self-Neglect Documentation Part 1 Video Clip</i>	<i>10 min</i>
<b>DOCUMENTATION OVERVIEW</b>		<b>TOTAL: 45 minutes</b>
<i>Policy and Practice (Lecture/Group Discussion)</i>	<i>Handout #1</i>	
<i>Standards for Documentation (Lecture/Group Discussion)</i>	<i>Handout #2 &amp; #3</i>	
<i>Activity #2- Case Documentation Sample (Individual)</i>	<i>Case Documentation Sample</i>	<i>10-15 min</i>
<b>CLEAR, FACTUAL, OBJECTIVE AND CONSISE DOCUMENTATION</b>		<b>TOTAL: 90-95 minutes</b>
<i>Activity #3-Rat Feces (Large Group or Table Groups)</i>	<i>Handout #4 &amp; Answer Key</i>	<i>25-30 min</i>
<i>Subjective vs. Objective Descriptions</i>	<i>Handout #5 &amp; Answer Key</i>	
<b>BREAK</b>		<b>15 minutes</b>
<i>Activity #4- Clear &amp; Objective Writing Practice (Individual or Dyads)</i>	<i>Handout #6</i>	<i>20 min</i>
<i>Activity #5- Self-Assessment (Part 2) Individual</i>	<i>Handout #7a, #7b &amp; Self- Neglect Documentation Part 2 Video Clip</i>	<i>20-25 min</i>
<i>Activity #6- Case Record Diet (Individual)</i>	<i>Handout #8</i>	<i>15 min</i>
<b>LUNCH</b>		<b>TOTAL: 60 minutes</b>
<b>REPORT WRITING FOR COURT</b>		<b>TOTAL: 30 minutes</b>
<i>Victim/Witness Statements (Lecture)</i>		

<i>Activity #7- Mrs. Gunther (Large Group)</i>	<i>Handout #9a &amp; 9b</i>	<i>45 min</i>
<b>APS REPORT WRITING ACTIVITY</b>		<b>TOTAL: 45 minutes</b>
<i>Activity #8- APS Report Writing (Table Groups)</i>	<i>Handout #10</i>	<i>45 min</i>
<b>BREAK</b>		<b>TOTAL: 15 minutes</b>
<b>MEMORY TIPS AND DOCUMENTATION EQUIPMENT</b>		<b>TOTAL: 30 minutes</b>
<i>Activity #9- Memory Exercise (Individual)</i>	<i>PowerPoint Slide #33 or household items</i>	<i>10-15 min</i>
<i>Memory Improvement Tips (Group Discussion)</i>	<i>Handouts #11 &amp; #12</i>	<i>15 min</i>
<i>Documentation Equipment (Group Discussion)</i>	<i>Handouts #13 &amp; #14</i>	
<b>ETHICAL CONSIDERATIONS AND CONFIDENTIALITY TO DOCUMENTATION</b>		<b>TOTAL 30 minutes</b>
<i>Ethical Issues (Group Discussion)</i>	<i>Handout #15</i>	
<i>Confidentiality (Lecture/Group Discussion)</i>	<i>Handout #16</i>	
<b>WRAP-UP AND EVALUATIONS</b>		<b>TOTAL: 25 minutes</b>
<i>Activity #10- Lessons Learned (Individual and Large Class)</i>	<i>Participant Manual Handout #17</i>	<i>10 min</i>
<b>TOTAL TIME (INCLUDING BREAKS AND LUNCH)</b>		<b>7 hours</b>

## TRAINER GUIDELINES

<b>Teaching Strategies</b>	<p><b>The following instructional strategies are used:</b></p> <ul style="list-style-type: none"> <li>❖ Lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods</li> <li>❖ PowerPoint slides</li> <li>❖ Demonstration Video clips</li> <li>❖ Transfer of Learning activities</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 presentation and video/audio clips</li> <li>❖ Easel/paper/markers</li> <li>❖ Small items which can be found in an APS client home and blanket/sheet to wrap them in (for memory exercise)</li> <li>❖ Video Clips on USB or saved to computer (Self-Neglect Part 1) and (Self-Neglect Part 2). All video clips are embedded and can be retrieved from <a href="https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/aps-case-documentation-and-report-writing-instructor-led-training/">https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/aps-case-documentation-and-report-writing-instructor-led-training/</a> or by contacting <a href="mailto:apstraining@sdsu.edu">apstraining@sdsu.edu</a></li> <li>❖ Trainer Manual: The manual includes the course overview, introductory and instructional activities and an appendix with reference materials.</li> <li>❖ Participant Manuals: This guide includes a table of contents, course introduction, all training activities/handouts and transfer of learning materials.</li> <li>❖ Extra copies of APS Guidelines to Supplement Regulations (CA) or equivalent regulations for other states. <a href="https://www.cwda.org/sites/main/files/file-attachments/aps_guidelines_to_supplement_regulations_-_version_1.9.pdf">https://www.cwda.org/sites/main/files/file-attachments/aps_guidelines_to_supplement_regulations_-_version_1.9.pdf</a></li> <li>❖ Name tags/name tents</li> <li>❖ Water access/snacks/rest room access/lunch plans</li> </ul>
<p><b>NOTE:</b> This training covers the basic theories, techniques and skills needed to document APS cases and draft necessary reports related to these cases. It does not answer agency specific questions. You may need to collect agency specific information before delivering this training.</p>	

## **EXECUTIVE SUMMARY**

**Course Title:** *APS Case Documentation & Report Writing*

**Outline of Training:**

In this engaging and highly interactive introductory training, participants learn the necessary and essential components of effective documentation and report writing. Participants will understand the purpose of competent documentation; demonstrate the use of clear, concise, and objective language; learn memory improvement techniques; understand confidentiality as it relates to documentation; and demonstrate written case documentation skills through an interactive skills practice exercise.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods; PowerPoint slides; and video clips.

**Target Audience:**

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

**Outcome Objectives for Participants:**

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

1. Describe the purpose of accurate, complete and timely documentation.
2. Demonstrate the use of clear, concise, and objective language.
3. Identify four types of equipment used to document and their uses.
4. Discuss the importance of accurate recall and identify at least three memory improvement techniques.
5. Discuss confidentiality as it relates to documentation.
6. Discuss documentation needed for court including statements, evidence, and language.
7. Analyze and rewrite an APS report.

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

**BEFORE the training**

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

**AFTER the training**

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

## **WELCOME, OVERVIEW & ICE BREAKER**

### **Time Allotted: 30 minutes**

#### **Slide #2: Welcome & Housekeeping**

Welcome and Housekeeping

- Location of restrooms
- Set cell phones to vibrate
- Please return promptly from breaks and help us keep to the schedule
- Materials
  - PowerPoint Slides
  - Participant Materials

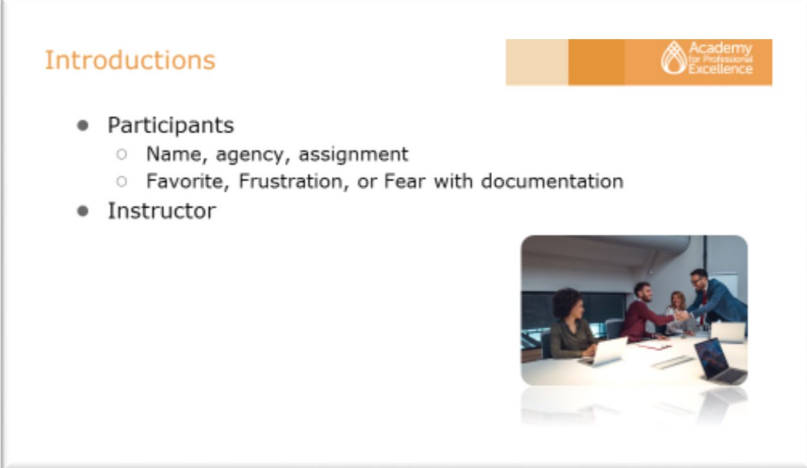


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**Welcome** participants to the APS Case Documentation and Report Writing training, Module 15 of the NAPSA Core Competency Curriculum.


**Cover** any housekeeping items to include:

- breaks,
- lunch,
- participant materials
- in case of emergency
- CEUs

**Slide #3: Introductions**

**Introductions**

- Participants
  - Name, agency, assignment
  - Favorite, Frustration, or Fear with documentation
- Instructor

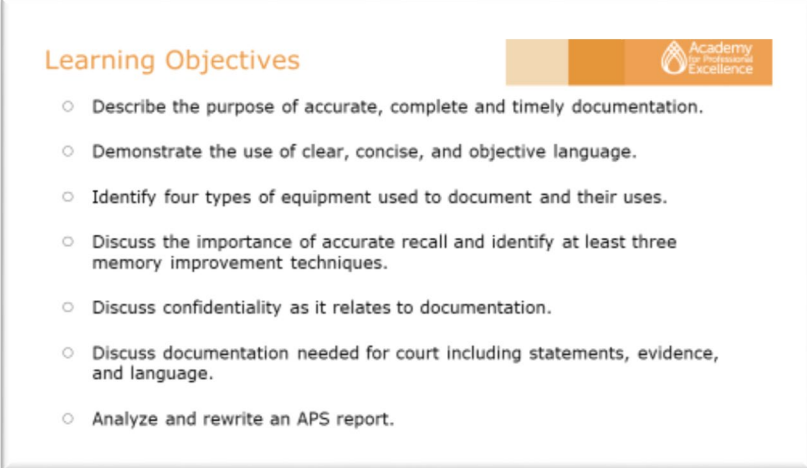


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**Introduce** yourself – background, position within APS, etc.

**Ask** participants to introduce themselves – name, county, how long they have been in APS, and state their favorite part about documentation, what their biggest frustration with documentation is, or what their biggest fear regarding documentation is.

**Trainer Note: You may want to write some down or take note mentally, and address these favorites, frustrations or fears as they come up in the content today.**

**Slide #4: Learning Objectives**

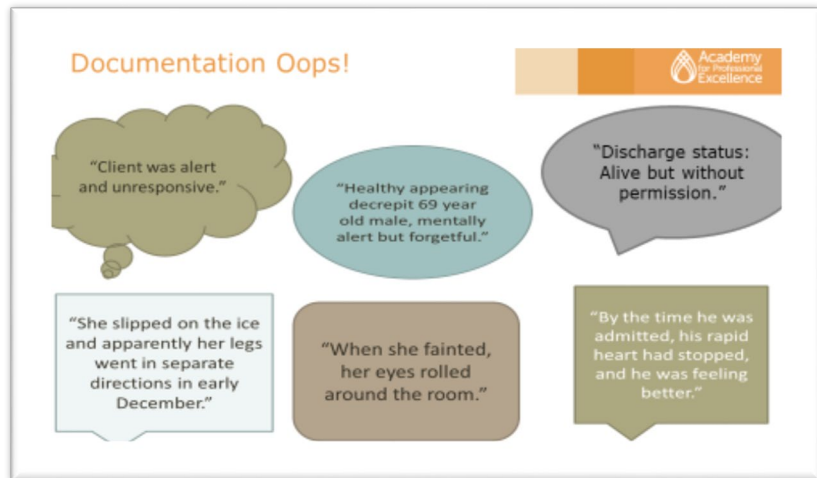
**Learning Objectives**

- Describe the purpose of accurate, complete and timely documentation.
- Demonstrate the use of clear, concise, and objective language.
- Identify four types of equipment used to document and their uses.
- Discuss the importance of accurate recall and identify at least three memory improvement techniques.
- Discuss confidentiality as it relates to documentation.
- Discuss documentation needed for court including statements, evidence, and language.
- Analyze and rewrite an APS report.

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**Review** the learning objectives. **Explain** that we will be building up from the basics of documentation in the morning to the more complex issues relating to confidentiality, ethics, and writing activities in the afternoon. **Tell** them that this will be a day of experiencing, learning, taking chances, and building confidence.



**Slide #5: Documentation Oops**

**Ask** for volunteers to "popcorn" read aloud the quotes on the slide.

**Inform** them these are a few humorous documentation boo boo's taken from actual medical records as dictated by physicians.

**Explain** that this is why we are here today.

**Slide #6: Self-Assessment Activity**

**Trainer Note: This is meant to be a quiet, individual activity, focusing solely on what participants believe is important to document. There is no report out and they will have time to compare later in the training in Part 2.**

**Documentation  
Self-Assessment Activity**

You are Natalie Jones, the APS Professional in the video.  
It's Tuesday, June 24 2019, and you arrive at the home of your initial home visit at 0940.

**Activity #1: Documentation Self-Assessment (Part 1) (10 min)**

- 1. Explain** that in today's training, there is a 2-part activity to allow participants to assess their own documentation skills, sort of as a pre/posttest.
  - a. This is Part 1 of that activity.
  - b. Part 2 will be right before lunch.
- 2. Inform** participants that they will watch a 5 min video clip of APS professional, Natalie Jones, interviewing a person who was reported for possible self-neglecting behaviors.
  - a. They will act as if they are Natalie Jones and **document** the information from the video clip on their own, in a written narrative.
  - b. **Encourage** them to NOT focus on how she interviewed, but rather document the information from the interview.
  - c. **Encourage** them to take notes while viewing.
- 3. Remind** them that this is just for them to gauge their own skills and we'll come back to this later in the training.
  - a. This is for their eyes only and **reassure** them no one else will be reviewing it.

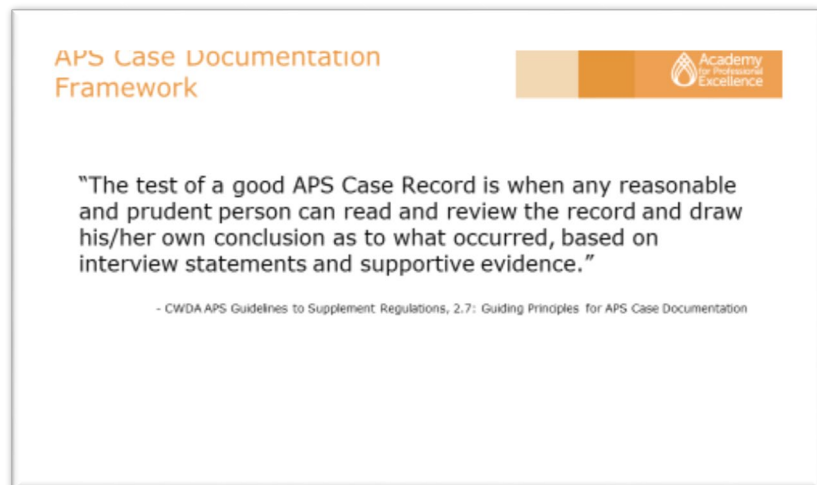
**Trainer Note: Do not give any specifics of what to look for or tips on documenting. In Part 2 of the self-assessment, they will have a chance to incorporate lessons learned from today's training.**

- 4. Play** Self-Neglect Documentation Part 1 video clip (run time: 5 min, 3 sec).
- 5. Provide** 5 min for them to write a general narrative documenting their observations from the video clip.
  - a. There is no report out for this, as this will be compared to their documentation skills later in the training.

## DOCUMENTATION OVERVIEW


### Time Allotted: 45 minutes

#### Slide #7: APS Case Documentation Framework




**Review** the slide and **explain** this quote provides the framework for our training today. It's a nice way to conceptualize their overall goal when documenting in the field.

**Slide #8: Policy and Practice**

**Policy and Practice in California** 

- APS Case Record Requirements
  - CA Welfare & Institutions Code 15630-15632
  - CDSS Manual of Policies & Procedures 33-805
- Handout #1
  - Guiding Principles for APS Case Documentation
  - CA APS Standards for Consistency in Case Documentation 2015



**Trainer Note: For trainings outside of California, you will need to modify the slide and documentation mandates for your jurisdiction.**

**Refer** participants to **Handout #1- Guiding Principles for APS Case Documentation and the California APS Standards for Consistency in Case Documentation** in the appendix of their participant manuals.

**Introduce** participants to the Guiding Principles for the APS Case Documentation and the California APS Standards for Consistency in Case Documentation developed by the County Welfare Directors Association (CWDA) Protective Services Operations Committee (PSOC) Consistency Workgroup.

These documents act as a great review of the training concepts and will be referred to throughout the training. They also serve as tools for participants in the field.

**Review** the section of the handout – **APS Case Record Requirements – CA W & I Code and CDSS MPP Case Record Requirements**. Excerpt below and in their participant manuals as well:

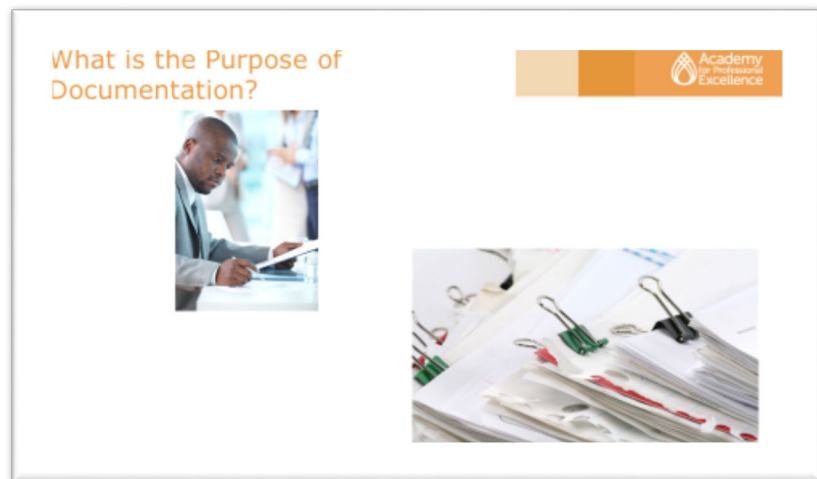
Continued

**Excerpt: APS Case Record Requirements**

- CA Welfare and Institutions Code 15630-15632 – Requires any mandated reporter to document any incident that appears to be physical abuse (including sexual abuse), abandonment, isolation, abduction, financial abuse, or neglect (including self-neglect, which is defined under Neglect). See definitions under W&IC 15610 to 15610.70.
  
- CDSS Manual of Policies and Procedures 33-805 – Case Record Requirements:
  - SOC 341 Form- Report of Suspected Dependent Adult/Elder Abuse
  - All written assessments and reassessments.
  - The written service plan.
  - Any written visitation plan.
  - The chronological narrative of contacts made with, or on behalf of, the elder/dependent adult.
  - Documentation of any refusal of services including, if known, the reasons for refusal.
  - Copies of all documents, relating to the client, which have been received or sent by the adult protective services agency.
  - Case closure summary.
  - Documentation of all supervisory approvals.
  - Any other information or documents that APS believes necessary to maintain proper record of client's case.

