



Ethics, Values and Cultural Responsiveness in Adult Protective Services

PARTICIPANT MANUAL

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



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The revised curriculum, Version 2, was developed by the Academy for Professional Excellence with funding from the California Department of Social Services, Adult Programs Division.



**Curriculum Revisions 2020
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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Ethics, Values, and Cultural Responsiveness in APS Participant Manual, developed by APSWI, a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

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

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

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

APSWI's partners include:

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

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Agencies

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San Bernardino County Department of Aging and Adult Services
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EXECUTIVE SUMMARY

Course Title: Ethics, Values, and Cultural Responsiveness in APS

Outline of Training:

In this engaging thought provoking introductory training, participants learn the basic components of ethics and values as applied to APS social work practice. Participants will be able to apply a practical framework for ethical decision-making, as well as become aware of their own value systems and how they may affect decision-making in the field. Participants will develop the awareness needed to analyze situations from a culturally responsive standpoint. At the conclusion of the training, they will be better able to label, organize, and understand what they observe and to analyze the consequences of the decisions facing them.

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

Course Requirements:

Certificates of course completion will be awarded upon completion of ALL course activities. **Handout #13- Personal Identity Wheel** should be completed prior to training.

Target Audience:

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

Outcome Objectives for Participants:

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

- Define seven ethical principles in APS work.
- List four major ethical influences on APS decision-making.
- Describe cultural humility.
- Describe how the concepts of implicit bias and intersectionality affect APS work with vulnerable adults.
- Provide one example of using cultural responsiveness in working with vulnerable adults.
- List the components of an ethical and culturally responsive decision-making framework.

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 the staff to attend the training and help them identify ethical dilemmas that they have faced in the past or anticipate facing in the future. 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, trainees may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

COURSE OUTLINE

CONTENT	MATERIALS	TIME
WELCOME & INTRODUCTIONS	Flip chart & markers Handout #13- Personal Identity Wheel	15 MINUTES
ETHICS CODES AND CONCEPTS		35-40 MINUTES
<i>Activity #1- Brainstorming (large group)</i>	Flip chart & markers	
Code of Ethics	Handout #1- NASW Code of Ethics	
Ethical Principles	Handout #2- Ethical Principles	
Ethical Dilemmas		
<i>Activity #2-Ethical Dilemmas Scenarios (individual and large group)</i>	Handout #3- Ethics and Values in APS Work	
BREAK		15 MINUTES
INFLUENCES ON ETHICAL DECISION-MAKING		50-60 MINUTES
<i>Activity #3 (Part One)- Influences on Ethical Decision-Making (small groups)</i>	Handout #4- Influences on Decision-Making	
<i>Activity #3 (Part Two)- Influences on Ethical Decision-Making (large group)</i>		
CHANGES IN THE U.S.		15 MINUTES
<i>Activity #4- Diversity Awareness (dyads)</i>		
SELF-REFLECTION PROCESS		95 MINUTES
Community Agreements	Handout #5- Community Agreements	
<i>Activity #5- Intersectionality in Practice (small groups)</i>		
<i>Activity #6-Intersection Exploration (individually and small group)</i>	Handout #6- Matrix of Oppression	
<i>Activity #7- Social Identity Wheel (individual and large group)</i>	Handout #7A- Social Identity Wheel (for Trainer) & Handout #7B- Social Identity Wheel (for Participants)	
LUNCH		60 MINUTES
Intersectionality and Privilege	Case Example #1	
Illustrating Implicit Bias in APS context	Case Example #2	

DEVELOPING CULTURAL HUMILITY		30-35 MINUTES
<i>Activity #8- Illustrating Cultural Humility in APS Practice (small groups)</i>	Handout #8-Case Example #3	
Culturally Learned Assumptions & Cultural Bias		
Cultural Responsiveness in Practice	Case Example #4	
ETHICAL AND CULTURALLY RESPONSIVE PRACTICE		15 MINUTES
Foundational Ethical Principles		
BREAK		15 MINUTES
ETHICAL AND CULTURALLY RESPONSIVE DECISION-MAKING		50 MINUTES
<i>Activity #10-Framework Review (large group)</i>	Handout #09- Framework for Ethical and Culturally Responsive Decision-Making	
<i>Activity #11- Putting it All Together (small groups)</i>	Handout #09, Handout #10B- Case Study worksheet, Case Example #1	
WRAP-UP AND EVALUATIONS	Handout #11- NAPSA Code of Ethics	10-15 MINUTES
TOTAL TIME (INCLUDING LUNCH AND BREAKS)		7 HOURS

Housekeeping & Introductions



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



APS Core Competencies



- There are **23** modules in the Adult Protective Services (APS) Core Competencies identified by NAPSA.



Training Goals



- The purpose of this workshop is to enhance self-awareness and ongoing self-reflection of the APS professional in their practice relating to ethical decision-making process in the field.
- This workshop will also introduce concepts (implicit bias, intersectionality, power and privilege) that provide a culturally responsive framework for use by the APS professional.
- Promote critical thinking, consultation and ongoing assessment of ethical-decision making.

Learning Objectives



- Define 7 ethical principles in APS work.
- List 4 major ethical influences on APS decision-making.
- Describe cultural humility.
- Describe how the concepts of implicit bias and intersectionality affect APS work with vulnerable adults.
- Provide 1 example of using cultural responsiveness in working with vulnerable adults.
- List the components of an ethical and culturally responsive decision-making framework.

Brainstorming



Brainstorming:

What are some challenging ethical issues you confront in your daily practice?