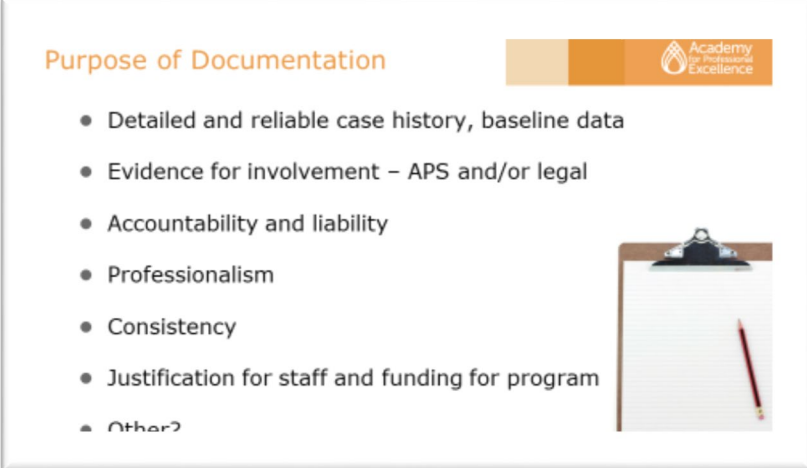
-Source: CWDA APS Guidelines to Supplement Regulations, 2.7: Guiding Principles for APS Case Documentation- [https://www.cwda.org/sites/main/files/file-attachments/aps\\_guidelines\\_to\\_supplement\\_regulations\\_-\\_version\\_1.9.pdf](https://www.cwda.org/sites/main/files/file-attachments/aps_guidelines_to_supplement_regulations_-_version_1.9.pdf)

**Trainer Note: For CA trainings: Inform participants of the recent changes to SOC 341 (changed Jan 2019) and solicit if they are aware specific changes.**

**Slide #9: What is the Purpose of Documentation?**

**Ask:** "Why it is necessary to document in APS work?"

**Use** answers to support and augment the discussion on the next slide.

**Slide #10: Purpose of Documentation**

**Purpose of Documentation**

- Detailed and reliable case history, baseline data
- Evidence for involvement – APS and/or legal
- Accountability and liability
- Professionalism
- Consistency
- Justification for staff and funding for program
- Other?

**Explain** that some APS professionals often complain that they spend more time documenting than providing services to their clients. In our hearts, we know that there is a good reason to document and document well.

Here are some of the reasons:

**Establish a detailed and reliable case history and baseline data:**

- Why is this important?
- This allows you to mark improvement or deterioration.

**Evidence for involvement- APS and/or legal:**

- Both justification for being involved and documents created during the assessment process can be the most damaging evidence in court.
- Documentary evidence is better than personal testimony.
- APS professional testimony based on records is more strategic than eyewitness testimony without records.

**Accountability and liability:**

- Shows case was handled appropriately.
- Legal attacks on documentation are weak because an attorney would have to prove that an entire record was false.
- Legal experts indicate that good records presume good services are being provided and bad records presume bad service.

**Professionalism:**

- A level of professional competence can be demonstrated by the written work.

Continued

**Consistency:**

- Demonstrates that the case was handled efficiently and all relevant leads were followed up.

**Justify the need for staff/funding:**

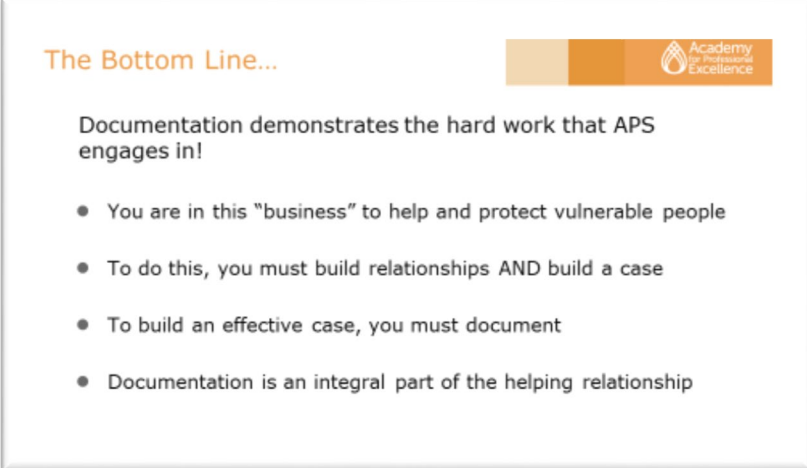
- Numbers alone don't tell the story and numbers don't assure quality.
- Records serve to determine the complexity of the task as well as the quality of the services provided.

**Other?****Ask: What other purposes does good documentation serve?**

*Possible answers may include:*

*Communication within the agency; to assist with substantiation decision; identify service gaps; improve the quality of services to people in the community. Good documentation also helps when you are out of the office, whether in the field, out sick, or on vacation. If your coworkers and supervisor know what has been done on a case, it may prevent duplication of efforts when you are not in. Helps APS professional recall case months/years later if this case goes to court.*



**Slide #11: The Bottom Line**

**The Bottom Line...**

Documentation demonstrates the hard work that APS engages in!

- You are in this "business" to help and protect vulnerable people
- To do this, you must build relationships AND build a case
- To build an effective case, you must document
- Documentation is an integral part of the helping relationship

The bottom line is that you went into field to help clients. Many of us complained that documentation takes time away from the work we can do with clients. But in order to really help clients, we not only engage them, develop trusting relationships, do the "social workie" thing... but to really service them, we need to build their case. Those details that are recorded will help you help them get what they need; and that's what we want.

Documentation demonstrates the hard work that APS engages in. It supports the care plan and needed interventions by APS and/or other agencies.

**Slide #12: Things to Consider**

**Things to Consider...**

- Who will read it?
- Where will it end up?
- How long will it take?
- Who benefits?

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The important things to remember when considering the time and effort that you put into documentation:

- You never know who will read it...it could be your agency director, attorney, a prosecutor, a judge
- You don't know where it will end up and how long it may take before it winds up in court – maybe 2 years?
- Your documentation helps you refresh your memory as a witness, helps you remember the details.
- The bottom line: yes, documentation helps you, your agency, the legal system...but it helps your client most.

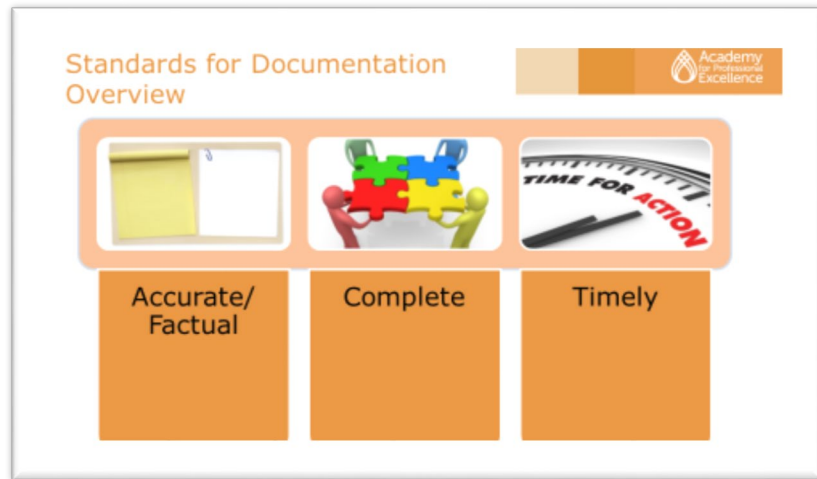
The better job you do in documenting the situation, the better chance you have in getting your client the services and the justice they deserve. That is what our jobs are about: helping and protecting vulnerable people.

**Trainer Note: Share some general resources to assist with writing:****Good to have at your desk or a copy to share with the office:**

- *The Elements of Style* by William Strunk, Jr. and E.B. White, 4<sup>th</sup> Edition
- *On Writing Well: the Classic Guide to Writing Non-Fiction* by William Zinsser

**Online:**

- **Purdue University Online Writing Lab (OWL)**  
[https://owl.purdue.edu/owl/purdue\\_owl.html](https://owl.purdue.edu/owl/purdue_owl.html)
  - **great writing, grammar and citation resource**

**Slide #13: Standards for Documentation Overview**

**Explain** that when we document we need to make sure that we are documenting accurately and factually, completely, and in a timely fashion.

This next section will discuss why we include these in our standards for documentation in APS and look at some examples.

**Slide #14: Accurate Documentation**

**Accurate Documentation**

- Dates & Time
  - Visit, phone call, contact, referrals
- Names , relationships, titles, ranks
  - Family, significant others, medical, law enforcement
- Language
  - Word usage
- Spelling
  - Issues with "spell check"

It cannot be emphasized enough how important it is to make sure that your facts are accurate. Including these elements:

- **Dates and Time:** These include all dates and times related to the case and the dates and times of any action taken on the case.
  - When did you visit?
  - Where the visit took place as well – in the home, at a senior center, in the police station, at the home of a neighbor or relative.
  - All phone calls made by you (and to whom) or received by you (from whom) should be included, as well as identifying the caller, his/her title/agency or relationship to client.
  - Record dates of any contact you had with anyone involved with the case as well as the dates of all referrals you make on behalf of the clients.
    - **Ask:** How can dates of referrals help you?  
It is easy to lose track of time when you make referrals, so having the dates will help you with follow up. Knowing how long programs take to respond will help you in the future when serving other clients.

Continued

- **Names, Relationships, Titles and Ranks:**  
Again, make sure that the names are spelled correctly and keep an accurate listing of phone numbers of people related to the case. This will save you time in the future and help when you are out of the office and someone else needs to follow up on the case. When you list medical professionals, make sure you put their specialty and for legal/law enforcement professionals, the title/rank of the individual.
  - **Discuss** that some individuals might show some defensiveness or annoyance when you ask for rank/title/spelling, etc.
  - **Ask:** What are some best practices in handling these types of encounters?
  
- **Language:** Be careful of your word usage. We have professional slang and acronyms that we use on a daily basis. Some are unique to APS, some are medical, some are legal, and some refer to programs and services. Not everybody understands what they mean, so be careful that what you abbreviate can be understood by coworkers, managers, and attorneys.

**Tip-** Spell out acronym first time it's used, follow by abbreviation.

There are many other issues involving language... but we will cover that when we get to clear and objective documentation.

**Tip- Time Saving Tool** – **share** with the group that the “Auto Correct” function in Microsoft Word can be set to change commonly used acronyms/abbreviations into written out names.

- **Spelling:** Please check your spelling...and remember, you can't always rely on spell check.

**Refer** participants to **Handout #2- Commonly Confused Words and #3- Common APS Abbreviations and Acronyms** in their participant manual.

Briefly **review** a few examples from each handout. These are tools for participants to use in the field.

On **Handout #3**, if time allows, **discuss** certain acronyms and their meaning in other fields.

- **Ask** participants what acronyms confused them when they first started in this field.
  - For example, CA- California OR Cancer, PCP- Primary Care Provider OR Phencyclidine (angel dust).

---

## Handout #2- Commonly Confused Words

Device (contrivance)

Devise (invent)

Precedence (priority)

Precedents (examples)

Disburse (pay)

Disperse (scatter)

Emersion (act of appearing)

Immersion (act of dipping)

Eminent (distinguished)

Imminent (about to happen)

Some time (period of time)

Sometime (point of time)

Sometimes (at times)

Stationary (not moving)

Stationery (writing paper)

New (recent)

Novel (unusual)

Leave (go away)

Let (permit)

Flaunt (display boastfully)

Flout (scoff at)

Perquisite (privilege)

Prerequisite (requirement)

Practical (useful)

Practicable (able to be used)

Complacent (self-satisfied)

Complaisant (eager to please)

Imply (hint)

Infer (take a hint)

Principal (chief)

Principle (tenet)

Raise (transitive)

Rise (intransitive)

Sewage (waste)

Sewerage (drain system)

Spacious (full of room)

Specious (misleading)

Species (classification)

Personal (individual)

Personnel (staff)

Track (course, path)

Tract (region)

Than (compares)

Then (refers to time)

Fortunate (lucky)

Fortuitous (accidental)

Lie/lay/lain (intransitive)

Lay/laid/laid (transitive)

There (place)

Their (possessive "they")

Perspective (view)

Prospective (expectant)

Effective (producing desired effect)

Affective (arousing emotions)

Compliment (flattering remark)

Complement (goes well together)

## HANDOUT #3 – Common APS Abbreviations and Acronyms

This document was created by the APS Training Project - Bay Area Academy/SFSU for the APS Case Documentation & Report Writing training - June 2008 with contributions from Southern CA Curriculum Advisory Committee- May 2019

### **A:**

**AAA** – Area Agency on Aging  
**AD** – Alzheimer’s disease  
**ADD** – Attention Deficit Disorder  
**ADA** – Americans with Disabilities Act  
**ADC** – Adult Day Care  
**ADHC** – Adult Day Health Care  
**ADL** – Activities of Daily Living  
**AIDS** – Acquired Immune Deficiency Syndrome  
**ALANON** – Alcoholics Anonymous Support for Families/Friends  
**ALS** – Amyotrophic Lateral Sclerosis  
**AMA** – Against Medical Advice  
**AP** – Alleged Perpetrator  
**Approx.** – Approximately  
**APS** – Adult Protective Services  
**ASHD** – Arteriosclerotic Heart Disease

### **B:**

**B&C** – Board & Care  
**BDI** – Beck Depression Instrument  
**BP** – Blood Pressure  
**BRO** – Brother  
**Bid/b.i.d.** – Twice Daily/Two Times a Day  
**bx** – Behavior

### **C:**

**CA** – Cancer  
**CAD** – Coronary Artery Disease  
**CCL** – Community Care Licensing  
**CG** – Care Giver  
**CHF** – Congestive Heart Failure  
**CI** – Court Investigator  
**CNA** – Certified Nursing Assistant  
**COPD** – Chronic Obstructive Pulmonary Disease  
**CVA** – Cerebrovascular Accident (stroke)  
**CL** – Client  
**CM** – Case Manager/Case Management

**D:**

**DA** – District Attorney  
**d/c** – Discontinued, discharged  
**DD** – Developmentally Disabled  
**DIL** – Daughter-in-law  
**DJD** – Degenerative Joint Disease  
**DM** – Diabetes Mellitus  
**DNR** – Do Not Resuscitate  
**DOB** – Date of Birth  
**DPOA/HC** – Durable Power of Attorney/Health Care  
**DSG** – Dressing  
**DTR** – Daughter  
**DV** – Domestic Violence  
**DX or dx** – Diagnosed/Diagnosis

**E:**

**EDRT** – Elder Death Review Team  
**EFV** – Emergency Food Vouchers  
**EMT** – Emergency Medical Team  
**ESRD/ERD** – Endstage Renal Disease  
**ETOH** – Alcohol

**F:**

**FA** – Father  
**F.A.S.T.** – Financial Abuse Specialist Team  
**FD** – Fire Department  
**FTF** – Face to Face  
**f/u** – Follow Up

**G:**

**GDS** – Geriatric Depression Scale  
**GI** – Gastrointestinal  
**GP** – General Practitioner  
**GSW** – Gun Shot Wound  
**GRDDTR** – Granddaughter  
**GRDS** – Grandson  
**GYN** – Gynecology

**H:**

**HA** – Housing Authority  
**HBP** – High Blood Pressure  
**HH** – Home Health  
**HIPAA** – Health Insurance Portability and Accountability Act



**HIV** – Human Immune Virus  
**HUSB** – Husband  
**HOH** – Hard of Hearing  
**HTN** – Hypertension (High Blood Pressure)  
**HV** – Home Visit  
**H&W** – Health & Welfare  
**Hx** – History

**I:**

**IADL** – Instrumental Activity of Daily Living  
**IHSS** – In-home Supportive Services  
**ILP** – Independent Living Program  
**IM** – Intramuscular  
**IV** – Intravenous  
**IR** – Incident Report/Immediate Response  
**I&R** – Information and Referral  
**IQ** – Intelligence Quotient  
**INCL** – Include/Including/Inclusive  
**INEL** – Ineligible  
**INFO** – Information  
**INIT** – Initial

**L:**

**L** – Left  
**LPS** – Lanterman, Petris, Short  
**LTC** – Long Term Care  
**LE** – Law Enforcement

**M:**

**MC** – MediCal  
**MCT** – Mobil Crisis Team  
**MDT** – Multi Disciplinary Team  
**meds** – Medications  
**MH** – Mental Health  
**MI** – Myocardial Infarction  
**MMSE** – Mini Mental Status Exam  
**MO** – Mother  
**MOCA** – Montreal Cognitive Assessment  
**MOW** – Meals-on-Wheels  
**MR** – Mental Retardation  
**MS** – Multiple Sclerosis  
**MSSP** – Multi-purpose Senior Services Program  
**MVA** – Motor Vehicle Accident

**N:****N/A** – Not Applicable**NIDDM** – Non-Insulin Dependent Diabetes Mellitus**NIFFI** – No Initial Face-to-Face Investigation**NOS** – Not Otherwise Specified**NV** – Non-Verbal**O:****O2** – Oxygen**OT** – Occupational Therapy/ Occupational Therapist/ Overtime**P:****PA** – Physician’s Assistant**Para** – Paraplegia**PCP** – Primary Care Provider**PD** – Police Department**PG** – Public Guardian**PH** – Public Health**PHN** – Public Health Nurse**POA** – Power of Attorney**PT** – Physical Therapy/Physical Therapist**PTSD** – Post Traumatic Stress Disorder**Psych** – Psychiatric**PUD** – Peptic Ulcer Disease**PVD** – Peripheral Vascular Disease**Q:****Q** – Every**QD** – Everyday**QH** – Every Hour**QHS** – Every Night**QID** – Four times a day**QOD** – Every other day**Quad** – Quadriplegia**R:****R** – Right**RC** – Regional Center**RCF** – Residential Care Facility**RCH** – Residential Care Home**RCU** – Restorative Care Unit**RN** – Registered Nurse**Rx** – Prescription

**RO** – Restraining Order  
**ROM** – Range of Motion  
**RP** – Reporting Party  
**R/O** – Rule Out

**S:**

**SA** – Suspected Abuser  
**SC** – Subcutaneous  
**SED** – Severely Emotionally Disturbed  
**SI** – Suicidal Ideation  
**SIS** – Sister  
**SNF** – Skilled Nursing Facility  
**SOB** – Shortness of Breath  
**SOC** – Share of Cost  
**SRO** – Single Room Occupancy (Hotel)  
**SSA** – Social Security Administration  
**SSI** – Social Security Supplement Income  
**SSN** – Social Security Number  
**ST** – Speech Therapy/Speech Therapist  
**SUD** – Substance Use Disorder  
**SW** – Social Worker

**T:**

**T/C** – Telephone Call  
**TIA** – Transient Ischemic Attack  
**Thx** – Therapy/Therapist  
**Tx** – Treatment

**U:**

**UTI** – Urinary Tract Infection  
**UNK** – Unknown

**V:**

**VA** – Veterans Administration  
**VW** – Victim Witness Program

**W:**

**W&I Code** – Welfare & Institutions Code  
**w/ - With**  
**w/out** – Without

**Y:**


**YO** – Year Old

**Slide #15: Case Documentation Sample**

Case Documentation Sample

5/15/18 – Initial Assessment/Home Visit

Client is being treated for a heel ulcer and had an operation yesterday.