ETHICS: Defined



- Moral principles that govern a person's behavior
- Branch of philosophy that explores "right action" and "wrong one".
- Useful in assessing the rightness of decisions and the fairness of the decision-making process



Codes of Ethics



- Why do we need them?
- How do they guide us professionally?
- Cannot guarantee ethical behavior.
- Sets forth values, ethical principals and standards to which professionals aspire and by which their actions can be judged.

NASW Code of Ethics



HANDOUT #01: NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS (abbreviated)

Value: Service

- **Ethical Principle:** *Social workers' primary goal is to help people in need and to address social problems.*

Value: Social Justice

- **Ethical Principle:** *Social workers challenge social injustice.*

Value: Dignity and Worth of the Person

- **Ethical Principle:** *Social workers respect the inherent dignity and worth of the person.*

Value: Importance of Human Relationships

- **Ethical Principle:** *Social workers recognize the central importance of human relationships.*

Value: Integrity

- **Ethical Principle:** *Social workers behave in a trustworthy manner.*

Value: Competence

- **Ethical Principle:** *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Source: For the complete *NASW Code of Ethics*, see www.socialworkers.org/pubs/code

NAPSA (or APS) Code of Ethics



Guiding Values:

- Every action taken by APS must balance the duty to protect with the right to self-determination
- Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

NAPSA: APS Ethical Principles



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

Ethical Principles



- **Autonomy**
- **Beneficence**
- **Non-maleficence**
- **Privacy**
- **Fidelity**
- **Accountability**
- **Justice**



HANDOUT #02- ETHICAL PRINCIPLES

Seven Ethical Principles of APS

These ethical principles describe what is good or right conduct. When you understand them they help to anchor you in your understanding of difficult APS situations and also help you to understand the ethical conflicts confronting you in a difficult decision.

Ethical Principle	APS Role	Practice Considerations
<p>Autonomy - Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence.</p> <p>Two types of autonomy -</p> <p>Decisional autonomy: ability and freedom to make decisions without external coercion or restraint.</p> <p>Autonomy of execution: ability and freedom to carry out and implement personal choices.</p> <ul style="list-style-type: none"> Note: Having the capacity and ability to appreciate consequences are not mutually exclusive 	<p>Respect the client's self determination.</p>	<p>Possible barriers to making autonomous decisions:</p> <ul style="list-style-type: none"> Physical disability Mental illness or cognitive impairment Financial limitations Lack of resources Lack of information Religion Culture Influence of family members: loyalty, fear, shame
<p>Beneficence - Right to receive care by others that maintains and/or enhances the client's welfare.</p>	<p>Do good for others. Promote the welfare of others.</p>	<p>APS' priority must always be on the needs, interests and wishes of the vulnerable adult. Often APS clients have impairments or judgments we may not agree with, but still have capacity to make their own decisions. The most important tool APS professionals have is their use of self and the development of a relationship with the client.</p>
<p>Nonmaleficence - Right to expect others to "do no harm" in the maintenance or enhancement of the client's welfare.</p>	<p>Do not act in a way that will inflict harm on others. Weigh out all the possible consequences of your actions.</p>	<p>Consider the following:</p> <ul style="list-style-type: none"> What if intervention will ruin the relationship with family? What if it will get the client evicted? What if the client loves the abuser and doesn't want any intervention? <p>We need to weigh the consequences of our possible interventions.</p>

Ethical Principle	APS Role	Practice Considerations
<p>Privacy - Right to maintain privacy regarding personal information, interpersonal relationships, physical environment, and lifestyle, as long as it does not infringe on the rights of others.</p>	<p>Respect client's right to control information about him/herself.</p>	<p><i>What affects the elder's right to privacy?</i></p> <ul style="list-style-type: none"> • Disclosure of assets and income in order to determine eligibility for programs • Intrusion into home • Loss of identity when hospitalized: stripped of clothing and identity; infantilized • Loss of routine, and personal stuff when placed in nursing home or other facility <p>For the APS professional, privacy is an issue - Federal restrictions such as Health Insurance Portability and Accountability Act (HIPAA), as well as state confidentiality laws, local ordinances, and program policies governing APS practice must always be taken into consideration.</p>
<p>Fidelity - Right to have others show loyalty or commitment to the client when they need help. Right and responsibility of family members to care for and assist one another (e.g. filial piety).</p>	<p>Include and respect ideas of family members and significant others.</p>	<p>Loyalty to family impacts APS practice deeply. Clients feel loyalty to abusive family members and will often resist changing their situation because they don't want to endanger the relationship. Clients can also often expect a family member to care for them in spite of that person's physical or mental state, or geographic location.</p> <ul style="list-style-type: none"> • Sometimes family feel so responsible to provide care, that they ignore their own needs. • Sometimes the family member who is "chosen" to do the caregiving is not the most appropriate person.
<p>Accountability - Right to expect others to tell the truth and be responsible for their actions. Right to expect others to expose the deception and irresponsibility of others.</p>	<p>Be accountable and responsible for your actions and expect others to do the same.</p>	<p>APS professionals must be able to justify their professional actions based on the standards of the profession.</p> <ul style="list-style-type: none"> • Documentation makes a person's professional actions "transparent" or easily assessed. Transparency is necessary because accountability may involve defending one's actions or decisions to a professional or legal authority. Because human services professionals are ultimately responsible to the people they serve, transparency and accountability generally mean that processes and criteria for decision-making are available for public inspection. • Accountability also means truth-telling. Mandated reporters, for example, must do so in good faith, but sometimes reporters distort the situation to meet their own needs. The APS professional's investigation needs to take this possibility into account. Whistle blowing, or reporting of unethical practices or events within one's own agency, is also part of accountability.

Ethical Principle	APS Role	Practice Considerations
<p>Justice - Right to be treated equitably whether they are a caregiver or care receiver.</p>	<p>Fairly distribute benefits (or costs or harms) among individuals.</p>	<p>Justice is based on the idea of a society which gives individuals and groups fair treatment and a just share of the benefits of society. A number of important questions surrounding justice have been fiercely debated over the course of history: What is justice? What does it demand of individuals and societies? What is the proper distribution of wealth and resources in society: equal, meritocratic, according to status, or some other arrangement?</p> <ul style="list-style-type: none"> • There is a myriad of possible answers to these questions from divergent perspectives on the political and philosophical spectrum. • This is an important consideration in APS practice. <p>The following are some questions regarding justice as an ethical principle in APS. Professionals, policy makers, and the general public must struggle with these dilemmas.</p> <ul style="list-style-type: none"> • What if a client has the money for a service they need, but refuses to spend it? • Roommates or significant others, living together, allegations are that both are mutually combative and/or verbally abusive. Both deserve justice and fair treatment, but how does that actually happen when offering services? • How do we ensure that overburdened caregivers are treated justly? • How might a neighbor’s sense of justice be impacted by a client with poor hygiene standards/housing conditions? • IHSS is having a hard time finding a provider when a client is labeled difficult because they are discriminatory, verbally or physically abusive towards paid caregivers. Client deserves to be cared for, but provider deserves to be treated with respect.

NOTE: An important caveat – ethical principles may be defined differently depending on the individual’s culture. What Americans see as a basic right, for example, may not be defined the same way in another culture. For example, in some cultures the needs of the entire family may supersede those of its individual members. This differs from Americans’ strong emphasis on individual autonomy.

Ethical Principle: Autonomy



Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence.

Decision of Autonomy & Autonomy of Execution

- **APS professionals:** Respect the client's self- determination.

Consider:

- Physical disability
- Mental illness or cognitive impairment
- Financial limitations
- Lack of resources
- Lack of information
- Religion
- Culture
- Influence of family members: loyalty, fear, shame



Ethical Principle: Beneficence



Right to receive care by others that maintains and/or enhances the client's welfare.

- **APS professionals:** Do good for others. Promote the welfare of others.

- Empowerment
- Advocacy
- Persuasion (look for opportunities to compromise)



Ethical Principle: Non-maleficence



- Right to expect others to "do no harm" in the maintenance or enhancement of the client's welfare.
- **APS professional:** Do not act in a way that will inflict harm on others. Weigh out all the possible consequences of your actions.

Ethical Principle: Privacy



Right to maintain privacy regarding personal information, interpersonal relationships, physical environment, and lifestyle, as long as it does not infringe on the rights of others.

- **APS professional:** Respect client's right to control information about themselves.

Ethical Principle: Fidelity



Right to have others show loyalty or commitment to the client when they need help.
Right and responsibility of family members to care for and assist one another (e.g. filial piety).

- **APS professionals:** Include and respect ideas of family members and significant others.



Ethical Principle: Accountability



Right to expect others to tell the truth and be responsible for their actions.
Right to expect others to expose the deception and irresponsibility of others.

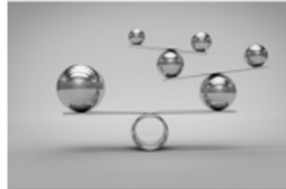
- **APS professionals:** Be accountable and responsible for your actions and expect others to do the same.

Ethical Principle: Justice



Right to be treated equitably whether they are a caregiver or care receiver.

- **APS professionals:** Fairly distribute benefits (or costs or harms) among individuals.



Ethical Principles: Impact



- Typical problems begin with specific situations:
 - Limited, specific, individual focus, requiring...
 - Limited, specific, individual answers.
 -
- At the same time, we use a set of standards in order to analyze situations.

Ethical Dilemma: Definition



- An ethical dilemma presents a choice between two relevant sets of values, two good things.



Ethical Dilemmas- Scenarios



- Individually read scenarios on handout.
- Share ethical issues and dilemmas found with large group.



HANDOUT #03: ETHICS AND VALUES IN APS WORK

Name the Ethical Issue/Dilemma

1. Danika, age 76, has just been diagnosed with diabetes. The illness has been explained to her. She has adequate mental capacity to understand the role of medication with her illness. She expresses an unwillingness to take insulin.
2. Fredrick, age 82, lives with his son John who is mentally ill and unemployed. Fredrick relies on John to pay the bills and shop for food. The utilities are about to be shut off and there is no food in the house. Fredrick wants John to remain in the home and John says he is caring for his father very well.
3. Carey, age 58, is in need of services but refuses to divulge their income to the APS professional. Carey says this is none of the government's business, and they are entitled to services for free.
4. Luz, age 95, is frail and needs assistance with all activities of daily living. She is cared for by her 72-year-old daughter Raquel who lives a half hour away. Raquel is undergoing chemotherapy and also has a problem with her back. Luz refuses home health aide care because she doesn't want a stranger in her house who might steal from her; she says that Raquel has always cared for her and Raquel should continue to do so.