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**Activity #2- Case Documentation Sample (10-15 min)**

- 1. Refer** participants to the case documentation sample in their participant manual.
- 2. Read** the sample documentation aloud to the class.
- 3. Instruct** them work individually to answer the following questions
  - Is it accurate?
  - Did the APS professional capture the necessary elements?
  - What is missing or what could be changed?

Case Documentation Sample:**5/15/18 – Initial Assessment/Home Visit**

Conducted visit at hospital. Client's daughter, M, was with client when SW arrived. Client is being treated for a heel ulcer and she reportedly had an operation yesterday. SW attempted to speak with client but client did not respond. Client was curled-up in the fetal position. She reportedly has pulled out her IV, so something is wrapped on both her hands to keep this from happening. Daughter also reported brother medicated client's sores with over the counter medication after consulting with her primary physician. Primary physician reportedly told brother that he can't treat something he hasn't seen. Daughter indicated that son was being stubborn and insisted on treating sores himself.

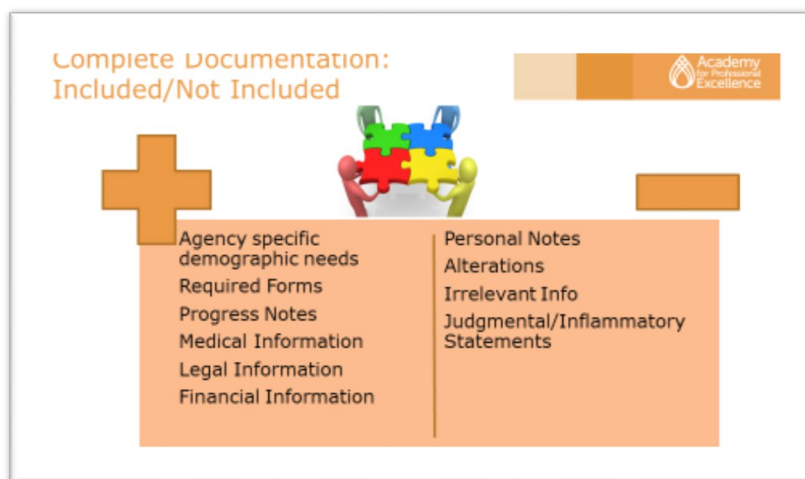
- 4.** In a large group format, **ask** them for their feedback on this sample and chart answers on the flip chart.

Continued

*Possible answers may include:*

*Accurate: What hospital, client's daughter's name should be spelled out, which heel is the ulcer on?*

*Missing info: Time of visit, name of OTC medication used to treat ulcer, what is wrapped on her hands, does not mention if client was alert, asleep, unresponsive, lethargic, or any indication as to why client did not respond, PCP's name.*

**Slide #16: Complete Documentation: Included/Not Included**

**Inform** participants that this slide discusses the entire case file. However, before we cover what should be in a case record, there is another important element to practicing complete documentation.

- **Agency specific demographic needs and documents provided by APS professionals.**
  - Many agencies require APS professionals to ask client's about preferred language to be interviewed in, gender pronouns and consent for another person to be in room while being interviewed.
  - Additionally, agencies often mandate specific documents to be given to clients (e.g. Civil Rights, Victim's rights, etc).
  - Ensure you document these mandates were completed or document why not if circumstances prohibited them.

**Explain** that documentation is not just include your written narratives or observations, but also documents to include in the case file.

The following is a list of what should be included in a case record:

- **Required Forms** as per your jurisdiction
- **Progress notes** should be well written and clear, including what we discussed before – dates, times, places, phone numbers, stakeholders, and other agencies.
- **Medical information**, including documents received from physicians, nurses, hospitals... and any evaluations and affidavits should also be included.

Continued

- **Legal information** – Records from law enforcement are important. If you do not have the documents, make sure you have the dates of restraining orders, protective orders, etc. with all the information included.
- **Financial Information** – Estate Planning documents, including Powers of Attorney. Banking information is especially important when investigating financial exploitation, but can also be helpful evidence when dealing with a self-neglecting client who has begun sending their money to charities seen on TV.


**Ask:** “What other banking info should be in the record?”

*Possible answers: monthly statements, unpaid bills, cancelled checks, etc.*

What should not be included in the case record:

**Trainer Note: If case records are all electronic, then some of the following will not be appropriate. You might want to ask the group if they use paper files.**

- **Personal notes**- if there is a paper file, these items do not belong in it (personal notes, scraps of paper). If you take notes during an interview, they should be transcribed into progress notes and carefully written, documenting what you observed and what people said to you. We will get to the specifics of that later.
- **Alterations** – Also be careful about changes you make into a paper case record...any alteration may be questioned in court.
- **Irrelevant information** – Also information in the case record should be relevant to the allegations and the investigation in question. We will also talk more in depth about that later.
- **Judgmental or inflammatory statements**- these types of statements do not belong in your case documentation. We will discuss this more in depth later as well.

**Slide #17: Timely Documentation**

**Timely Documentation**

- Date and time all entries as soon as possible
  - Home visits
  - Visits to other locations
  - Office visits
  - Phone calls
  - MDTs
  - Emails
  - Photos
  - Audiotapes/Videos
- Add all entries/case activities as soon as possible
- Identify where photos and audiotapes were recorded

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TIME FOR ACTION

We already talked about the importance of including the date and time for all your entries. This helps trace the chronology of the case, what happened and when.

Also, all reports should be signed by the author.

It may also help to enter the start and end time of a visit; this can help establish that the visit, observation, or interview was long enough for the APS professional to understand what was happening.

Remember, if it is NOT documented in your case record, it is fiction...it did not happen.

**Ask:** “How soon do you document what you have seen? How do you do it?”

*The issue is the longer you wait, the more likely it is that you will forget an important detail. Some workers take notes in front of the client. Some workers don't feel comfortable; others ask permission and explain that writing things down will help them to get the client needed services. Others may wait until they get into their car, away from the client's home. Ask what strategies they use.*

**Trainer Note:** You can refer back to the Self-Neglect video in Activity 1, where the APS Professional informs the client she will be taking notes. It might be helpful for participants to see it demonstrated.

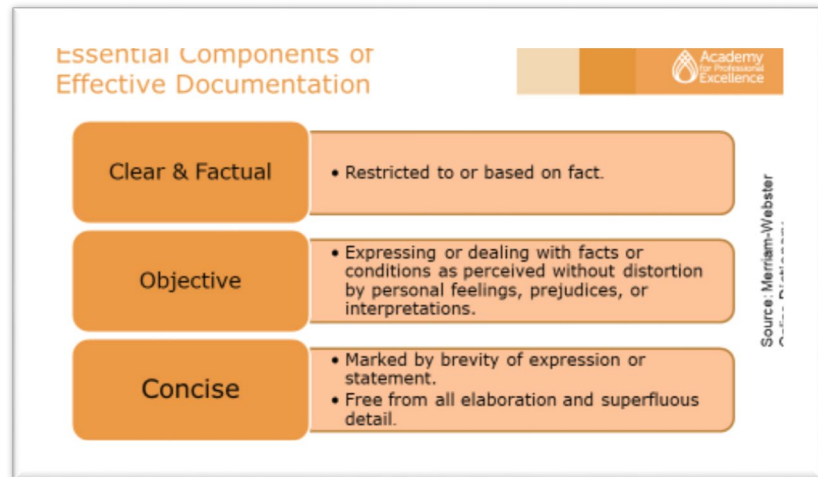
**Best practice tip** – Document quotes and observations immediately – you don't have to use them all in your documentation but you have them if you need them. We will cover excited utterances/spontaneous statements in the afternoon.



## **CLEAR, FACTUAL, OBJECTIVE & CONCISE DOCUMENTATION**

**Time Allotted: 90-95 MINUTES**

### **Slide #18: Essential Components of Effective Documentation**



Now we get into the heart of this morning’s discussion. What are the necessary and essential components of effective documentation?


We’ll be talking in depth about how to make documentation clear and factual, how to make sure you are using objective language, and how you can make sure you have included the most essential information without being too wordy.

We will discuss these components and you will have the opportunity to practice them as well.

**Slide #19: Just the Facts**

**Just the Facts...**

- Direct and systematic observations
  - What you saw, heard, smelled, felt
    - Temperature of the room, A/C or heat on?
- Information obtained by other professionals
  - Medical diagnosis and prognosis
  - Bank statements
  - Legal documents
- Direct quotes
- Clear language
  - Understood by any reader




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**Review** the slide and let participants know that in the upcoming activities they will get to practice these points.


- Direct and systematic observations
  - What you saw, heard, smelled or even felt (e.g.; temperature of room, humidity, etc.) This will be helpful when documenting ADLs, or concern for possible dementia, etc.
- Information obtained by other professionals
  - Medical diagnosis and prognosis
  - Bank statements
  - Legal documents
- Direct quotes
- Clear language
  - Understood by any reader
  - Acronyms and lingo beware

**Slide #20: Rat Feces Activity**

**Rat Feces Activity** 

**Read the following narrative information carefully:**

The APS professional walked into the kitchen and observed rats scurrying under the cabinets when the light was turned on. Feces were all over the floor. The client's daughter said her mother liked rats but she didn't like people. Mrs. Jones said she was surprised that the rats stayed around with so little food in the house, then she walked out of the room.



**Trainer Note: There are 2 options to complete this activity.**

- **Option #1 provides an opportunity for participants to get up out of their seat and possibly try to convince others of the correct answer. You will need space for participants to move. See Trainer Note under Option #1.**
- **Option #2 allows for individual processing and table group work.**

**Activity #3- Rat Feces (25-30 min)**

**Refer** participants to **Handout #4- Rat Feces** exercise in their manuals. This exercise was adapted by Paul Needham, an APS trainer colleague from the Oklahoma Department of Human Services.

**Option #1:**

1. **Inform** participants that this activity has 2 parts to it:
  - a. Everyone will have 2-3 minutes to read the narrative at the top of the handout, or on the PowerPoint slide.
  - b. Once everyone has read it, we will all stand up and move to either "True" if they believe the statement that is read is true, "False" if they believe the statement is false, or "Questionable" if they think it could be either. (**Hide the slide with the narrative during the exercise**).

Continued

2. **Designate** an area to stand in for True, False and Questionable. (True/False should be on opposite sides of the room, with Questionable in the middle).
3. **Read** the first statement from **Handout #4** and **ask** that they move to True, False or Questionable.
4. **Inform** the group they are free to move if someone convinces them they should be in a different answer.
  - a. **Solicit** 1-2 people from each group, withholding your opinion and let the participants "defend" their answer.
5. **Read** the next statement and continue until all statements are read.
6. Once participants sit back down, **display** the answer key and discuss any disagreements.

**Trainer Note:** This option works well when there will be a clear division of opinions amongst the groups. You may want to only read the statements that are not clear cut.

### **Option #2:**

**Inform** participants that this activity has 3 parts to it:

1. Each participant will have 5 minutes to read the narrative and answer the questions on **Handout #4** individually.
2. After they've finished the individual activity, they will have 10 min to work in table groups and come to a consensus as to the correct answer. Inform them they must be able to justify their answer as a group.
3. As a large class, discuss the questions that still have discrepancies amongst the tables (10 min).

## Handout #4 – Rat Feces Exercise

Read the following narrative information carefully:

**The APS professional walked into the kitchen and observed rats scurrying under the cabinets when the light was turned on. Feces were all over the floor. The client’s daughter said her mother liked rats but she didn’t like people. Mrs. Jones said she was surprised that the rats stayed around with so little food in the house, then she walked out of the room.**

Now read the following statements about the narrative. Circle “T” if the statement is true, “F” if the statement is false, and “Q” if you do not know if it’s true or false.

- |   |   |   |  |
|---|---|---|--|
| T | F | Q | 1. Rat feces covered the kitchen floor.  |
| T | F | Q | 2. The client’s daughter didn’t provide her mother with enough food.                                 |
| T | F | Q | 3. It was reported that the client liked people.   |
| T | F | Q | 4. The APS professional turned on the kitchen light.   |
| T | F | Q | 5. Mrs. Jones liked rats.  |
| T | F | Q | 6. Someone turned on a light.  |
| T | F | Q | 7. Mrs. Jones doesn’t like people.   |
| T | F | Q | 8. There was not very much food in the kitchen.  |
| T | F | Q | 9. The client is ambulatory.   |
| T | F | Q | 10. Mrs. Jones went to another room after she talked to the APS professional.                        |
| T | F | Q | 11. Rats went under the cabinets when the light was turned on.                                       |
| T | F | Q | 12. The APS professional interviewed the client and her daughter.                                    |
| T | F | Q | 13. The client’s house was not very clean.   |
| T | F | Q | 14. The APS professional walked into the kitchen.  |
| T | F | Q | 15. The age of the client was not revealed in this part of the narrative.                            |
| T | F | Q | 16. Mrs. Jones was hungry.   |
| T | F | Q | 17. The narrative mentions three people: The APS professional, the client and the client’s daughter. |

*This document was adapted by Oklahoma Dept. Of Human Services, State Office of APS. Permission granted for use in the APS Case Documentation & Report Writing training developed by the APS Training Project – Bay Area Academy/SFSU. June 2008. Revisions made 2019 to provide 2 options to facilitate the activity.*

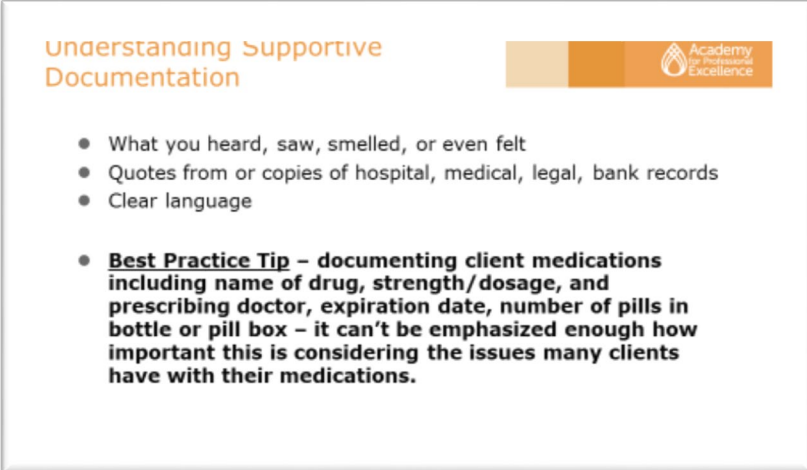
## **Rat Feces Exercise Answer Key (For Trainer Only)**

**Trainer Note: Use this answer key as a guideline for discussion not necessarily the “correct answer”. More discussion items are below.**

- |   |   |   |  |
|---|---|---|--|
| T | F | Q | 1. Rat feces covered the kitchen floor.  |
| T | F | Q | 2. The client’s daughter didn’t provide her mother with enough food.                                 |
| T | F | Q | 3. It was reported that the client liked people.   |
| T | F | Q | 4. The APS professional turned on the kitchen light.   |
| T | F | Q | 5. Mrs. Jones liked rats.  |
| T | F | Q | 6. Someone turned on a light.  |
| T | F | Q | 7. Mrs. Jones doesn’t like people.   |
| T | F | Q | 8. There was not very much food in the kitchen.  |
| T | F | Q | 9. The client is ambulatory.   |
| T | F | Q | 10. Mrs. Jones went to another room after she talked to the APS professional.                        |
| T | F | Q | 11. Rats went under the cabinets when the light was turned on.                                       |
| T | F | Q | 12. The APS professional interviewed the client and her daughter.                                    |
| T | F | Q | 13. The client’s house was not very clean.   |
| T | F | Q | 14. The APS professional walked into the kitchen.  |
| T | F | Q | 15. The age of the client was not revealed in this part of the narrative.                            |
| T | F | Q | 16. Mrs. Jones was hungry.   |
| T | F | Q | 17. The narrative mentions three people: The APS professional, the client and the client’s daughter. |

**Trainer Note: The narrative appears relatively straightforward when in reality it presents little if any clear information. Large group discussion may reveal how professionals make assumptions, draw conclusions, and form opinions when they do not have sufficient clear information. For example, they may say that #13 is true...because many feel that feces on the floor mean that the house is dirty. This comes from their own value system and from an assumption, they make. Nothing in the narrative mentions the rest of the house, just as it is not clear what kind of feces is on the floor. Processing this activity is an opportunity to discuss both clear and objective writing.**

**Lead** into the next section by pointing out the only way to provide good supportive case documentation is to have a firm understanding of the rules governing good documentation.

**Slide #21: Understanding Supportive Documentation**

**Understanding Supportive Documentation**

Academy of Professional Excellence

- What you heard, saw, smelled, or even felt
- Quotes from or copies of hospital, medical, legal, bank records
- Clear language
- **Best Practice Tip** – documenting client medications including name of drug, strength/dosage, and prescribing doctor, expiration date, number of pills in bottle or pill box – it can't be emphasized enough how important this is considering the issues many clients have with their medications.

**Remind** participants that it is important to document what you saw, heard, smelled and felt.

- Using quotes helps you state clearly what you heard, rather than your interpretation of what you heard.

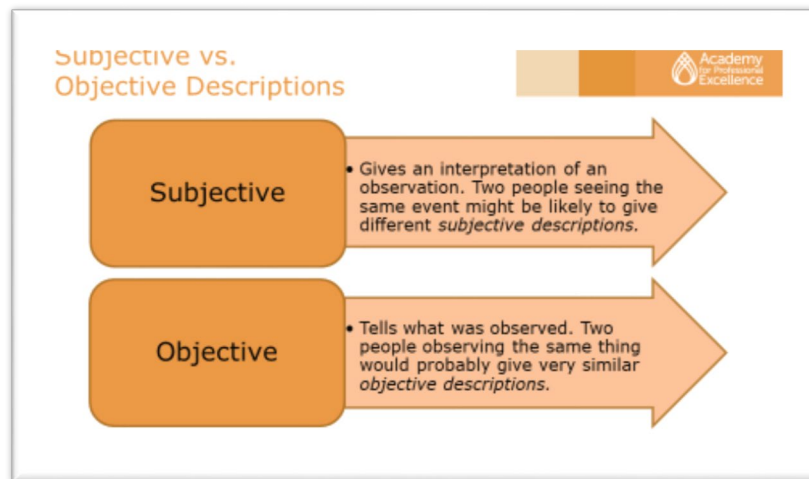
Also, remember that you are an APS professional not a physician or an attorney (unless you are), so that medical diagnosis, financial information, legal information such as POA – should be obtained by the professionals that have the authority to do it.

- That information can be quoted or copies of hospital, medical, legal and bank records can and probably should be part of the case record whenever possible.

Also, make sure that your language is clear and can be understood by any reader (who is allowed access, of course).

- Every profession uses acronyms and has its own lingo.

**Best Practice Tip** – documenting client medications including name of drug, strength/dosage, and prescribing doctor, expiration date, counting the medication in the bottle or pill box – it can't be emphasized enough how important this is considering the issues many clients have with their medications.