Influences on Ethical Decision-Making (Part 1)



Part 1:

- Small groups discuss one influence
 - Report out will be shared with large group in Part 2



Influences On Ethical Decision-Making (Part 2)



Client wishes



Professional obligations



Personal values



Community pressure

Changes in the United States



This afternoon, we are going to focus primarily on:

- Changes in the U.S. that affect APS work and why they matter
- Increasing Self-Awareness and Practicing Ongoing Self-Reflection
- Understanding Implicit Bias and Recognizing Intersectionality
- Cultural Humility. Culturally Learned Assumptions. Cultural Bias.
- Cultural Responsiveness in Practice
- Employing a Trauma-Informed Approach
- Ethical and Culturally Responsive Decision-Making

Aging in the United States



- Currently, about 10,000 people a day turn 65 in the U.S.
- There are also distinctive needs and values for different aging generations, i.e. the Greatest Generation, Silent Generation, Baby Boomers and Generation X... "young old", "old", "oldest old"



Increased Population Variety



- There are many changes in the types of populations that live within this country.
- This requires consideration of variables such as age, disabilities, race, ethnicity, social class, educational background, immigration status, gender, etc.

Introducing Community Agreements



HANDOUT #05- COMMUNITY AGREEMENTS

- **Speak from the “I” perspective**
 - Avoid speaking for others by using “we,” “us,” or “them.”
- **Listen actively: Listen to understand, not to respond.**
 - Sometimes we are tempted to begin formulating what we want to say in response, instead of giving 100 percent of our focus to the speaker. Let’s do our best to make sure we are listening 100 percent. (Parallel process for APS professional with client.)
- **Step up, step back**
 - If you usually speak up often or you find yourself talking more than others, challenge yourself to lean in to listening and opening up space for others.
 - If you don’t usually talk as much in groups and do a lot of your thinking and processing in your own head, know that we would love to hear your contributions, and challenge yourself to bring your voice forward in the conversation.
- **Respect silence**
 - Don’t force yourself to fill silence. Silence can be an indication of thought and process (Parallel process for APS professional with client).
- **Share, even if you don’t have the right words**
 - Suspend judgment and allow others to be unpolished in their speaking. If you are unsure of their meaning, then ask for clarification.
- **Uphold confidentiality**
 - Treat the candor of others as a gift. Assume that personal identities, experiences, and perspectives shared in this space are confidential unless you are given permission to use them.
- **Lean into discomfort**
 - Learning happens on the edge of our comfort zones. Push yourself to be open to new ideas and experiences even if they initially seem uncomfortable to you.

Understanding Intersectionality and Privilege



“Through an awareness of intersectionality, we can better acknowledge and ground the differences among us...” (Kimberlé Crenshaw)

- Intersectionality is the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap or intersect, especially in the experiences of marginalized individuals or groups.
- Privilege is an uneven distribution of unearned power within a society.
- People occupy multiple social positions with multiple levels of privilege or disadvantage (NOT absolute)



Considering Intersections



1. From your experience as an APS professional, which two or more of the following categories of identity have impacted your work with clients or collateral contacts and how?

- Age
- Ability
- Race
- Ethnicity
- Religion
- Social Class
- Gender Identity
- Sexual Orientation

2. Discuss which categories have been sources of strength and resilience for clients and how?

Matrix of Oppression



Social Identity Category	Privileged Social Groups	Border Social Groups	Targeted Social Groups	Ism
RACE	White people	Biracial people	Asian, Black, Latino, Natives	Racism
SEX	Bio Men	Transgender, Intersex	Bio Women	Sexism
GENDER	Cisgender	Gender ambiguous	Transgender, Genderqueer, Intersex	Transgender Oppression
SEXUAL ORIENTATION	Heterosexual people	Bisexual	Lesbians, Gay Men	Heterosexism
CLASS	Rich, Upper class	Middle Class	Working class, poor	Classism
ABILITY	Able Bodied	Temporary disabilities	People with disabilities	Ableism
RELIGION	Protestants	Roman Catholic	Jews, Muslims, Hindu	Religious Oppression
AGE	Adults	Young adults	Older Adults /Young	Ageism

HANDOUT #06
For self-reflection only:
answer Question 1 individually

In groups: choose Question 2 or 3 to discuss

Adapted from Power, Privilege, and Alchemy in Therapy Spaces (2016)

HANDOUT #06- MATRIX OF OPPRESSION

Question #1 (**Individually self-reflect**):

- Which privileged social groups, border social groups or targeted social groups do you identify with and are you surprised by this?

Choose **one** of the following to discuss in your group:

Question #2

- What are the implications of clients who experience one or more of the “-isms” listed?

Question #3

- Which of the “-isms” listed are you more likely to experience as an APS professional?

Social Identity Wheel Exercise

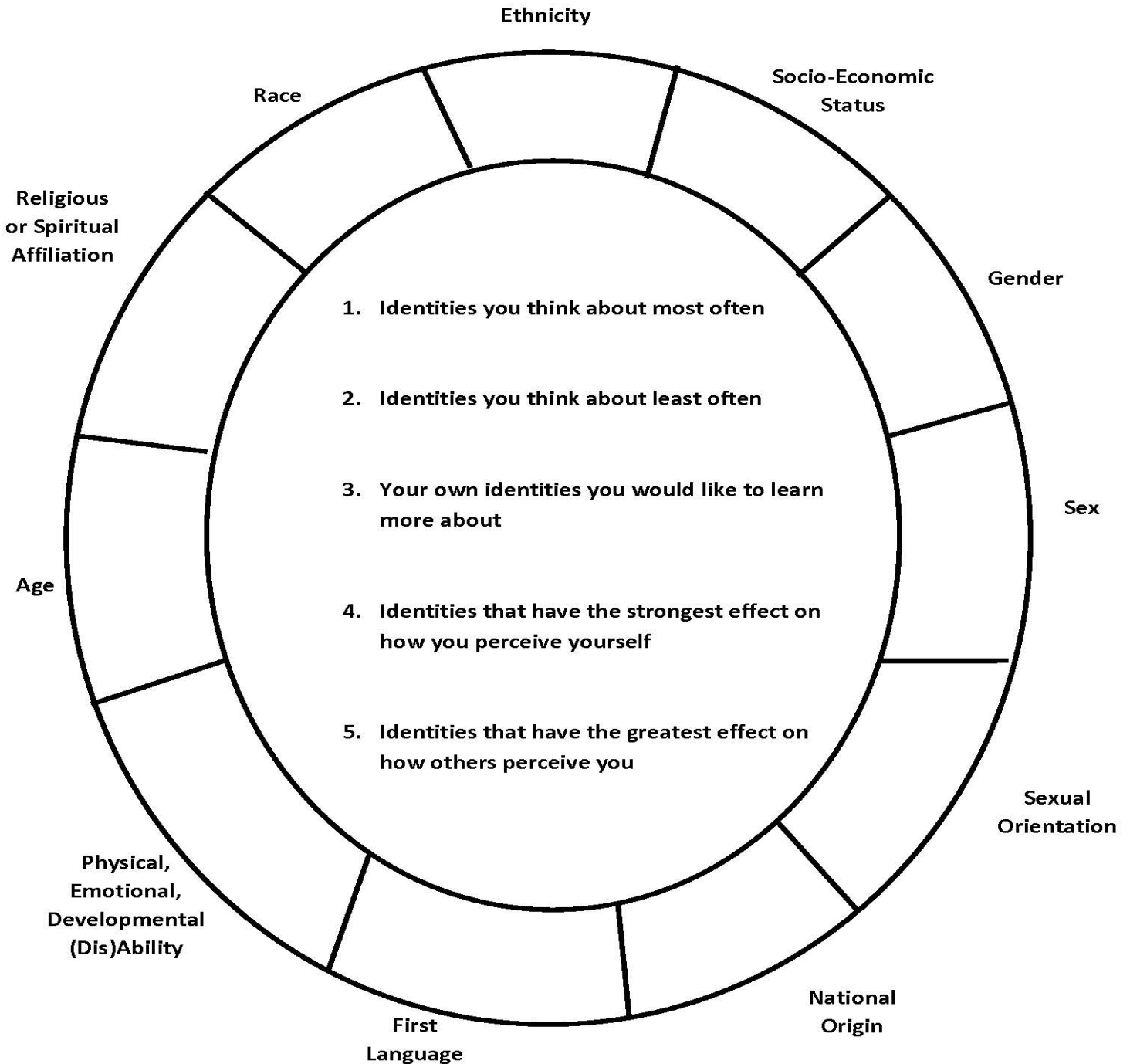


"If we think we are interacting as individuals but are consciously or unconsciously stereotyping someone based on their group memberships, then our work is less productive. When we are aware of both who we are as individuals and as members of groups, we can work most effectively together".

-Catalina Ormoby, Associate Director for the Undergraduate Research Opportunity Program and Lecturer at the School of Social Work at LSA Undergraduate Education Campus

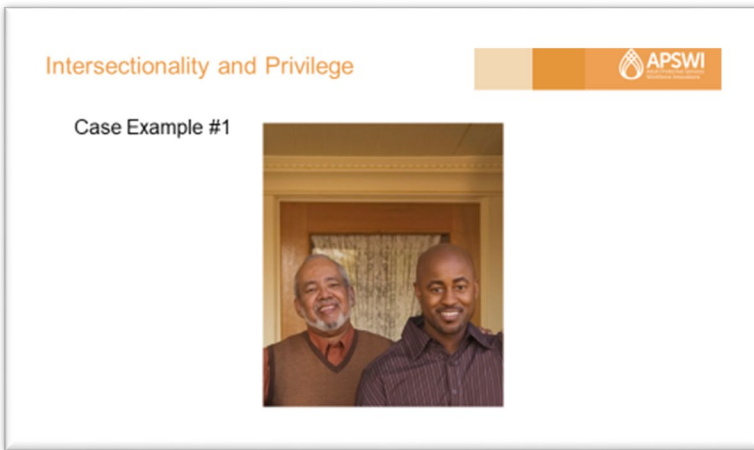
HANDOUT #07B- SOCIAL IDENTITY WHEEL

Social Identity Wheel



Adapted for use by the Program on Intergroup Relations and the Spectrum Center, University of Michigan.

Resource hosted by LSA Inclusive Teaching Initiative, University of Michigan (<http://sites.lsa.umich.edu/inclusive-teaching/>).



Case Example #1:

You are a 25 y.o. heterosexual, Caucasian female APS professional responding to a report sent in by a client’s family member. The report indicates that the client is a 65 y.o. African American male who is blind and lives in an apartment in the city. The report alleges financial abuse by the client’s roommate, a 40 y.o. Black male of Dominican descent.

At your initial home visit, you arrive at the client’s one-bedroom apartment and are greeted by the client’s roommate, Dalvin, who tentatively opens the door. He appears to be taking in your appearance, his eyes furtively glancing between your ID badge and clipboard. He grows anxious and almost moves to close the door on you. Quickly, you ask, “Hi there, are you Russel or his roommate?”, and you notice that his expression changes from one of nervousness to annoyance. You are uncertain if he understands English, but you try to explain that you are with APS and are looking for Russell.

Dalvin asks nervously if you are “ICE”, and you calmly explain that you are not with Immigration services. He eventually lets you, although reluctantly, into the apartment and directs you to Russell who is seated on a loveseat.