**Slide #22: Subjective vs. Objective Descriptions**

**Review** the following definitions:

- Subjective: Gives an interpretation of an observation.
  - Two people seeing the same event might be likely to give different *subjective* descriptions.
- Objective: Tells what was observed.
  - Two people observing the same thing would probably give similar *objective* descriptions.

**Refer** participants to **Handout #5 Objective vs. Subjective Language** in their participant manual.

- **Briefly review** the list asking if words are subjective or objective, and **discuss** any that may enlist a disagreement.

depressed (S)

frightened (S)

lonely (S)

acted crazy (S)

crying (O)

nervous (S)

abused (S)

sexually inappropriate (S)

smiled (O)

hostile (S)

did not open door (O)

hit (O)

thin (S)

drooled (O)

bruised (O)

sick (S)

touches other's genitals (O)

disrespectful (S)



## Handout #5 - Objective vs. Subjective Language

**Subjective description** gives an interpretation of an observation. Two people seeing the same event might be likely to give different *subjective* descriptions.

**Objective description** tells what was observed. Two people observing the same thing would probably give very similar *objective* descriptions.

### Are the following words objective or subjective?

depressed

frightened

lonely

acted crazy

crying

nervous

abused

sexually inappropriate

smiled

hostile

did not open door

hit

thin

drooled

bruised

sick

touches other's genitals

disrespectful

**Slide #23 – Objective Language**

**Objective Language**

“The kitchen smelled like it had not been clean for a month.”

Or

“When I entered the home, I smelled a foul odor. On entering the kitchen, I saw what appeared to be spoiled meat in the kitchen sink. The meat had turned pale green.”

- Be aware of your own values
  - What pushes your buttons?
- Watch your language
  - No judgmental, inflammatory, loaded words
- Use words like “seems”, “appears”, “as evidenced by”
  - Describe what led you to that conclusion

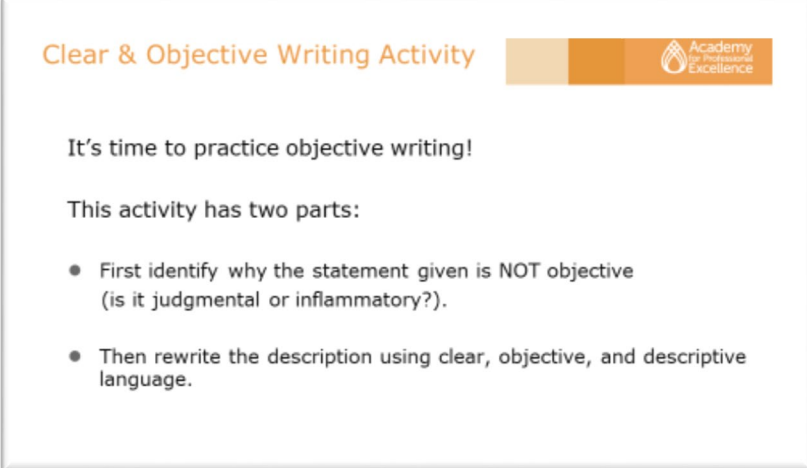
**Ask:** “How can we make sure that our descriptions and our language are objective?”

- First, we need to be aware of our own values and opinions. We must remember that every individual has a lifetime of experiences and relationships – that we are all different.
  - This depends on our family structure, our cultural identity, and religious background, our parents’ own experiences and how they passed their own values on to us.
  - It depends on our experience in society, relationship with peers, our ideas about different issues, such as substance use, sexual orientation and gender identity, smoking, swearing, and yelling.
  - What is “right” for you may not be “right” for someone else. What is “inappropriate behavior” to you may seem very appropriate to others.
- We also must pay attention to situations that “push our buttons.”
  - In psychological terms, we call this countertransference. Countertransference is defined as redirection of a worker’s feelings toward a client, or more generally as a worker’s emotional entanglement with a client.
    - That can mean that we may interpret someone’s actions in a particular way, maybe even leading to not providing service or providing too much service, depending on our feelings.

Continued

- Does this client, caregiver, service provider remind us of someone in our lives that brings negative or positive feelings?
  - We need to become attuned and aware of these feelings so they do not get in the way of our work. This issue of values is not only important in documentation but in all aspects of human services work.
- Watch your language:
    - Do not use judgmental, inflammatory or “loaded” words.
    - Certain words like “charity”, “government”, “welfare”, “services” might be unclear and scary to clients and turn them off as well.
  - Using the words “seems”, “appears”, and “as evidenced by” can be helpful...you are describing what “appears to be” – but at the same time you should describe what lead you to that “conclusion”.
    - It is not correct to say “the client is depressed” because you cannot make the diagnosis.
    - If you say “the client seemed depressed,” that is not enough, because depressed behavior means different things to different people. Therefore, you need to describe what you observed to make you believe that client seemed depressed.

**Trainer Note: There is also a very good section on Subjective/Objective/Judgmental/Inflammatory language on Handout #1 – Guiding Principles for Case Documentation. If time allows, you may want to review that section as well.**

**Slide #24: Clear & Objective Writing Activity**

**Clear & Objective Writing Activity**

It's time to practice objective writing!

This activity has two parts:

- First identify why the statement given is NOT objective (is it judgmental or inflammatory?).
- Then rewrite the description using clear, objective, and descriptive language.

**Activity #4: Clear & Objective Writing Practice (20 min)**

**Trainer Note: This exercise can be done individually or in pairs.**

**Refer** participants to **Handout #6– Clear and Objective Language Exercise** their participant manual.

**Inform** participants that they will:

1. First, identify what is wrong with the original statement.
2. Then rewrite the description using clear, objective, and descriptive language.

Have either individuals or pairs share their answers, depending on time, a few samples can suffice.

**Trainer Note: If done in pairs, this activity has the potential for APS professionals to share stories or vent about similar clients. It will be important to stay on track and give a reminder about using person first language (focusing on the person, rather than the disability, behavior, or diagnosis) when documenting.**

## Handout #6 – Clear and Objective Language Exercise

Please read the following statements and rewrite them so they will be clear and objective. Be able to explain what was wrong with the original statement.

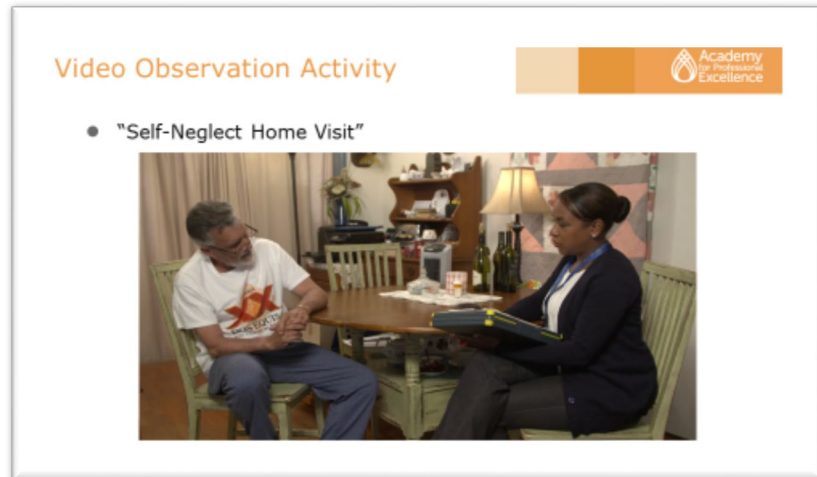
Example:

Client was filthy and disheveled.

***This is subjective and unclear*** →

*Clients arms, legs, and face were caked with dirt. His shirt was stained and unbuttoned. His trousers hung down to his knees. There were urine stains on his pant legs. He had no socks on and only one shoe.*

1. Visit to home of 86-year-old double amputee, Mr. Williams. Neighbors complain that he has filled his home with trash, which is attracting vermin. The client's behavior was inappropriate during the visit.
2. Client states her daughter, who is her primary source of care, worries a lot about everything. After interviewing the daughter, she is paranoid.
3. Case closure summary: Despite all I have done for her over the months, the client is manipulative and is never satisfied.
4. After APS report from physician, visit to home of 92-year-old woman who lives alone in the country. Client was inappropriately dressed.
5. Client states he gives his son money since son was laid off six months ago. The son appears to be a drunk.
6. Home visit with client, her adult son, and adult daughter. Both adult children reside with the client. This is a dysfunctional family.

**Slide #25: Video Observation Activity**

**Trainer Note:** For this video observation activity you will be showing a second clip from the Self-Neglect Home Visit (run time: 4 min, 43 sec). You may also download the entire 15 minutes video from <https://www.youtube.com/watch?v=RBCo4UBOliU&list=PLTkfyRcpER10MW7Qe40B8mJGXEcBCD719&index=1>. It is recommended that you become familiar with the video prior to the training.

**Activity #5: Documentation Self-Assessment Part 2 (20-25 min)**

**Explain** that we're going to put into practice what we've covered so far and provide a chance to reflect on any improvements already made from earlier this morning. This is **Part 2** of the Documentation Self-Assessment.

**Inform** participants that:

1. You're about to play a second clip of the Self-Neglect Home Visit video and you want them to focus on what they observe, as they will be documenting the interview. This means you must use your powers of observation only to document and describe what you saw and heard.
2. **Review Handout #7b – Video Observation Activity with emphasize on the definitions. Explain** they will document their observations on this handout.
3. They should note any facts and observations as they watch, using objective language.
4. **Play** Self-Neglect Home Visit (run time: 4 min, 43 sec) video clip.

Continued

5. **Ask** for volunteers to share a few answers, only if they feel comfortable to do so. If no volunteers, **provide** some answers from the answer key and **solicit** a discussion if there are any differences of opinions. **Ask** if anyone saw an improvement from their documentation earlier in the morning and solicit volunteers to share what improved.

**Trainer Note: Participants may make inferences and interpretations here. Point out the difference in what they are saying about the situation and what they really observed. Different participants may observe different things and some will want to assess the case and get off track. It is important to remind them the important point is that whatever they write it is a direct observation. The same applies to what client says... it is not their “spin” on it, but it is what the person actually says.**

## Handout #7a – Video Observation Activity (Trainer Version)

*While watching the video record the facts and observations you see. Do you find yourself wanting to jump to infer or make interpretations?*

1. What are the **facts**?

- **Facts** – **something that actually exists; reality; truth.**  
*Information that can be verified.*

*Possible answers: client was wearing pants and Dos Equis shirt; the client was discharged from the hospital, the client was prescribed medication, client's spouse recently passed away*

2. What are your **observations** (appearance, behaviors, conversations, etc.)?

- **Observations** – **an act or instance of noticing or perceiving, an act or instance of regarding attentively or watching.**  
*Things you may see, hear, or smell.*

*Possible answers: client appeared male with a beard and wearing glasses; client dressed in clothes without stains that appeared clean; client sat with his head tilted down; the client twisted his wedding ring while being interviewed, there were 4 empty bottles of wine on the kitchen table, the pill box appeared to be full, client is ambulatory, client appeared to have flat affect, client was able to track the conversation and provide relevant answers to the questions asked as evidenced by grabbing the medication when asked to see it and explaining the reason the medication was prescribed and providing the 2date he was released from hospital.*

3. Further investigation still is needed, but what can you **infer** from the video thus far?

- **Infer** – **To derive by reasoning; conclude or judge from premises or evidence: (of facts, circumstances, statements, etc.)**

*Possible answers: We may infer that the client is grieving and possibly feeling depressed. We may infer the client will not change his diet, client may have a substance use disorder using alcohol. Client may be hesitant to APS services.*



4. Further investigation is still needed, but did you make any **interpretations** based on what you saw?

- **Interpretations** – a **conception of another’s behavior**.

*Combination of facts, observations and inferences and what this means to the APS professional, i.e., a professional opinion.*

*Possible answers: Client is an individual with potential mental health concerns and medical self-neglect. Client may benefit from community resources.*

*Definitions in **bold** found at [www.dictionary.com](http://www.dictionary.com)*

**Handout #7b – Video Observation Activity (Participant Version)**

*While watching the video record the facts and observations you see. Do you find yourself wanting to jump to infer or make interpretations?*

1. What are the **facts**?
  - **Facts** – **something that actually exists; reality; truth.**  
*Information that can be verified.*
  
2. What are your **observations** (appearance, behaviors, conversations, etc.)?
  - **Observations** – **an act or instance of noticing or perceiving, an act or instance of regarding attentively or watching.**  
*Things you may see, hear, smell, or feel.*
  
3. Further investigation still is needed, but what can you **infer** from the video thus far?
  - **Infer** – **To derive by reasoning; conclude or judge from premises or evidence: (of facts, circumstances, statements, etc.)**
  
4. Further investigation is still needed, but did you make any **interpretations** based on what you saw?
  - **Interpretations** – **a conception of another's behavior.**  
*Combination of facts, observations and inferences and what this means to the APS professional, i.e., a professional opinion.*

*Definitions in bold found at [www.dictionary.com](http://www.dictionary.com)*

**Slide #26: Concise Documentation**

The slide is titled "Concise Documentation" in orange text. In the top right corner, there is a logo for the "Academy of Professional Excellence" which consists of a stylized orange and white graphic and the text "Academy of Professional Excellence". Below the title, there is a bulleted list of four points:

- Get to the point
- Answer: who, what, where, when, why, and how
- Avoid unnecessary and extraneous words
- Make sure info is relevant to the case

At the bottom right of the slide, the word "FOCUS" is written in white capital letters on four red, glossy, pill-shaped objects that are slightly overlapping and have a 3D effect.

**Explain** that we have now arrived at concise recording.


We need to get to the point, by answering who, what, where, when, why and how questions that are pertinent to the assessment, investigation, substantiation, and termination of the case.


Many APS professionals think that the more they write the better. However, we are not writing a novel, we are documenting what is necessary to explain our case plan.

**Share** a few helpful hints to find that perfect balance and **ask** participants to share some of theirs.

- Use template paragraphs which include the critical elements for the findings of the specific allegation.
- Keep in mind: everything documented must either support the finding of the allegations or support the service plan interventions. Everything else is superfluous.
- Give yourself a day after writing the narratives to then re-read with the question of "is that relevant to the case?" in mind.
- Ask your supervisor for suggestions or coaching around this topic.

**Slide #27: Case Record Diet Activity**

**Case Record Diet Activity** 

Cut out excess! Leave in essential nutrients. 

- Reduce/edit the following case documentation entry making sure it is clear, objective and complete.
- Cross-out non-relevant information and make additions (if necessary) making sure only the most pertinent information is included.

\* *Good review resource - CA APS Standards for Consistency in Case Documentation - Response to Reports: Investigation*

**Trainer Note:** Depending on time, this exercise can be done individually and then discussed in small groups, or it can be done individually and then directly processed in the large group, asking for volunteers.

**Activity #6: Case Record Diet (15 min.)**

**Refer** participants to **Handout #8 – Case Record Diet Activity** in their participant manual.

1. Participants are to read the entry.
2. Cross-out non-relevant items.
3. Add appropriate items (if necessary) making sure that only pertinent information is included.

**Trainer Note:** If time allows after completion of **Activity #7**, review **Handout #1 – CA APS Standards for Consistency in Case Documentation** matrix section “**Response to Reports – Investigation**” as it is a great summary of the morning’s salient information.

Continued

**Congratulate** participants for a very busy morning, learning about the purpose of documentation, the essential components, and how to be accurate, objective and concise. We will be building on this information in the afternoon.

## Handout #8 – Case Record Diet Activity

Cut out excess! Leave in essential nutrients. Reduce/edit the following case documentation entry making sure it is clear, objective and complete.

**Directions:** Cross-out non-relevant information and make additions (if necessary) making sure, only the most pertinent information is included.

07/10/2019

Home visit:

It was a rainy day and I had a hard time finding the place because some of the roads were closed. Besides that, I got a late start because my supervisor wanted to see me, so that threw me off my schedule.

Client opened the door and let me in. She told me to sit down but all the chairs were covered with stuff. I really didn't want to sit down, but I managed to find a spot where I was comfortable.

Client was wearing a housedress that was a bit too long. It had a small stain on the right sleeve. She was eating a turkey sandwich on white bread with mayonnaise. It looked pretty good.

She told me someone had brought it to her but she couldn't remember who it was. I asked her how she was feeling since her discharge from the hospital. She said she was feeling okay except that the top of her head was on fire and it was probably because of the people next door who put a spell on her.

I looked in the refrigerator (which made me feel like a snoop) and found moldy, orange juice, a 6 pack of beer, eggs, bread, Twinkies, cheese, a jug of wine, apples, and some things with mold on them.


While I was there, the phone rang. It was a friend, checking up on her.

I asked her if she needed anything. She said no and left.

## **REPORT WRITING FOR COURT**


### **Time Allotted: 30 minutes**

#### **Slide #28: Writing for Court: Rules of Evidence**



**writing for Court:  
Rules of Evidence**

- Admissible Evidence Criteria
  - Relevant: proves or disproves a disputed fact
  - Competent: legally obtained and receivable in court
  
- Exclusion of Evidence: Reasons
  - Reduce violations of constitutional protections
  - Avoid undue prejudice
  - Prohibit unreliable evidence (e.g. hearsay)
  - Protect valued interests and relationships (e.g. attorney-client privilege)



Now it's time to discuss the actual issues you face when writing for court.

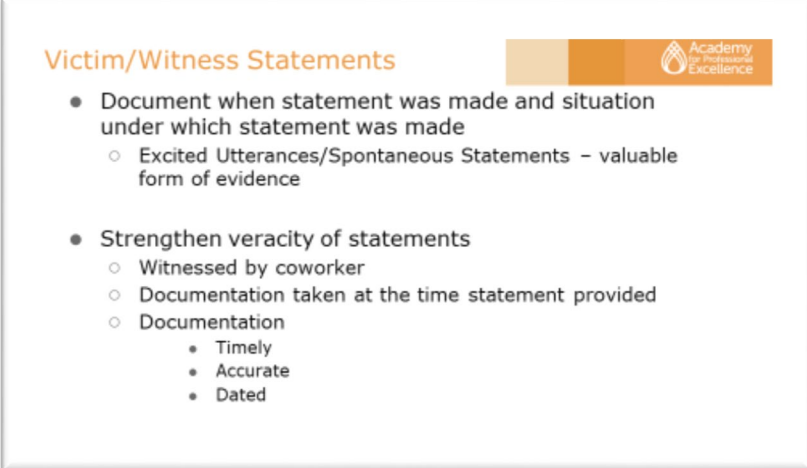
**Ask:** "How many of you have written a report that ended up in court?"

We are going to go over some typical issues regarding court writing and testimony.

The first has to do with rules of evidence, what is admissible and what can be excluded.

- To be admissible in court, evidence must pass the tests of relevancy and competency. That means that it has to prove or disprove a disputed fact and it must have been legally obtained.
- Sometimes evidence will be excluded, usually for reasons of unconstitutionality, unreliability or to protect against prejudice and privileged relationships.