You introduce yourself to Russel and begin your interview, and state, “It is nice to see you.” Russell replies, somewhat annoyed, “I can’t see you.” You ask to speak with Russell privately; however, he replies, “Anything you want to talk about or ask me, you can do that in front of Dalvin.”

You try to redirect the client since the allegation is being made against Dalvin and you would prefer to speak with him privately. You let Russell know that what you would like to talk about can be very sensitive and that he may really appreciate some privacy. You ask again to speak with Russell just for a few minutes on his own first and state that his roommate can join later; however, Russell remains adamant that he wants Dalvin present and reaches out his hand to pull Dalvin into the seat next to him and rests his hand on Dalvin’s forearm.

You go ahead and start off vague, trying to gauge Russell’s level of comfort. You finally state the reason for your visit, sharing that concerns have been raised regarding Russell’s financial situation and there is worry that someone has access to his bank account and debit cards.

Russell retorts angrily, “There is nothing wrong going on. My family does not approve of my lifestyle, and that is what is really going on here.” When you ask Russell what does he mean by this, he states, “Dalvin would never do anything to hurt me. We love each other. Who the hell do you think you are anyway?” You reply that you are sorry that you did not expect Dalvin to be his partner. He then asks you to leave the apartment and states, “You are just like my family. Get out, you are not welcome here.”

Follow-Up Questions



- What are the intersections of identity you noticed for Russell, Dalvin and the APS professional?
- Who holds privilege in this situation and why?
- In your professional role, considering intersectionality and privilege, what, if anything, would you have done differently and why?
- Reflecting on the above case scenario, in addition to being able to consider the concepts of intersectionality and privilege, what are some of the client's strengths and indicators of his resilience?

Implicit Bias



- Implicit- unaware of thoughts and feelings or mistaken about their nature.
- Bias- have a preference or aversion to a person or group of people.
- Implicit bias describes when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.
- Why does it matter?
- What can be done about it?

Illustrating Implicit Bias in APS Context



Case Example #2



Case Example #2:

You are a 38 y.o. Latin(x) male, APS professional who has only been on the job for a month. You received a report on a client based on suspected self-neglect. The report indicates that the client is a 90 y.o. Japanese female, widowed, living alone in her home.

The report comes from a neighbor who states that the client is a “hoarder” and “needs help”. You call the reporting party and find out that the client’s husband died 3 years ago from complications from Dementia. Furthermore, the neighbor complains to you that there are numerous feral cats jumping in and out of the client’s unscreened windows and getting into the neighbor’s yard as well.

You arrive at the client’s home, a two-story single-family home that is dilapidated. You note that there are piles of junk in the front yard and through the windows you see tall stacks of newspapers and other items cluttering the home. You knock on the door, and hear someone inside, but it takes about 3 minutes for them to come answer the door.

When the door opens, a frail, much older woman lets you in. You start your interview, but you notice that she has a strong accent and it is difficult for you to understand what she is saying. She repeats herself many times and you are not always able to follow her responses.

The client repeats, “What?”, often after you speak. (You also have a heavy accent as well and tend to speak quickly.) You assume she does not speak English well, and ask her how long she has been living in the U.S. She asks you, “Well, where are you from?” to which you reply Los Angeles. She then begins to tell you stories that she and her husband were in the internment camps during WWII. She comments on how little they had back then and struggled financially.

You notice pictures of family on the wall, and she tells you it is her daughter who lives in another state. You think to yourself, because she is older and Asian that her daughter should take care of her, based on your knowledge of the Japanese culture, so you ask her, “Why isn’t your daughter taking care of you?”

The client retorts, “You’re too young to know anything,” and goes back to telling you the story of when she was in the internment camp as young adult.

You are in a bit of a hurry and you want to offer a few resources before leaving. You grab your pamphlets for organizations who provide free clean-up services to people below a certain income level and ask, “Are you getting any survivor’s benefits or a pension from your late husband’s employment?” You explain to the client that you are offering these resources since her husband is no longer overseeing the finances and assume that she cannot pay for what she needs. However, the client responds, “I am not worried about money. I have more than I need.”

Language Matters



- Goal = adopt a stance of curiosity, practice and apply ongoing self-reflection and awareness which is informed by the concepts of implicit bias and intersectionality.
 - Not to achieve cultural competence (all knowing)
- It is beneficial to understand cultural competency as a process rather than an end product.



Developing Cultural Humility Over Competency



- The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”
- Incorporates an ongoing commitment to self-awareness, evaluation, and critique.
- Recognizes and **address power imbalances** that might exist.
- Focus on a strengths-based approach, understanding the value of the client’s experience and viewing the client as the expert of their own life, symptoms and strengths.

Appreciating Differences



- The use of cultural humility, by being open and curious about others, is a learning process.
- It creates an appreciation for the strength and richness of different viewpoints driven by diversity.
- APS professionals can practice self-awareness by reflecting on their own experience while analyzing how their identity interacts with clients and impacts treatment.

Cultural Humility and Ethics



- How do cultural humility and ethics work together in APS practice?



Cultural Humility in Practice



Case Example #3



- How is the APS professional approaching this case from a stance of cultural humility rather than cultural competence?
- What are some additional ways the APS professional could practice cultural humility?

HANDOUT #08- CASE EXAMPLE #3

Background Information

You are an APS professional who recently received one of your first cases. The client is an Athabaskan (Alaskan Native) female. You have limited experience working with American Indian/Alaskan Native (AI/AN) individuals. You had planned to meet with an Elder from the tribe to consult on the case; however, they were unable to meet prior to your scheduled assessment date, so instead you do some research on your own regarding the Athabaskan peoples. You find a NAPSA Research to Practice Brief on Elder Abuse in AI/AN population. Below are the recommendations for practice when working with AI/AN.