**Slide #29: Victim/Witness Statements**

**Victim/Witness Statements**

- Document when statement was made and situation under which statement was made
  - Excited Utterances/Spontaneous Statements – valuable form of evidence
- Strengthen veracity of statements
  - Witnessed by coworker
  - Documentation taken at the time statement provided
  - Documentation
    - Timely
    - Accurate
    - Dated

In APS work, clients or alleged perpetrators may tell us something very meaningful that will influence the case in court. We must document those statements carefully – including when and under what circumstances the statements were made. Statements have more weight if they are witnessed.

Most statements made to an APS professional are not admissible with one exception – Excited Utterances/Spontaneous Statements which need to be carefully documented.

- These are statements made while someone is under the effects of an event that produces nervous excitement and before that person has time to deliberate or consider an answer. They are often blurted out without deliberation.
- Such statements are admissible through the testimony of the person who heard them even if the declarant (person making the statement) is not available to testify.

Special considerations when documenting spontaneous statements:

- A spontaneous statement can only come from a first-hand witness, such as the victim.
- Document the witness' physical and emotional demeanor, for example behaviors that show the stress level when making the statement.
- Document the victim's physical and emotional demeanor, including sounds and gestures, especially when the victim is non-verbal.
- Save written interviews with non-verbal clients when done on paper.
- Document the name of the person who heard the spontaneous statement.

Continued

- Document what that person heard from the victim (in quotes), when they heard it, the circumstances in which they heard it.
- Document spontaneous statements even when made by a person who may be found to be legally incompetent to testify or lack decision making capacity.

And, as we have said numerous times today, make sure statements are documented in a timely fashion, are accurate, and dated.

**Slide #30: Language for Court Reports**

The slide is titled "Language for Court Reports" and features the "Academy of Professional Excellence" logo in the top right corner. A large orange plus sign is on the left side. The content is divided into two columns: "DO:" and "AVOID:". The "DO:" column lists three bullet points: "Use 'victim states' rather than 'victim alleges'", "Build case on fact not opinion", and "Write in a way that can refresh your memory and bring you back to the situation". The "AVOID:" column lists two bullet points: "The word 'story'" and "Labeling: no opinions or biased language".

DO:	AVOID:
<ul style="list-style-type: none"><li>* Use "victim states" rather than "victim alleges"</li><li>* Build case on fact not opinion</li><li>* Write in a way that can refresh your memory and bring you back to the situation</li></ul>	<ul style="list-style-type: none"><li>* The word "story"</li><li>* Labeling: no opinions or biased language</li></ul>


**Explain** that we spoke about the use of language this morning, and this is especially important when documenting for court.

- Focus on facts, not opinions – what the individual states rather than your interpretation of what they mean.
- Also sometimes it takes a year, maybe two for a case to go to court. Make sure you write in such a way that brings you back to the situation.
- Memory tricks which you can practice will be discussed later.

Best practice is to avoid using the word "story" in a document going to court.

- Story implies fiction. Fiction is not what you are documenting...fiction is what happens when you fail to document.
- Also biased language should not be used...that means you want to report the facts and not your opinion about them.
- As we said this morning, avoid using slang, lingo, and inflammatory language.

**Slide #31: Mrs. Gunther Activity**

**Mrs. Gunther Activity** 

Mrs. Gunther is a 78 year old woman whose son, Dave, hit her in the face with the telephone when she threatened to call the police on him. He had been threatening her with violence if she did not give him her car keys. Because Dave was drunk, Mrs. Gunther did not want him to drive.

You are the APS professional called to interview Mrs. Gunther and you were first on the scene with the police. The police have now arrested Dave Gunther and you know that you may have to testify in court.

**Activity #7- Mrs. Gunther (10 min.)**

**Refer** participants to– **Handout #9b- Apply the Rules of Evidence and Witness Statements Activity**. In their participant manuals.

- 1. Have** a participant read the scenario aloud.
- 2.** As a large group, **have** them apply the rules of evidence and witness statements and choose which statements from **Handout #9b** they would include in Mrs. Gunther’s case record, and which they would trash.
- 3. Explain** that all statements were taken on December 12, 2018.

**Trainer Note: Answers are in italics in the Trainer Version Handout.**

**It is written in first person language, so you may need to discuss agency’s protocol on the use of writing in first person or using third person language, e.g.: “this APS professional” or “the undersigned”.**

## Handout #9a- Apply the Rules of Evidence and Witness Statements Activity (Trainer Version)

### Scenario

Mrs. Gunther is a 78-year-old woman whose son, Dave, hit her in the face with the telephone when she threatened to call the police on him. He had been threatening her with violence if she did not give him her car keys.

Because Dave was drunk,

Mrs. Gunther did not want him to drive. You are the APS professional called to interview Mrs. Gunther and you were the first on the scene with the police. The police have now arrested Dave Gunther and you know that you may have to testify in court.

1. The police officer and I heard Dave shout at his mother, "I should have knocked you out cold." *File*
2. Upon opening the door, Mrs. Gunther cried, "He tried to kill me. I am so happy you are here, can you help me?" Her hands were visibly shaking, her skin was ashen and there was a wound above her left eye that was bleeding. She stated she felt light-headed and I helped her to the nearest chair. Once seated, Mrs. Gunther began to cry and mutter to herself, "What did I do wrong? I raised him right." *File – this is a spontaneous statement.*
3. Dave was practically falling down drunk. *Trash*
4. Dave shouted at the police officer and me, "You have no business being here and you need to leave immediately." He was red in the face and his hands were clenched into fists. In my opinion, I was in serious danger. *File*
5. Mrs. Gunther alleged that Dave had threatened to hit her if she didn't give him the car keys. *Trash - hearsay. Avoid the using "alleged"*
6. Mrs. Gunther's doctor stated she has arthritis and urinary incontinence. *File*
7. Dave was angry enough to seriously hurt his mother. *Trash*
8. Officer Brown stated that Dave's blood alcohol level was .25 when Dave was arrested. *File*
9. Mrs. Perry, the next door neighbor said, "I overheard Mrs. Gunther and her son shouting at each other at 7:30pm this evening." *File, but could be thrown out as hearsay.*

## **Handout #9b- Apply the Rules of Evidence and Witness Statements Activity (Participant Version)**

### **Scenario**

Mrs. Gunther is a 78-year-old woman whose son, Dave, hit her in the face with the telephone when she threatened to call the police on him. He had been threatening her with violence if she did not give him her car keys.

Because Dave was drunk,

Mrs. Gunther did not want him to drive. You are the APS professional called to interview Mrs. Gunther and you were the first on the scene with the police. The police have now arrested Dave Gunther and you know that you may have to testify in court.

1. The police officer and I heard Dave shout at his mother, "I should have knocked you out cold."
2. Upon opening the door, Mrs. Gunther cried, "He tried to kill me. I am so happy you are here, can you help me?" Her hands were visibly shaking, her skin was ashen and there was a wound above her left eye that was bleeding. She stated she felt light-headed and I helped her to the nearest chair. Once seated, Mrs. Gunther began to cry and mutter to herself, "What did I do wrong? I raised him right."
3. Dave was practically falling down drunk.
4. Dave shouted at the police officer and me, "You have no business being here and you need to leave immediately." He was red in the face and his hands were clenched into fists. In my opinion, I was in serious danger.
5. Mrs. Gunther alleged that Dave had threatened to hit her if she didn't give him the car keys.
6. Mrs. Gunther's doctor stated she has arthritis and urinary incontinence.
7. Dave was angry enough to seriously hurt his mother.
8. Officer Brown stated that Dave's blood alcohol level was .25 when Dave was arrested.
9. Mrs. Perry, the next door neighbor said, "I overheard Mrs. Gunther and her son shouting at each other at 7:30pm this evening."

## **APS REPORT WRITING ACTIVITY**

### **Time Allotted: 45 minutes**

#### **Slide #32: APS Report Activity**

**Trainer Note: This exercise works best when instructions are given in steps, with time in between each step.**

#### APS Report Activity



- Read background information on Mrs. J
- Analyze the sample documentation.
- Identify any language that is unclear or subjective.
- Collaborate and rewrite the narratives.
- Make sure the report is clear, objective and concise.

**Explain** that we are now going to summarize the content of this training thus far with a report writing activity.

#### **Activity #8 APS Report Writing (45 min. with report out)**

1. **Ask** participants to form small groups of 3-4 people and choose one person to be the recorder.
2. **Provide** 2-3 minutes for them to first read the background information on Mrs. J. on Handout #10- APS Report Writing Activity.

Note: **Ensure** everyone has read the background information before moving to next step.

3. In small groups, **inform** participants to analyze the sample documentation under the headings- "Family Situation" & "Assessment of Social Functioning".
4. **Instruct** that they have 5 minutes to identify any language that is unclear, subjective, and not fit for court.
  - a. They can highlight, cross out, or circle that language.
5. **Inform** them they have 10 minutes to collaborate with group members and rewrite the narratives, adding factual information as necessary for clarification and revising any inappropriate language.
6. Have the recorder write the final version

#### **Report Out-**

**Ask** for each table to volunteer 2-3 changes or additions they made. **Solicit** new changes or additions from all tables and **discuss** any disagreements.

## **Handout #10 – APS Report Writing Activity**

### Background information

Mrs. J is a German-born 89-year-old widow who has severe dementia and has been hospitalized for 6 months. She has not been discharged because she cannot provide for her own care and nobody is available to help. Now that the application for Medi-Cal has been approved, she needs to be placed in a nursing home. An application for conservatorship is being processed and the request is that the Public Guardian be appointed, since neither the son nor the daughter is willing or appropriate to serve as their mother's conservator.

### Family Situation

Mrs. J has 2 children. The son lives in Virginia and has POA for financial matters. The hospital social worker called him frequently asking for his help in completing the Medi-Cal, but he kept avoiding her. When he finally came to California, he refused to pay any of his mother's bills and wouldn't meet with the Public Guardian. He seems like a real loser and this professional suspects that he might have exploited his mother. It's possible that he used her credit card for motel stays in California, but he denies it. He said he cut up the credit cards but could not prove it.

The daughter isn't much better. She alleges that her brother is misusing her mother's money but she herself had credit cards in her mother's name, which she says she cut up. She says she really cares about her mother, but has not shown herself to be responsible either. She is a long haul truck driver and is never home. She is also very jealous of her brother, since Mrs. J has always treated him very special and wanted him to handle everything. She is afraid of her brother and can't stand up to him. Worker observed that when they were interviewed in the hospital, he is a bully and she acted submissively.

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**Assessment of Social Functioning**

Mrs. J was interviewed during her stay in the hospital. The first time she seemed okay but said it was too early to answer questions (it was 2 p.m.). She was probably trying to hide the fact that she didn't know the answers. She remembered some things about her childhood but said that she has 6 children. She has 2 children who are living and one who died a while ago. She talked about his as though he was still alive. He short term memory is severely impaired. She seemed depressed and didn't care about the conservatorship.

At the second interview Mrs. J seemed really out of it but she wasn't depressed any more. She was inarticulate and needs help with all her ADLs.

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## **MEMORY TIPS AND DOCUMENTATION EQUIPMENT**

**Time Allotted: 30 minutes**

### **Slide #33: Memory Exercise**



**Acknowledge** that the training so far has focused heavily on proper documentation, but there are some additional skills needed to support this. The next two sections will focus on these tools.

### **Activity #9: Memory Exercise (10-15 min.)**

**Trainer Note:** This activity can be done one of two ways. Option #1 may be quicker and no prep/additional materials are needed. Option #2 provides an opportunity for kinesthetic learners.

- 1. Tell** participants that when they go into a client's home, there will be a lot to notice other than the client. The cues in the environment may give them information which will help with their assessment. It is important for them to notice and remember what they observed.
- 2. Option #1:** Inform them there are various items on the PowerPoint slide that they might see in a client's home and they will have 1 minute to observe the items using their EYES ONLY and this is an individual activity- no talking or taking notes! (**Hide** slide after the minute is up)

**Trainer Note:** For Option #2- Prior to training day, select 15-20 small items that can be found in an APS household (e.g. Rx bottle, fake insect, hearing aid) and a blanket to cover the items with. Make a list of all the items for your reference. Morning of training: Put all items under a blanket or sheet, so they cannot be seen by the participants.

Continued

**Option #2: Inform** them there are various items underneath the blanket that they might see in a client's home. They have 1 minute to lift the blanket and touch/observe as many items as they can without talking to others or taking notes. (Bring up 6-10 people at a time).

3. After the one minute is up, they have 3 minutes to list as many items as they can in their participant manual.
4. **Share** your master list with the group and **ask** if anyone got all of the items correct? **Probe** if they were detailed (i.e./ name of Rx or wine, color of glasses, type of jewelry, etc.)
5. **Ask** which items stood out and why and **discuss** why they think some items were missed.

**MASTER LIST FOR POWERPOINT SLIDE:**

- Insects on floor
- Orange eye glasses with broken lens
- Columbia Crest Merlot Wine Bottle
- Forms with orange pen and eye glasses (Health Insurance Claim and Radiology Services)
- Wheel Chair
- Native jewelry
- Oxycodone Rx with pills spilling out
- Moldy bread
- Dog and cat
- Moldy orange, pear and spoiled banana
- Suduko with pencil
- Hearing aid and battery
- Camouflage pocket knife
- Quilt

**Discuss** that often when you are in a client's home, you are bombarded with stimuli...the client, other people, hundreds of items in the environment. You are there for half an hour. How much of that do you remember after you leave?


- In this exercise, you had 1 minute to concentrate, and even then, not everyone remembered everything.
- If you had to wait half an hour and then get in your car, how much would you remember?
  - Of course, you should jot down notes as soon as you get to your car or as soon as you get to your office, but how many details would you remember?

**Slide #34: Memory Improvement Tips**



### Memory Improvement Tips

- Brain Exercises
- General Guidelines (Handout #11)
- Mnemonics: Memory Tools (Handout #12)
  - Imagination
  - Association
  - Location
- Healthy Habits
  - Exercise
  - Manage stress
  - Get enough rest
  - Incorporate healthy foods into diet



Refer participants to **Handouts #11 and #12** in their participant manual. There are some tricks and tips to help stimulate your memory.

**Brain Exercises:** Memory, like muscular strength, is a “use it or lose it” proposition. The more you work out your brain, the better you’ll be able to process and remember information. Novelty and sensory stimulation are the foundation of brain exercise. If you break your routine in a challenging way, you’re using brain pathways you weren’t using before. This can involve something as simple as brushing your teeth with your non dominant hand, which activates little-used connections on the non dominant side of your brain. Or try a “neurobic” exercise – an aerobic exercise for your brain – that forces you to use your faculties in unusual ways, like showering and getting dressed with your eyes closed. Take a course in a subject you don’t know much about, learn a new game of strategy, or cook up some recipes in an unfamiliar cuisine. That’s the most effective way to keep your synapses firing.

**General Guidelines:** Briefly review the **Handout #11** and ask if participants have any special way they remember things and ask them to share.

**Mnemonics:** Mnemonic is another word for memory tool. Mnemonics are techniques for remembering information that is otherwise quite difficult to recall. The idea behind using mnemonics is to encode difficult-to-remember information in a way that is much easier to remember. Have participants review this handout on their own.

Continued

### Healthy Habits:

#### Regular exercise

- Increase oxygen to your brain
- Reduces the risk for disorders that lead to memory loss, such as diabetes and cardiovascular disease.
- May enhance the effects of helpful brain chemicals and protect brain cells.

#### Managing stress (especially important for APS Professionals)

- Cortisol, the stress hormone, can damage the hippocampus if the stress is unrelieved.
- Stress makes it difficult to concentrate.

#### Good sleep habits

- Sleep is necessary for memory consolidation.
- Sleep disorders like insomnia and sleep apnea leave you tired and unable to concentrate during the day.

### **Nutrition:**

You probably know already that a diet based on fruits, vegetables, whole grains, and “healthy” fats will provide lots of health benefits, but such a diet can also improve memory. Research indicates that certain nutrients nurture and stimulate brain function. Make sure you get enough B vitamins, antioxidants, and omega-3 fatty acids. These all help getting oxygen to your brain and increase blood flow.

### **Understand the health benefits of not smoking:**

- Smoking heightens the risk of vascular disorders that can cause stroke and constrict arteries that deliver oxygen to the brain.

## **Handout #11 – General Guidelines to Improve Memory**

In addition to exercising your brain, there are some basic things you can do to improve your ability to retain and retrieve memories:

1. **Pay attention.** You can't remember something if you never learned it, and you can't learn something - that is, encode it into your brain - if you don't pay enough attention to it. It takes about eight seconds of intent focus to process a piece of information through your hippocampus and into the appropriate memory center. So, no multitasking when you need to concentrate! If you distract easily, try to receive information in a quiet place where you won't be interrupted.
2. **Tailor information acquisition to your learning style and use as many senses as possible.** Most people are visual learners; they learn best by reading or otherwise seeing what it is they have to know. But some are auditory learners who learn better by listening. They might benefit by recording information they need and listening to it until they remember it. Even if you're a visual learner, read out loud what you want to remember. If you can recite it rhythmically, even better. Try to relate information to colors, textures, smells and tastes. The physical act of rewriting information can help imprint it onto your brain.
3. **Relate information to what you already know.** Connect new data to information you already remember, whether it's new material that builds on previous knowledge, or something as simple as an address of someone who lives on a street where you already know someone.
4. **Organize information.** Write things down in address books and datebooks and on calendars; take notes on more complex material and reorganize the notes into categories later. Use both words and pictures in learning information.
5. **Understand and be able to interpret complex material.** For more complex material, focus on understanding basic ideas rather than memorizing isolated details. Be able to explain it to someone else in your own words.



6. **Rehearse information frequently and “over-learn”.** Review what you’ve learned the same day you learn it, and at intervals thereafter. What researchers call “spaced rehearsal” is more effective than “cramming”. If you’re able to “overlearn” information so that recalling it becomes second nature, so much the better.
  
7. **Be motivated and keep a positive attitude.** Tell yourself that you want to learn what you need to remember, and that you can learn and remember it. Telling yourself you have a bad memory actually hampers the ability of your brain to remember, while positive feedback sets up an expectation of success.

## Handout #12 – Mnemonic Devices to Improve Memory

The three fundamental principles underlying the use of mnemonics are imagination, association and location. Working together, you can use these principles to generate powerful mnemonic systems.

*Imagination:* is what you use to create and strengthen the associations needed to create effective mnemonics. Your imagination is what you use to create mnemonics that are potent for you. The more strongly you imagine and visualize a situation, the more effective it will stick in your mind for later recall. The imagery you use in your mnemonics can be as violent, vivid, or sensual as you like, as long as it helps you remember.

*Association:* this is the method by which you link a thing to be remembered to a way of remembering it. You can create associations by:

- Placing things on top of each other
- Crashing things together
- Merging images together
- Wrapping them around each other
- Rotating them around each other or having them dancing together
- Linking them using the same color, smell, shape, or feeling

As an example, you might link the number 1 with a goldfish by visualizing a 1-shaped spear used to spear it.

*Location:* gives you two things – first, a coherent context into which you can place information so that it hangs together. Second, a way of separating one mnemonic from another. By setting one mnemonic in a particular town, I can separate it from a similar mnemonic set in a city. For example, by setting one in Wimbledon and another similar mnemonic with images of Manhattan, we can separate them with no danger of confusion. You can build the flavors and atmosphere of these places into your mnemonics to strengthen the feeling of location.

Common types of mnemonic devices include:

1. **Visual images.**
2. **Sentences** in which the first letter of each word is part of or represents the initial of what you want to remember.
3. **Acronyms**, which are initials that creates pronounceable words.

**4. Rhymes and alliteration**


5. **Jokes** or even associations using facts, figures, and names you need to recall, because funny or peculiar things are easier to remember than mundane images.
6. **“Chunking” information;** arranging a long list in smaller units of categories that are easier to remember.
7. **“Method of loci”:** You associate each part of what you have to remember with a landmark in a route you know well, such as your commute to work.

**Slide #35: Documentation Equipment**



### Documentation Equipment

- "Smart" Devices (phones, tablets)
- Computers
- Camera (Handout #13)
- Audio/Video
- Body maps (Handout #14)



*Remember to obtain permission from the client before photographing, audio or videotaping*

**Trainer Note: Equipment availability and use may vary by jurisdiction. So this section covers documentation equipment and their general uses. Participants will want to check with their agency regarding protocols.**

Now that we have discussed ways to use our brains to improve our memory, let's talk about what equipment may be helpful. This is not only for our own memory, but to document clearly a risky situation. As they say, a picture is worth a thousand words. Each county has access to different types of equipment, some may be very limited.

**Ask** if participants have had experience using equipment for documentation purposes? What types of equipment?

Computer:

This can vary from county to county. The advantage to the computer/tablet is that the documentation is clean and readable...and there is spell check, although that doesn't catch everything.

Camera:

Many APS agencies use a camera; some agencies have workers use "Smart" devices such as phones or tablet to take photos or record video. This can be extremely helpful when you are documenting the condition of a client's home or to indicate physical abuse.

- It is important to ask permission from the client when you wish to photograph them or their environment. If you have a

Continued

short written permission form that may be helpful as well.

**Refer** participants to **Handout #13 – Photographing Evidence** in their participant manual. **Review** salient information and **solicit** feedback from participants on their agency’s policies.

Video and Tape Recording:

These are most often used by law enforcement and attorneys and should be used only with the permission from the client.

Body Maps:




Refer participants to **Handout #14 – Body Maps** in their participant manual.


**Ask** how the body map may help in building a case.

*Possible answers: The body map can be used to note any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, color and so on.*

- The body map is especially useful when you don’t have access to a camera or if the client refused to allow you to take photos.
- Only complete this if the injuries are clearly visible or shown to you freely.

## Handout #13 – Photographing Evidence\*

When to Take Photographs	<p><i>APS Professionals are encouraged to take photographs of their clients' injuries and adverse health conditions (e.g. severe weight loss due to malnourishment), or environmental conditions whenever:</i></p> <ul style="list-style-type: none"> <li>• <i>Photographs will help document the client's lack of ability to provide self-care for a probate conservatorship case.</i></li> <li>• <i>A photograph can be more accurately depict the client's injury or situation than can be stated in a brief narrative.</i></li> <li>• <i>Requested to do so by law enforcement.</i></li> <li>• <i>There has been a penal code violation that can be documented photographically.</i></li> </ul> <p><i>APS professionals may also take baseline photographs, with the client's permission.</i></p>
Always take an identifying shot	<p><i>Always take at least one photograph showing the whole person, the front of the home or an overview of the scene.</i></p> <ul style="list-style-type: none"> <li>• <i>Rational: Without an identifying shot, it is often difficult to determine who was injured and exactly what part of the body was injured.</i></li> </ul> <p><i>It is also important to show that the interior shots are of the client's home and not another residence.</i></p>
Use the rule of thirds	<p><i>Using the identifying shot, move in by thirds to show the details of the injury or of an environmental condition (e.g. rat droppings, spoiled food, etc.)</i></p> <div style="display: flex; justify-content: space-around; align-items: center;">    </div>

	<i>(Notice how difficult it is to determine what extremity is being shown in picture (3) without looking at the identifying shot).</i>
Use a "scale" in photographs	<p><i>It is helpful to position an ordinary object of known size (e.g. a ruler, a coin or a pen) next to the object or injury being photograph to determine the size of the item being photographed.</i></p> 
Photograph the injuring object	<p><i>If the object is believed to have caused the injury is identified, it is helpful to photograph the object next to the injury.</i></p> <ul style="list-style-type: none"> <li>• <i>For example, photographing a 1-inch wide leather belt next to a one-inch wide bruise may help to demonstrate that the belt was the cause of the injury.</i></li> <li>• <i>Please note that in some cases the size of the injuring object will <b>not</b> match due to swelling, movement of the victim when struck or other factors.</i></li> </ul>
Take sharp pictures	<p><i>The following guidelines will help you produce sharp, detailed pictures:</i></p> <ol style="list-style-type: none"> <li><i>1. Avoid backlighting the person or object as the resulting photograph will be a silhouette without any detail.</i></li> <li><i>2. Use side lighting only if you need to show the texture or depth of a wound.</i></li> <li><i>3. Almost all documentary photographs should be lit from the front if at all possible. However, it is advisable to take photographs in varying light levels.</i></li> <li><i>4. Steady your camera against a table, the roof of a non-running car, etc. and squeeze the shutter slowly so as not to jerk the camera.</i></li> <li><i>5. Make sure that your lens is clean, your batteries are charged and the camera is has available memory.</i></li> <li><i>6. Shoot most of your photographs from eye level as this makes it easier to judge the perspective of objects in the picture.</i></li> </ol>
Downloading photographs	<i>Photographs are to be (1) downloaded to the worker's computer or a CD and (2) labeled as soon as is practical after being taken.</i>

Label electronic media and printed photographs	<p><i>All photographs, electronic files, CD's or USBs must be labeled with, at a minimum, the client's name and the date the photographs were taken. In addition, it is desirable to include the name of the person taking the photographs and a description of what was photographed (e.g. the bruise on Mrs. M's left knee).</i></p> <ul style="list-style-type: none"> <li>• <i>Only one client's photographs may be stored in any single electronic file.</i></li> <li>• <i>All photographs should be stored in at least 2 places (e.g. CD/USB and on paper, CD/USB and in an electronic file on the APS professional's computer).</i></li> </ul>
Maintain the "original" photograph	<p><i>In some cases, photographs may need to be enhanced in order to clearly see some details.</i></p> <ul style="list-style-type: none"> <li>• <i>Enhancements include changes in lightness/darkness, sharpening the focus, cropping the photograph, etc.</i></li> <li>• <b><i>Do not enhance the "original" photograph.</i></b></li> <li>• <i>Make a copy and then make any necessary enhancements. The changed photograph needs to be labeled as having been enhanced with notations of what changes were made.</i></li> <li>• <i>The notation should reference the original photograph and both photographs (the original and the enhanced version) should be kept in the same electronic file.</i></li> </ul>
Releasing photographs to other agencies	<p><i>Photographs are part of the APS case documentation and their release is regulated by the same policies as any other part of the case record.</i></p>
Liability Concerns	<ul style="list-style-type: none"> <li>• Document that you received client's permission (or why photos were taken without client's permission).</li> <li>• Use Agency issued equipment (e.g. cell phone, tablet, camera). <ul style="list-style-type: none"> <li>➤ <i>All equipment is subject to subpoena and if using your personal equipment, that means all of your personal information.</i></li> </ul> </li> </ul>



**Handout #14 – Body Maps (see next page)**

These body maps may be photocopied as required.

Please note on the body map any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, color and so on.

Only complete these if the injuries are clearly visible or shown to you freely.

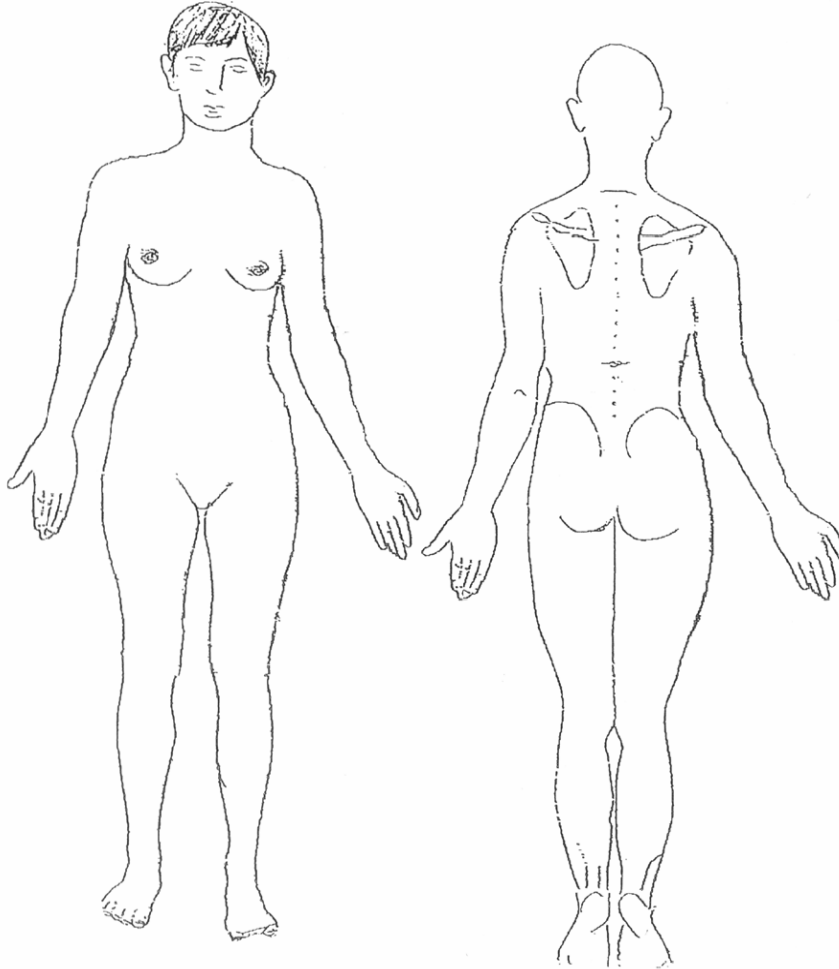
**4.1 Front and Back Views – Female**

Details of service user:

Name:

Address:

DOB:



**Completed by**

Name:

Designation:

Date:

Time:

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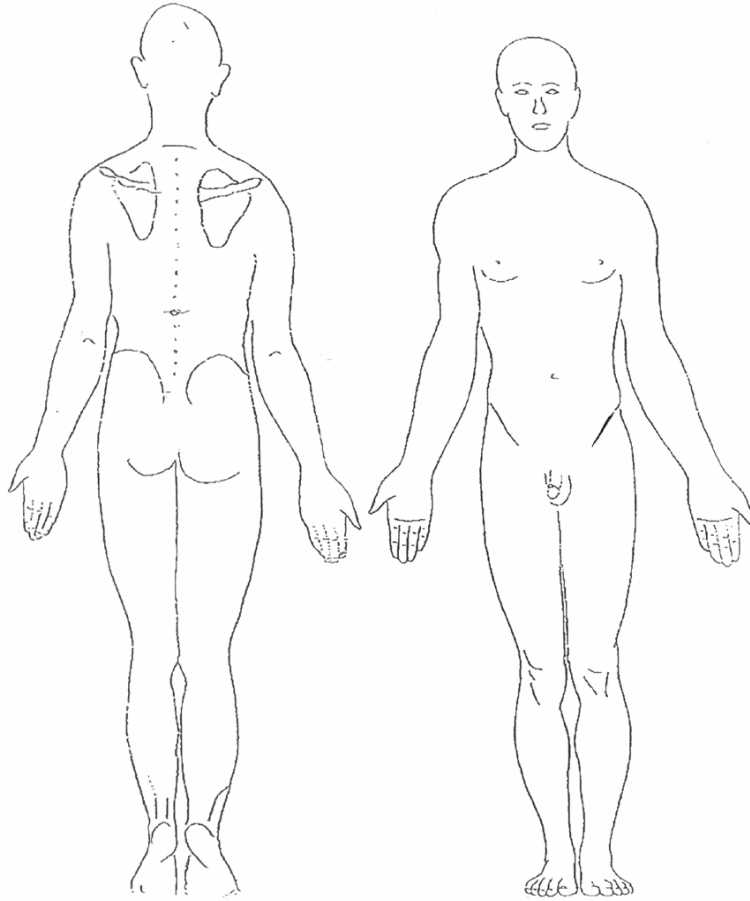
**4.2 Front and Back Views - Male**

Details of service user:

Name:

Address:

DOB:



**Completed by**

Name:

Designation:

Date:

Time:

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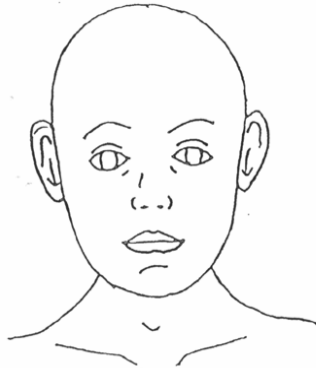
4.3 **Front and Side Views - Head**

Details of service user:

Name:

Address:

DOB:



**Completed by**

Name:

Designation:

Date:

Time:

## **ETHICAL CONSIDERATIONS AND CONFIDENTIALITY RELATED TO DOCUMENTATION**

### **Time Allotted: 30 minutes**

#### **Slide #36: Ethical Issues**

**Trainer Note: An entire module is dedicated to ethics and values in APS work, NAPSA Core Competency Module 2: APS Values and Ethics. This brief section focuses on ethics specifically to APS documentation.**

**Ethical Issues**

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- Liability: myths and realities
- Inflation/Deflation/Omission
- Whose life is it anyway?

As new APS professionals, you may have many concerns about your ethical responsibilities, your liability regarding case practice and outcome, and your need to protect your client as well as yourself.

**Ask** participants if they know one of most challenging ethical dilemmas in APS practice?

*Answer: The struggle between a client's safety and their right to self-determination.*

- **Share** and example from your own experience of how this presented itself and be honest of how you may have struggled.
- **Solicit** 2-3 examples from participant's own experience.

**Explain** that ethical dilemmas also are present when it comes to documentation.

- **Share** an example from your own career of when you faced and ethical dilemma when it comes to documentation.
- **Explain** that the next handout will explore some of the reasons for these ethical dilemmas, but **ask** if this rings true to others and **solicit** a few examples.

**Refer** participants to **Handout #15 Ethics in Documentation** in their participant manual so they can follow along as you review.

Continued

### Liability

APS professionals are often worried about their liability on the job. You need to know that you can only be held liable if you act outside of the scope of your duties or neglected your duties. This is why documentation of all your actions is so important. Your agency should protect you as long as you have followed the law and documented accurately and completely.

### Inflation or Deflation or Omission:

There are times when we really want something to happen, when we want to push something to happen in a case situation. There may be various reasons for this – we could be very worried about a client or we could be tired of dealing with a situation and want to force an issue. Case progress may be slower than we want, and how that provokes feelings in us... sometime frustration, sometimes fear, sometimes anger. We can be tempted to embellish documentation to make a situation seems worse or better than it seems – maybe we think it will help protect the client better, or maybe we think it will protect us. We need to be careful, because such actions will come back to haunt you. If the case goes to court, discrepancies will be found by an attorney, the prosecutor, the judge. Your testimony may be thrown out, making the situation worse for the client. Your reputation and the reputation of APS is at stake, so make sure you report accurately what you observed, when you observed it, and under what circumstances.

### Whose Life is it Anyway?

No matter how long you've been on the job, it is extremely important to be aware of your own personal feelings when investigating a case. These feelings can cloud your vision and your assessment and seep into your documentation, causing problems for you at a later date. There are people and situations that push your buttons. A caregiver reminds you of someone in your family who was very controlling of you. You find yourself enraged in some situations or you feel particularly protective of someone who reminds you of someone in your personal life. You'll confront situations that are very frustrating, when clients are making choices that put them at risk, when you can't sleep at night worrying. On these occasions, you really have to dig inside to make sure you are looking at the situation objectively, assessing each person for who they are, taking into account their own history and not yours. Also you have to analyze who has the problem – is it the client or is it me? We saw the importance of this when we were discussing objective writing this morning – what seems filthy to us may be quite acceptable to others, and as long as the filth (or whatever other condition you see) is not putting the client at risk of serious harm and, as long as the client understands the consequences of the situation, you may have to back off –

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and even support the right of that client to remain in the situation in the face of community pressure. When you feel your buttons being pushed, it would be a great time to increase Supervision and work through these in a supportive environment.

## Handout #15 – Ethics in Documentation

Have you ever:

**Inflated** (exaggerated, Embellished, Amplified, Overstated, Overstressed, Embroidered),

**Deflated** (Minimized, Played down, Made light of, Underestimated, Underrated, Diminished) or

**Omitted** information in a narrative?

Possible reasons:

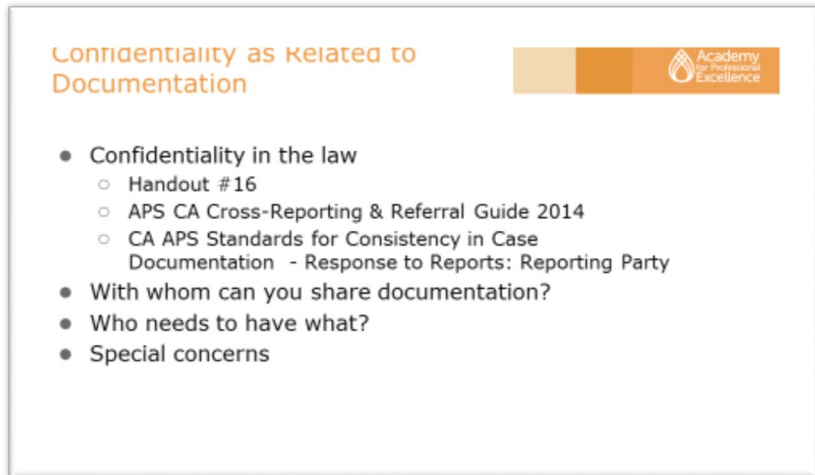
### Liability issues

- An APS professional may think: “If I include this...in the narrative, I could be sued.”
  - However: You are very protected as long as you perform the duties and responsibilities of your position accordingly. You could be held liable if you act out of the scope or neglected your duties and responsibilities.

### Results

- An APS professional may think: “If I make the situation look a little worse than it is, maybe I can get the conservatorship approved...or maybe I can get that no-good son out of the house...”
  - However: These things can and will backfire on you, usually NOT getting the results you wanted and are not ethical practice. Analyze your intentions: make sure they are not for personal reasons (“I’ll sleep better if she were in a nursing home”). Professionalism will yield the best results!