Recommendations for practice when working with AI/AN:

1. Use the terms "disrespect" and "bothering" when asking about abuse, neglect and exploitation with AI/AN elderly client.
2. Consider restorative justice approaches to heal the relationship and correct the problem resulting in abuse, neglect or exploitation rather than punitive approaches through the Western justice system.
3. Attend to the acculturation of the elderly client and provide appropriate culturally based intervention as much as possible.
4. Utilize native language speakers as translators when working with AI/AN whose first language was the native language of their people.
5. Consider practice-based evidence in development of culturally relevant approaches to addressing elder abuse, neglect, and exploitation with AI/AN populations.

Case Example #3

Sadzia is a 55 y.o. Athabaskan (Alaskan Native) female who receives disability for an intellectual disorder. IQ testing indicated that Sadzia has an IQ 69. She has difficulty concentrating and remembering information and displays socially inappropriate behaviors. She lives with her parents, father (72 y.o.) and mother (71 y.o.), and younger sister and brother-in-law in an urban area nearby the reservation. A neighbor, who is Caucasian, reported concerns that Sadzia was being sexually abused by her brother-in-law. The report indicated that Sadzia told her neighbor that her brother-in-law kisses her when nobody else is at home. The neighbor also reported hearing Sadzia scream when she was home alone with her brother-in-law. The neighbor is also concerned that Sadzia is often left on her own at home and is unable to care for herself. Sadzia's parents and sister go back to the reservation for days at a time and leave her in the care of her brother-in-law who goes out for hours with his friends, often coming home late at night.

You are the APS professional who is sent out to investigate the case. When you arrive at the home, Sadzia's mother answers the door. You smell what you believe to be something cooking and engage the mother in a conversation about how good it smells. You are aware that building rapport is critical from the outset, as the perception of you as a government worker may interfere. The only people at home are Sadzia and her mother. Sadzia is easily distracted and unable to focus on your questions; therefore, you primarily speak with the mother to gather information.

Discuss in small groups:

1. How is the APS professional approaching this case from a stance of cultural humility rather than cultural competence?

2. What are some additional ways the APS professional could practice cultural humility?

What is a Culturally-Learned Assumption?



- Beliefs you have about groups of people who may be different from you.
- Often formed by the messages we hear from people around us growing up.
- Whether or not you believe these messages now, they do impact our attitudes about people from different groups.
- How does this relate to implicit bias?

Cultural Bias



"We don't see things as they are. We see things as we are" - Anais Nin




- Tendency to judge another person based on one's own cultural standards.
- Culturally learned assumptions may influence individuals to experience a cultural bias.
- **We may think that what we believe, and value is appropriate for everyone.**
- Although all people who provide services are well-meaning and wish to support their clients, they may provide services that are not culturally responsive.

Being Culturally Responsive



- Services should be culturally grounded to meet each individual's unique needs.
- Be mindful not to impose your culture, cultural biases, or culturally-learned assumptions on others.
- Practice from the perspective that the majority of the people receiving services will have experienced some kind of trauma in their life.
- Use recovery language-person-centered, hope-filled, non-stigmatizing
 - "How can I address you while we talk today?"
 - Avoid labeling a person by their mental health diagnosis
 - Emphasize abilities, not limitations


Cultural Responsiveness in Practice



Case Example #4

- For Mahvash to provide culturally responsive services, what does she need to be mindful of and why?

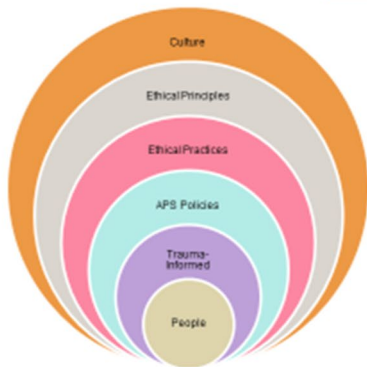
- From the client's perspective, what could be some potential barriers to him being open to receiving services? What might the client view as positive in this interaction?



Case Example #4

Mahvash is a 56 y.o. Afghani female APS professional. Mahvash immigrated to the U.S. in 1981, following a two-year stay at a Pakistani refugee camp which she and some her relatives escaped to following the Soviet invasion of 1979. She lost many family members during that time and has also suffered more recent losses in the ongoing war in Afghanistan. Mahvash is Muslim and wears a hijab as an expression of her religious faith. She also does not drink alcohol or eat pork. It is her belief that it is a child's duty to take care of their elderly parents. Her lived experience inspired her to join APS to help those who are vulnerable in society and is well-respected among her peers for her dedication and ethical practice. She also volunteers for a local non-profit organization that supports gun control. Mahvash is responding to a case on self-neglect reported by a local hospital's discharge social worker. Per the report, the client is a 69 y.o., divorced Caucasian male who is a "high-utilizer" of resources and has been hospitalized eight times over the past month. The client presents with excess weight and is having difficulty managing his diabetes. The report also indicates that he has an amputated left foot and that he drinks alcohol excessively and this has led to him falling in his trailer and calling the paramedics. The hospital social worker notes that the client's clothing is soiled in feces and he is unkempt in appearance. There are no concerns regarding the client's mental capacity. The client is often argumentative and states that it is his right as an American to receive these services and demands to go home after sobering up. The client is an Army veteran, but is not connected to services through the VA. The client has two children from whom he is estranged and does not have contact with although they live nearby. The hospital social worker is concerned that the client is unable to care for himself. Upon arrival at the client's trailer, Mahvash sees a large Confederate flag hung on the awning. She also sees a bumper sticker that reads, "God, guns and country."