**Slide #37: Confidentiality as Related to Documentation**

**Confidentiality as Related to Documentation**

- Confidentiality in the law
  - Handout #16
  - APS CA Cross-Reporting & Referral Guide 2014
  - CA APS Standards for Consistency in Case Documentation - Response to Reports: Reporting Party
- With whom can you share documentation?
- Who needs to have what?
- Special concerns

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**Trainer Note: For trainings outside of California, you will need to modify the slide and confidentiality mandates for your jurisdiction.**

**Ask** “What is your understanding of confidentiality in the context of APS?”

APS has very strict rules about confidentiality. As an APS professional you can obtain information from many sources to complete your investigation, but you are very limited with whom you can share information. If your client signs a release of information, indicating what they want shared, then you are safe in sharing that information. Make sure that you are releasing only what your client has authorized.

**Ask:** if they know with whom they may share written documentation with and under what circumstances. Make sure they cover the written reports to law enforcement. Discuss the issues that come up around reports to law enforcement.

Refer participants to **Handout #16 – Client Confidentiality: Who What & Why – California** in their participant manual. You will see the statute and what the law says about sharing documentation. There are some occasions when you can share written documentation.

**Trainer Note: You may want to read aloud some of the most relevant WIC code portions of Handout #14. Also, refer to working with Multi-Disciplinary Teams and the District Attorney.**

Continued

**Inform** participants there is a document entitled "APS Guidelines to Supplement Regulations Section 3.3 – APS California Cross-Report and Referral Guide 2014" developed by County Welfare Directors Association (CWDA) Protective Services Operations Committee (PSOC) Consistency Workgroup.

This guide which was developed to be used in an electronic file as it has hyperlinks. The guidelines can be downloaded from

[https://www.cwda.org/sites/main/files/file-attachments/aps\\_guidelines\\_to\\_supplement\\_regulations\\_-\\_version\\_1.9.pdf](https://www.cwda.org/sites/main/files/file-attachments/aps_guidelines_to_supplement_regulations_-_version_1.9.pdf).

This guide offers a lot of information related to WIC and MPP citations as well as the many partners that APS may work with including important specifics such as – if APS is mandated to cross-report; if the client needs to be involved; agency and APS responsibility; and reporting vehicle.

Another great tool to review with regards to confidentiality is the "CA APS Standards for Consistency in Case Documentation – Response to Reports: Reporting Party" which is also located in the Appendix, in **Handout #1**.

## **Handout #16 – Client Confidentiality: Who, What & Why – California**

### **Cross reporting to law enforcement**

- SOC 341 form sent immediately – *Report of Suspected Dependent Adult/Elder Abuse.*
- SOC 343 form sent later – *Investigation of Suspected Dependent Adult/Elder Abuse or equivalent form.*
- Cross Reporting, as per CA Welfare & Institutions (W&I) Code section 15640. (a) (1) – *A county adult protective services agency shall also send a written report thereof within two working days of receiving the information concerning the incident to each agency to which it is required to make a telephone report under this subdivision.*

### **Working with Multi-Disciplinary Teams (MDT's)**

- ❖ Mandates on confidentiality as per CA W & I Code 15633.2A & 15633.2B – (A) *Persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons.*
- ❖ (B) *Except as provided in subparagraph (A), any personnel of the multidisciplinary team or agency that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing the information. The information obtained shall maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.*
- ❖ Definition of MDT's – As per APS P&P manual section 33-130.3 – *"Multidisciplinary personnel team" means any team of two or more person who are trained in the prevention, identification, and treatment of abuse of elderly or dependent persons and who are qualified to provide a broad range of services related to abuse of elderly or dependent adults, as defined in Section 15753.5 of the CA Welfare & Institutions code/.*
- ❖ Types of MDT's
  - Financial Abuse Specialist Teams (F.A.S.T.) – a multi-disciplinary group of public and private professionals who volunteer their time to advise APS, the Ombudsmen, law enforcement and private attorneys on matters of vulnerable adult financial abuse.

- Forensic Centers –typically staffed by professionals from legal, medical, social services, and law enforcement agencies who conduct case reviews; in-home medical and mental status, and evidentiary investigation; taped victim interviews; education; consultation; and research. This collaboration allows better understanding, identification and treatment of elder abuse and assists in more efficient ways to successfully prosecute elder abuse cases.
- Elder Death Review Teams (EDRT) – a team reviews closed cases of elder death that are suspicious or warrant further scrutiny.
- ❖ Who sits on MDT’s – There are potential confidentiality issues if it includes community-based agencies, as community members may not be privy to confidential information.

### **Working with the District Attorney**

- Before sharing any records, discuss with Supervisor and follow your agencies protocol.
- Court orders – information shared as per CA W&I Code 15633.5
- Refer to your county’s policy for working with the DA as procedures may differ.

### References:

California Welfare and Institutions Code Section 15640, Chapter 11, Article 5.

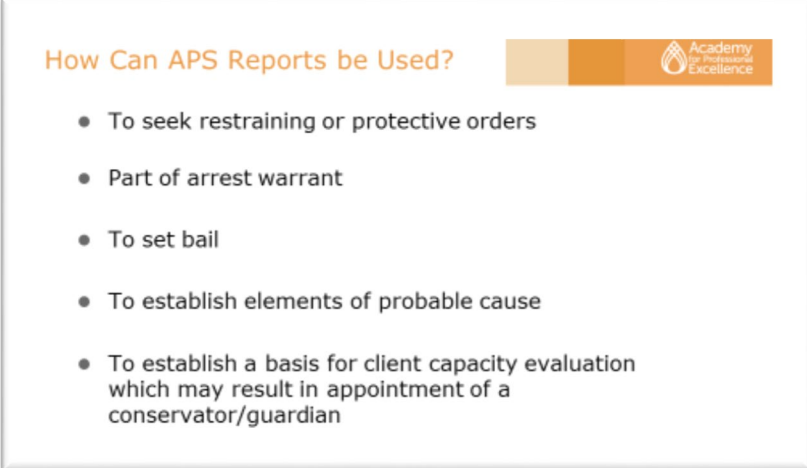
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=15001-16000&file=15640>


California Welfare and Institutions Code Section 15633-15637, Chapter 11, Article 4.

<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic&codebody=&hits=20>

California Department of Social Services (2001). *Manual of Policies and Procedures: Adult Protective Services Program (No. APS-01-01)*. Sacramento, CA, p.22.

*-This document was created by the APS Training Project – Bay Area Academy/SFSU for the APS Case Documentation & Report Writing training – June 2008.*

**Slide #38: How Can APS Reports be Used?**

**How Can APS Reports be Used?** 

- To seek restraining or protective orders
- Part of arrest warrant
- To set bail
- To establish elements of probable cause
- To establish a basis for client capacity evaluation which may result in appointment of a conservator/guardian

**Review** slide.

These are places where your documentation might wind up. You can see how important documentation is and how essential it is to do it in the most professional manner possible.


**Ask:** “Can you think of any other place their documentation might be scrutinized?”

**Explain** that there is not enough time to discuss every type of legal procedure where APS may be involved. The skills they learn today should translate to most narratives they complete.


## **CLOSING AND EVALUATIONS**

### **Time Allotted: 25 minutes**

#### **Slide #39: Questions & Lessons Learned**

Questions & Lessons Learned 

- Any final questions or comments?
- What two lessons will you be taking away from today's training?
  - What was most helpful in your work as an APS professional?
- Write your ideas in the Participant Manual.
- Transfer of Learning Activities
  - <https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/aps-case-documentation-and-report-writing-instructor-led-training/>



**Trainer Note: Before ending the training and starting evaluations – refer participants to the Appendix and resource handout; a list of California Penal Codes Commonly Used in APS [Outside CA – Insert your State here].**

**Ask** if there are any questions or any information discussed today that still needs clarification.

#### **Activity #10: Lessons Learned (10 min)**

- 1. Give** participants 3-5 min to reflect on today's training, **encouraging** them to review their participant manuals for reminders.
- 2. Instruct** them to write down two lessons learned from today's training and anything specific that was most helpful in their work as an APS professional.
- 3. Solicit** at least one person from each table to share one of their lessons learned.

**Explain** that effective documentation is a skill that is best practiced and reviewed continuously. There are currently two Transfer of Learning (TOL) options available for them to access.

Continued

**Refer** participants to **Handout #17**. This Documentation and Report Writing TOL Tool can be used on their own or in a group setting and uses a video demonstration. It includes 3 different activities that can be done sporadically, as they see the need to practice.

There is an additional TOL, The Documentation and Report Writing TOL Supervisor Workbook, which contains numerous activities that their Supervisor may want to incorporate in Supervision or Unit meetings. Encourage participants to review and seek out guidance from their Supervisors.

Both Transfer of Learning Documents can be found on APS Workforce Innovations Website at <https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/aps-case-documentation-and-report-writing-instructor-led-training/>

## Handout #17



# APS Documentation and Report Writing

## Transfer of Learning Tool

Version 1  
May 2019

We create experiences that transform the heart, mind and practice.

APSWI is a program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.



**The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.**

*-CWDA APS Guidelines to Supplement Regulations, 2.7: Guiding Principles for APS Case Documentation*

**How To Use:**

This Transfer of Learning Tool is designed as a companion to NAPSA Core Competency Module #15: APS Case Documentation and Report Writing. It allows APS professionals to practice and polish their documentation skills using a collateral interview from a video clip. It can be used in a variety of settings to include:

- Classroom Training with support from a facilitator
- Individual activity to guide documentation
- Coaching tool for Supervisors to use when working with staff around documentation skills
- Unit Meeting as a group activity with guidance from a Supervisor or Lead Staff

This Transfer of Learning Tool is divided into 3 activities that the learner will complete after watching the [Financial Abuse Allegation, Home Visit: Alleged Perpetrator Interview video](#).

1. Part One: record facts and observations you see and document inferences and interpretations.
2. Part Two: write a Collateral Contact Narrative using clear, factual, objective and concise language and capturing direct quotes.
3. Part Three: answer supplemental questions.

**Learning Objectives:**

1. Use a collateral interview video to demonstrate the use of clear, concise and objective language while illustrating accurate recall in a contact narrative.
2. After viewing a collateral interview video, accurately identify and differentiate facts and observations.
3. Use a collateral interview video to identify interview techniques that support objective interview questions and demonstrate clarification techniques.

**Materials:**

The demonstration video "Financial Abuse Allegation, Home Visit: Alleged Perpetrator Interview" can be found at <https://theacademy.sdsu.edu/programs/apswi/apswi-videos/> or <https://www.youtube.com/watch?v=6i9ARePrPpE>



**PART ONE**

Using the **Financial Abuse Allegation, Home Visit: Alleged Perpetrator Interview**, think about whether the impressions you are receiving are facts, observations, inferences or interpretations. Make notes below for each category.

1. What are the **facts**?
  - **Facts** – something that actually exists; reality; truth.  
*Information that can be verified.*
  
2. What are your **observations** (appearance, behaviors, conversations, etc.)?
  - **Observations** – an act or instance of noticing or perceiving, an act or instance of regarding attentively or watching. *Things you may see, hear, or smell.*
  
3. Further investigation is still needed, but what can you **infer** from the video thus far?
  - **Infer** – To derive by reasoning; conclude or judge from premises or evidence: (of facts, circumstances, statements, etc.)
  
4. Further investigation is still needed, but did you make any **interpretations** based on what you saw?
  - **Interpretations** – a conception of another's behavior.  
*Combination of facts, observations and inferences and what this means to the APS professional, i.e., a professional opinion.*

**PART TWO****Using the Financial Abuse Allegation, Home Visit: Alleged Perpetrator Interview, write a collateral contact narrative.**

*Consider the elements of good report writing:*

- 1. Accurate, factual, complete, and timely documentation.*
- 2. Inclusion of direct quotes.*
- 3. Clear, concise, and objective language that will stand up in court, and provide a professional standard for APS casework.*

-CWDA APS Guidelines to Supplement Regulations, 2.7: Guiding Principles for APS Case Documentation

Narrative:

Narrative (continued):



## PART TWO (For Facilitator or Supervisor)

Were the following documentation essentials included?:

- *Share specific examples from the written narrative to support these essentials*

- The date the narrative was written
- Setting/location/people present
- Name of Alleged Perpetrator and relationship to victim
- Statements the Alleged Perpetrator made about the allegation or protective issue
- Proper use of abbreviations
- Direct quotes, with context (the questions and the answers)
- Observations including witness' physical and emotional demeanor
- Clear language
- Objectivity



**PART THREE**

Using the **Financial Abuse Allegation, Home Visit: Alleged Perpetrator Interview**, discuss or answer the following questions:


1. What questions did the APS professional use that demonstrated objective interviewing skills?
2. In what ways did the APS professional ask the Alleged Perpetrator to clarify an answer?
3. What would you document about the environment, e.g. what you saw/heard/smelled?
4. Based on the interview, what documents would you attempt to secure and include in your case record?

OUR WHY: **REVOLUTIONIZE  
THE WAY PEOPLE  
WORK TO ENSURE  
THE WORLD IS A  
HEALTHIER PLACE.**



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**Slide #40: Evaluation & Thank You**

**Evaluations & Thank You**

- Thank you for attending this course and for the important work you do every day protecting older and vulnerable adults in your community!
- Please complete the course evaluation

**FEEDBACK**

**Explain** the importance of their participation and feedback in the evaluations. **Provide** participants time to complete evaluations and **encourage** them to be honest with positive and constructive feedback.

**Thank** them for their participation and their hard work, **acknowledging** the time away from a large case load they gave today.



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California Department of Social Services (2001). Manual of Policies and Procedures: Adult Protective Services Program (No. APS-01-01). Sacramento, CA, p.22.

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California Welfare and Institutions Code Section 15633-15637, Chapter 11, Article 4. Retrieved from <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic&codebody=&hits=20>

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## **Appendix**

### **Handout #1 – Guiding Principles of APS Case Documentation**

*APS Guidelines to Supplement Regulations, 2.7.  
Effective Date 6/1/2015*

#### **Purpose of this Guide:**

The Protective Services Operations Committee's (PSOC) Consistency Subcommittee developed this Guide to provide assistance with documenting APS Casework in a consistent manner across the State.

This Guide focuses on the purposes and considerations of good report writing and properly maintaining a case record. In addition to this Guide, the accompanying Matrix focuses on the defining elements and standards that constitute appropriate documentation of an APS Case Record.

#### **Elements of good report writing:**

1. Accurate, factual, complete, and timely documentation.
2. Clear, concise, and objective language that will stand up in court, and provide a professional standard for APS casework.

#### **What is a good APS Case Record?**

The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.

#### **APS Case Record Requirements:**

CA Welfare and Institutions Code 15630-15632 – Requires any mandated reporter to document any incident that appears to be physical abuse (including sexual abuse), abandonment, isolation, abduction, financial abuse, or neglect (including self-neglect, which is defined under Neglect). See definitions under W&IC 15610 to 15610.70.

CDSS Manual of Policies and Procedures 33-805 – Case Record

## Requirements:

- SOC 341 Form – Report of Suspected Dependent Adult/Elder Abuse
- All written assessments and reassessments
- The written service plan
- Any written visitation plan
- The chronological narrative of contacts made with, or on behalf of, the elder/dependent adult.
- Documentation of any refusal of services including, if known, the reasons for refusal.
- Copies of all documents, relating to the client, which have been received or sent by the adult protective services agency.
- Case closure summary. Documentation all supervisory approvals.
- Any other information or documents that APS believes necessary to maintain proper record of client's case.

**Purpose of documentation**

- Documentation to establish baseline data.
- Documentation as evidence of involvement – both justification for being involved and the importance of documentation for court.
- Documentation used to show that the case was handled properly.
- Documentation for purposes of consistency – to demonstrate that the case was handled efficiently and that all relevant leads were followed up on.
- To justify the need for staffing and/or funding – through documentation of the work required as well as the complexity of the work done on the case.

**Considerations about documentation**

- Who will read your documentation? (possibilities, among others, include: agency director, attorneys, judges, law enforcement, other APS staff)
- Where it will end up? (possibilities include: local Board of Supervisors or state officials, law enforcement agencies, conservatorship hearings, civil court actions, criminal court actions)
- Who benefits from good documentation? (possibilities include: the worker, their agency, the legal system, and the client)

Factual documentation should include:

- Date, time, duration of contact, type of contact (include who initiated the contact), with whom, who was present, and location.
- Direct and systematic observations
  - What you saw, heard, smelled
- Information obtained by other professionals
  - Medical diagnosis and prognosis
  - Bank statements
  - Legal documents
- Direct quotes, like spontaneous Statements
  - Carefully document spontaneous statements. A spontaneous statement is a statement made by a witness, including a victim, while under the stress of excitement caused by witnessing a startling event. It is considered truthful because little time has passed to allow the witness to “make-up” a story.
  - A spontaneous statement can only come from a first-hand witness, such as the victim.
  - Document the witness’ physical and emotional demeanor, for example behaviors that show the stress level when making the statement. Document the victim’s physical and emotional demeanor, including sounds and gestures, especially when the victim is non-verbal.
  - Save written interviews with non-verbal victims when done on paper.
  - Document what that person heard from the victim (in quotes), when they heard it, the circumstances in which they heard it.
  - Document spontaneous statements even when made by a person who may be found to be legally incompetent to testify or lack decision making capacity.

**3 of 5**

- Clear language
  - Understood by any reader
  - Uses limited acronyms and lingo

### Definitions of Subjective and Objective

Subjective description gives an interpretation of an observation. **AVOID Subjective descriptions!** Two people seeing the same event might be likely to give different subjective descriptions. Example of subjective documentation:

Client was filthy and disheveled

Judgmental? Inflammatory?

- Two types of statements are inappropriate for good, objective documentation. *Judgmental statements*, or statements that make value judgements about clients and their behavior; and *inflammatory statements*, that utilize negative stereotypes or paint a subjectively negative image of a client, family member, or contact.

Judgmental Examples – The following statements, unless they are quotes from clients or other relevant parties are judgmental and should not be a part of a legal record:

- The client is crazy
- The son is lazy
- The client is a redneck
- The daughter just wants to cause trouble

Inflammatory Examples – These statements, similar to the ones on the previous screen, are not objective and should not be a part of a legal record:

- The client's nephew is a druggie
- The client only wants pain meds to get high
- The client dresses like a hooker
- The client is milking the system
- The mother's relationship is toxic

Objective description tells what was observed. Two people observing the same thing would probably give very similar objective descriptions. This is **APPROPRIATE** documentation. Example of objective documentation:

*Client's arms, legs, and face were caked with dirt. His shirt was stained and unbuttoned. His trousers hung down to his knees. There were urine stains on his pant legs. He had socks on and only one shoe.* **4 of 5**

**Case Disposition**

The APS Case Record must justify the disposition of the case:

1. Findings – Determine whether the matter is confirmed, inconclusive, or unfound using the Consistency in Findings Matrix and Guide. i.e. including reasons for the finding.
2. Actions taken on the case – Provide details on the actions you took or attempted to take to remedy the abuse (e.g. unsafe situation, exploitation, etc.).
3. Reasons for Closure – For example, services are completed, other agency or resource assuming responsibility, etc.

APS Guidelines to Supplement\_Regulations

2.8: The California APS Standards for Consistency in Case Documentation

**California APS Standards for Consistency in Case Documentation 2015**

Key: **APS** = Adult Protective Services - **Vulnerable Adult** = elder and/or dependent adult, **Abuse** = all types of abuse and neglect/self-neglect, **W&IC** (Welfare & Institutions Code), **MPP** (CDSS Manual of Policies & Procedures), **ACL** (CDSS All-County Letter)

Category	Defining Elements	Standard	What to Document	How to Document
<b>Response to Reports – Immediate</b> W&IC 15763(b) MPP 33-510.1	1. Immediate life threat. or 2. Imminent danger. or 3. Crisis on an existing case. or 4. Local law enforcement request.	Within two hours but no longer than 24 hours from the time the agency received the call.	a. That there was a response within two hours. b. Reasons for not responding within two hours.	a. Time of call and time of arrival. b. Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.

Acronyms used in this document:

- SDM – Structured Decision Making
- NTD – No Ten Day
- FTF – Face-to-Face (or in-person) meeting with victim
- NIR – No In-Person Response
- SOC – Designated prefix for forms or templates created by the California Department of Social Services
- MDT – Multi Disciplinary Team
- LE – Law Enforcement
- LTCO – Long Term Care Ombudsman
- PG – Public Guardian’s Office
- DA – District Attorney’s Office
- DCA – California Department of Consumer Affairs

APS Guidelines to Supplement Regulations  
 2.8: The California APS Standards for Consistency in Case Documentation

Category	Defining Elements	Standard	What to Document	How to Document
<b>Response to Reports – Ten Day</b> W&IC 15763(b) MPP 33-510.1	Mandated response within 10 days.	Between 24 hours to ten calendar days from the time the agency received the call.	a. That there was a response within ten days. b. Reasons for a different response time, e.g. 2, 3, or 5 days.	a. Time of call and time of arrival. b. Assessment tool used (e.g. SDM) or explanation addressing the timeframe, e.g. reference to internal policies.



APS Guidelines to Supplement Regulations  
2.8: The California APS Standards for Consistency in Case Documentation

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – NTD</b> ACL 14-42 W&amp;IC 15763(b)(2) MPP 33-510.1</p>	<p>No protection issue. <b>or</b> Clients receiving intervention from other agencies/resources. <b>or</b> Clients where the protection issue was resolved. <b>or</b> Clients placed in permanent facilities <b>or</b> Reports received from non-credible resources. <b>or</b> Reports received involving other circumstances.</p>	<p>Assessed as NTD within 10 days.  Resolved and closed within 30 days.  A FTF needed within 30 days if unable to resolve and close.</p>	<p>a. Evaluation of risk determining that the vulnerable adult is not in imminent danger.  b. An immediate or ten day in-person response is not necessary to protect the health and safety of the vulnerable adult.</p>	<p>a. Time of call and time of arrival.  b. Justification Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.</p>

APS Guidelines to Supplement Regulations  
 2.8: The California APS Standards for Consistency in Case Documentation

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports –</b>  <b>NIR</b>                      ACL 14-42                      MPP 33-505.1                      MPP 33-510.1</p>	<p>1. Reports found to be outside APS jurisdiction or do not meet APS criteria.                      or                      2. Inadequate information to contact or locate the vulnerable adult.                      or                      3. Determination that the vulnerable adult has moved out of state or out of county.                      or                      4. The vulnerable adult is deceased.                      or                      5. A past occurrence that was investigated, and with no new allegations or present risks.</p>	<p>Assessed as NIR within 10 days.                      Resolved and closed within 30 days.</p>	<p>1. What jurisdiction they belong in, or what criteria they didn't meet.                      2. Inability to find adequate contact information without assigning the case.                      3. What jurisdiction they belong in.                      4. Source of information, and there is no indication that another vulnerable adult is at risk.                      5. Confirm there are no present risks.</p>	<p>1. Date and time of report, whether a cross-report was made, and where the caller was referred to receive the proper assistance.                      2. That information could not be obtained from family or another individual with knowledge of the vulnerable adult's whereabouts.                      3. To whom the cross-report was made, and/or where the caller was referred to.                      4. Date of death, circumstances if known (e.g. suspicious), any collateral verification of the death.                      5. Date of past occurrence, and information from other agencies that there are no present risks to the elder or dependent adult.</p>

APS Guidelines to Supplement\_Regulations  
2.8: The California APS Standards for Consistency in Case Documentation

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – Investigation</b> W&amp;IC 15610.40 MPP 33-110.8 MPP 33-510.4 SOC-343 *CWDA’s APS Guidelines to Supplement Regulations</p>	<p>That activity undertaken to determine the validity of a report of elder or dependent adult abuse.</p>	<ol style="list-style-type: none"> <li>Interview of the alleged victim in private, unless he/she requests otherwise.</li> <li>Interview the suspected abuser if available and if appropriate.</li> <li>Interview others with knowledge of the abuse, e.g. agencies, professionals.</li> <li>Other agencies/ professionals involved in the investigation.</li> <li>APS Worker observations.</li> <li>Document observations that place the worker at risk.</li> <li>Document your findings per Consistency in Findings Guidelines.</li> </ol>	<ol style="list-style-type: none"> <li>Obtained consent to enter the residence if interviewing victim at home, and consent to speak privately.</li> <li>Summarize suspected abuser’s statement.</li> <li>Summarize the individual statements made by others.</li> <li>Agency name and telephone number of contact person.</li> <li>Describe the victim and the victim’s environment as seen by the APS Worker, i.e. living quarters, adequacy of care, financial arrangements; physical evidence of abuse (Clarify indicators* e.g. Physical Indicators, Behavioral Indicators, Sexual Abuse Indicators, Financial Indicators or any other tools used by your county).</li> <li>Criminal activity, animal, filthy hazard, infectious disease, weapons, substance abuse, severe/history of psychological problems, homicidal/ suicidal ideation, violent behavior, sexual harassment.</li> <li>All types of relevant and available evidence or facts gathered (whenever possible from more than one source), and as instructed in the *Consistency in Determining Findings Matrix and Guide.</li> </ol>	<ol style="list-style-type: none"> <li>Date, time, who was present, who left the room, victim’s statement and willingness/ability to cooperate with investigation, quote relevant statements, especially when made spontaneously and under strong emotion.</li> <li>Date, time, who was present, relationship to the client, full name, contact info, role/position, any consistency/inconsistency, and explanation of the events from the suspected abuser’s point of view; quote relevant statements, especially when made spontaneously and under strong emotion.</li> <li>Date, time, the relationship to the client, full name, contact info, role/position, and quote relevant statements.</li> <li>Any findings, opinions, and quote statements made, e.g. the conclusion of a police report, fire department, or Public Health Nurse (PHN), etc.</li> <li>Details of photos taken or obtained during the investigation, and source of information (e.g. documents) gathered by the APS Worker.</li> <li>Details on the risky situation, and why it poses a risk. Include recommendations to mitigate the risk, e.g. don’t go alone, go with law enforcement, etc.</li> <li>Workers should document the specific reasons that led them to their findings for each allegation, not just state their conclusions.</li> </ol>

APS Guidelines to Supplement Regulations  
 2.8: The California APS Standards for Consistency in Case Documentation

Category	Defining Elements	Standard	What to Document	How to Document
<p><b>Response to Reports – Reporting Party</b></p> <p>ACL 01-18                      W&amp;IC 15610.55                      W&amp;IC 15633                      W&amp;IC 15633.5</p> <p><b>NOTE:</b> Being an MDT member does not automatically grant access to APS confidential information. MDT member must be directly connected to the administration of the APS Program.</p> <p>* Review your County's Policy on how to treat confidential information, e.g. clearing requests with County Counsel.</p>	<p>Types of Reporting Parties (RP):</p> <ol style="list-style-type: none"> <li>1. Non-mandated RP.</li> <li>2. Victim/Client as RP.</li> <li>3. Mandated RP.</li> <li>4. RP is an agency listed under W&amp;IC 15633.5, i.e. APS, local LE, LTCO, PG, DA, Bureau, Probate Court, and DCA Division of investigation.</li> </ol> <p><b>Please Note:</b>                      All information retained on behalf of elders and dependent adults by county adult protective services agencies in the administration of the Adult Protective Services Program is confidential.</p> <p>All information contained in the case record as defined in the MPP Division 33, Chapter 8, Section 33-805, is also confidential.</p>	<ol style="list-style-type: none"> <li>1. May not receive Confidential Information, unless he/she is an MDT member directly connected to the administration of the APS Program.</li> <li>2. May or may not receive confidential information based on County Policy.*</li> <li>3. May not receive confidential information, unless he/she is an MDT member directly connected to the administration of the APS Program.</li> <li>4. May receive confidential information when investigating a case of elder or dependent adult abuse.</li> </ol>	<ul style="list-style-type: none"> <li>• Include any information regarding expression of confidentiality or limitations of sharing information due to the type of RP. ***</li> <li>• Include a summary of the conversation, outcome, and any actions agreed to by either party.</li> </ul> <p><b>*** Example:</b>                      The mandated reporter is the client's dentist. The dentist's services are not required by the client's service plan. Disclosure of confidential information, including acknowledging that the client is receiving adult protective services, is not directly connected to the administration of the Adult Protective Services Program. Therefore, the adult protective services agency may not release confidential information to the dentist. The adult protective services agency may, however, confirm receipt of the report of known or suspected abuse or neglect.</p>	<p>For every RP:</p> <ul style="list-style-type: none"> <li>• Date and time</li> <li>• Type of contact, e.g. call, email, etc.</li> <li>• Name, agency, title</li> <li>• Phone number/contact information</li> <li>• Purpose or reason of contact, call or email to APS</li> </ul> <p>For example:                      2/28/14 at 3pm Telephone call from Capt. Jones with City Fire Dept (888-555-5555). He responded to the client's home.</p> <p><b>IMPORTANT</b></p> <p>Document the report of abuse in a timely manner, or as soon as practically possible based on your County's policy and procedure.</p>

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<p><b>Assessment – Capacity Issues</b> W&amp;IC 15636 W&amp;IC 15657.6 W&amp;IC 15701.25 W&amp;IC 10850(e) MPP 33-110.8 Probate Code 811, 812, 813, 1821, 1881 Civil Code Sec 39 Probate Code 2250(a)(b)</p> <p><u>Objectives:</u> Initiation and reason for involuntary case planning detailing how to remediate the unsafe situation; and when appropriate, to establish the facts of good cause for appointment of the temporary guardian or temporary conservator. [Probate Code 2250(b)].</p>	<p>Whether or not the vulnerable adult is incapacitated to the extent that he/she cannot give nor deny consent to protective services</p> <p>a) because of suspected mental impairment, or</p> <p>b) because he/she is an endangered adult.</p>	<p>a) Suspected mental incapacity:</p> <ol style="list-style-type: none"> <li>Ability to understand relevant information, e.g. rights, responsibilities.</li> <li>Ability to understand and appreciate a situation and its likely consequences.</li> <li>Ability to manipulate information rationally, i.e. to reason and understand risks, benefits and alternatives.</li> <li>Ability to evidence a choice by communicating verbally or through any other means.</li> </ol> <p>b) Endangerment:</p> <ol style="list-style-type: none"> <li>The victim is at risk of serious injury or death due to abuse, or is substantially unable to manage his or her financial resources or to resist undue influence, and</li> <li>The victim demonstrates the inability to take self-protective action.</li> </ol>	<p>a) Suspected Incapacity:</p> <ol style="list-style-type: none"> <li>Information to be understood includes nature of client’s condition and situation, nature and purpose of proposed remediation of the situation, possible benefits and risks of that remediation, and alternative approaches (including no intervention) and their benefits and risks.</li> <li>Clients who do not acknowledge their abusive or precarious situation (often referred to as “lack of insight”) are likely to remain in unsafe situations.</li> <li>Focuses on the process by which a decision is reached, not the outcome of the client’s choice, since clients have the right to make “unreasonable” choices.</li> <li>Frequent reversals of choice because of psychiatric or neurologic conditions may indicate lack of capacity.</li> </ol> <p>b) To document endangerment:</p> <ol style="list-style-type: none"> <li>Document the victim’s refusal for protective services in light of whether the victim is an endangered adult or not.</li> <li>Document the risk of serious injury or death, or the substantial inability to manage his or her financial resources or to resist fraud or undue influence.</li> <li>Document how the victim demonstrates the inability to take action to protect himself or herself from the current and/or future consequences of remaining in that situation or condition.</li> </ol>	<p>a) Suspected Incapacity:</p> <ol style="list-style-type: none"> <li>Document what the client said in his/her own words about:                             <ol style="list-style-type: none"> <li>The problem with his/her situation now.</li> <li>The recommended remediation, and its possible benefits and risks.</li> <li>Any alternative remedies and their risks and benefits.</li> <li>The risks and benefits of no intervention.</li> </ol> </li> <li>Document what the client said about:                             <ol style="list-style-type: none"> <li>Their view of their situation.</li> <li>There needing to be some type of assistance or intervention, and what is it likely to do. And his/her reasons.</li> <li>What clients believe will happen if there is no assistance or intervention?</li> <li>Why the clients think the recommendations have been made?</li> </ol> </li> </ol> <p>7. Document what the client said about:</p> <ol style="list-style-type: none"> <li>How did the client decide to accept or reject the recommendations?</li> <li>What makes the chosen option better than the alternative option(s)?</li> </ol> <p>8. Document the client’s responses to the following:</p> <ol style="list-style-type: none"> <li>Have you decided whether to follow the recommended remediation?</li> <li>Can you tell me what that decision is?</li> <li>[If no decision] What is making it hard for you to decide?</li> </ol> <p>b) How to document endangerment:</p> <ol style="list-style-type: none"> <li>Document the worker’s assessment of the risks and danger to the client.</li> <li>Document the determination of whether or not to institute involuntary services.</li> </ol>

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<p><b>Service Plan – Development and Monitoring</b></p> <p>W&amp;IC 15763 MPP 33-535</p> <p>Please Note: If the client cannot consent to the Service Plan, please refer to your County’s Policy on providing involuntary protective services.</p>	<p>A service plan is a set of activities developed with client input and acceptance to alleviate identified problems utilizing counseling, monitoring, followup, and reassessment.</p> <p>The purpose of a service plan is to give direction to efforts to alleviate or reduce identified problems or risks, by specifying actions to be taken and resources to be utilized, and bring about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future.</p>	<p>a) To identify the problems to be alleviated based on the assessment.</p> <p>b) To develop the desired outcomes and strategies to be used in attaining those outcomes.</p> <p>c) To identify resources and supports to be used in order to attain the outcomes and stabilize the situation.</p> <p>d) The services identified in the service plan shall be delivered only with the consent of the elder or dependent adult.</p> <p>e) Monitoring and followup.</p>	<p>a) The client’s perception of the problem and concerns and the APS Worker’s perception of the problem and concerns. The adult protective services worker shall ensure the client’s input in the development of the service plan and shall discuss with the client the voluntary nature of the adult protective services program.</p> <p>b) The specific goals and the steps to attain these goals, and how each step addresses the protective issue. Steps to attain these goals should include:</p> <ul style="list-style-type: none"> <li>• Documenting any counseling on protective issues by APS Worker.</li> <li>• Documenting any expert counseling (e.g. finances, psychotherapy, healthcare, insurance) for clients and significant others to alleviate the identified problems and to implement the service plan.</li> </ul> <p>c) Name of each resource (e.g. agency, service) and support (e.g. relative, friend, neighbor), and their role in stabilizing the situation.</p> <p>d) The adult protective services worker shall document in the case record the client’s agreement to the service plan or shall request the client to sign a document that indicates the client’s willingness to receive the services in accordance with the service plan.</p> <p>e) Document actions taken to monitor and evaluate the effectiveness of the plan in addressing the protective issues.</p>

## California Penal Codes Commonly Used in APS Case Documentation

### **PC 368 (a) through (k) –Crimes Against Elder or Dependent Adults:**

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

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

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

(A) Three years if the victim is under 70 years of age.

(B) Five years if the victim is 70 years or older

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

(A) Five years if the victim is under 70 years of age

(B) Seven years if the victim is 70 years of age or older.

(c) Any person who knows or reasonable should know that a person is an elder or dependent adult and who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon

unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, by both that fine and imprisonment.

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

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

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

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

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



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

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

### PC 368 Definitions

#### **Elder:**

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

#### **Dependent Adult:**

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

#### **Caretaker:**

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

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

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

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

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

**Other Important Penal Codes:**

PC 187 – Murder

PC 211 – Robbery

PC 237 (b) – False imprisonment; elder or dependent adult (apply to isolation situations)

PC 240 – Assault

PC 242; 243 – Battery

PC 243.25 – Battery against person of elder or dependent abuse; punishment

PC 243.4 (b) – Sexual battery of serious disabled or medically incapacitated

PC 245 – Felony Assault

PC 261 (a)(1) – Rape

PC 273.5 – Inflict corporal injury on current or former spouse or cohabitant

PC 288 (a) – Oral copulation; lack of capacity

PC289 (b), (c) – Forcible acts of sexual penetration; lack of capacity

PC 368 (b); 368 (c) or 368 (f) – Lewd or lascivious acts (including forcing the elder to watch pornography, pose for pornography)

PC 459 – Burglary (also applies to entering a person’s home to defraud them)

PC 470-476 – Forgery

PC 484, 487, 488 – Theft; grand theft; petty theft

PC 530.5 – Identity Theft

PC 597 – Animal Abuse

PC 646.9 \_ Stalking (addresses a pattern of conduct, including following, badgering, calling, lurking – with a threat. It can vary from case to case, and typically requires some rather egregious conduct or pattern of conduct)

### **Other Codes to be Familiar With:**

#### **Family Codes**

FC 4400 – Duty of adult children to support parents

FC 6250 (d); 6251 – Protective order for elder or dependent adult

#### **Probate Code**

PC 811 – Deficits in mental functions; incapacity to contract

#### **Welfare & Institutions Code**

W&I Code 5150 – Involuntary psychiatric hold for an individual who is a danger to himself or others, or gravely disabled

W&I Code 15600 ,et seq. – Elder Abuse and Dependent Adult Civil Protection Act

W&I Code 15700, et seq. – Protective Placements and Custody of Endangered Adults

*This document was created by the APS Training Project - Bay Area Academy/SFSU with research assistance by Lori Delagrammatikas; APS, Riverside County; Candace Heisler, JD; and Tristan Svare. DDA, Elder & Dependent Adult Abuse Protection Family Violence Unit, San Bernardino County and the CA District Attorney's Association. Ju. PC*

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