Tying it All Together



Foundational Ethical Principles



Earlier we reviewed 7 ethical concepts:

- Autonomy
- Beneficence
- Non-maleficence
- Privacy
- Fidelity
- Accountability
- Justice

- All 7 ethical principles should be considered in culturally responsive practice with clients.

Culturally Responsive Practice



- Understand the **underlying intent, or purpose**, of the basic ethical principles.
- **Analyze** how the underlying intent of an ethical principle can be applied to each unique client's situation.
- APS professionals must understand the **underlying intent** of the ethical principles of APS code and analyze how to apply that purpose in specific cultural situations.

Autonomy and Beneficence



- **Autonomy**
 - **Underlying intent** is respect for persons and communities.
 - **Key cultural questions:** Who is the fundamental decision-making unit? How does accountability work in this culture? What does dignity and respect for older and disabled adults look like in this culture?
- **Beneficence**
 - **Underlying intent** is to create more good than harm.
 - **Key cultural questions:** Whose welfare will be promoted in this cultural context?

FRAMEWORK - Ethical and Culturally Responsive Decision-Making



Making ethical and culturally responsive decisions in APS Practice encompasses several steps.



HANDOUT #09: FRAMEWORK FOR ETHICAL AND CULTURALLY RESPONSIVE DECISION-MAKING

- 1. Assess the needs and strengths of the client.**
 - a. Conduct thorough assessment, collecting all the information and facts.
 - i. Evaluate all sources of information and make sure they are credible.
 - b. Separate facts from opinion, beliefs, and theories.
 - c. Consider intersectionality and cultural factors.
- 2. Identify the key parties/stakeholders involved**
 - a. Assess factual and perceived outcomes and consequences to them.
 - b. Identify stakeholders' strengths and resilience
- 3. Identify relevant ethical standard involved**
 - a. Identify those likely to be promoted by stakeholders.
- 4. Brainstorm possible options and actions**
 - a. Determine consequences (benefits/burdens) of each
 - b. Eliminate impractical, illegal, or improper alternatives
 - c. Relate possible actions to interests of stakeholders
 - d. Obtain consultation when necessary
 - e. Monitor cultural biases and culturally-learned assumptions
 - f. Practice self-awareness and self-reflection
- 5. Select the most appropriate action which:**
 - a. Avoids or reduces harm
 - b. Produces the greatest balance of good for the greatest number over the longest term
 - c. Employs culturally-responsive approach
- 6. Evaluate your selected action**
 - a. Examine values and cultural considerations
 - b. Plan for various community or media responses
- 7. Document your plan of action**
 - a. Monitor your plan
 - b. Be prepared and willing to revise your plan or take a different course of action based on new information

FRAMEWORK: Assess the Needs and Strengths of the Client



- Examine it from all sides.
- Collect information and facts
 - Evaluate all sources of information.
 - Identify different cultural interpretations of facts.
- Separate facts from opinions, beliefs, theories held by all.
- Consider intersectionality and cultural factors.



FRAMEWORK: Identify Stakeholders



- Take into account the individuals, families, communities and agencies that are involved in the situation.
- Identify stakeholder's strengths and resilience.
- Assess how the decision(s) may affect them all.



FRAMEWORK: Identify Relevant Ethical Standard Involved



- Determine the conflicts and dilemmas presented.
- Be aware of your personal and professional values.
- Consider the values of the stakeholders and how they may perceive the situation.

FRAMEWORK: Brainstorm Options



- Determine benefits and burdens of each possible action for all involved.
- Eliminate the impractical, inappropriate, illegal.
- Obtain stakeholders' input.
- Monitor cultural biases and culturally-learned assumptions.
- Practice self-awareness and self-reflection.
- Ask for consultation.



FRAMEWORK: Select Most Appropriate Action



- Find an acceptable balance that meets the challenge.
- Look at the long term as well as the immediate fix.
- Reduce as much harm as possible to all involved.
- Employ culturally responsive approach.



FRAMEWORK: Evaluate the Action



- Examine values and cultural considerations.
- Put yourself in the situation and see how it feels.
- Run it by your supervisor.
- Imagine the media getting hold of the story: Plan your response.



FRAMEWORK: Document the Plan



- Make a systematic step-by-step outline.
- Plan how you will deal with those who disagree with you.
- Follow up and monitor your plan.
- Be willing to accept new credible information and change your course of action.



Making Ethical and Culturally Responsive Decisions



Use Case Example #1

- Choose a recorder.
- Use the framework to develop a plan of action.
- Listen to and respect ideas of all group members (brainstorm).
- Document your plan in writing.
- Be prepared to defend it.

HANDOUT #10B: CASE STUDY WORKSHEET (Participant Copy)

DIRECTIONS

- Use **Handout #09: Framework for Ethical Decision-Making** as your guide.
- Review Case Example #1 from earlier, answering the questions below. **Your goal is to develop a plan of action which is ethical and culturally responsive.**
 - Think of the seven ethical principles and what it means to be culturally responsive.
 - Make sure that all members of the small group are heard. Brainstorm freely. Be sure to discuss the consequences of each option and be able to justify the choices you have made.
- Choose a recorder/reporter who will share your answers with the large group.

1. How would you assess the needs and strengths of the client using a culturally- responsive approach while building rapport? How would you word/frame your questions to the client?
 - a. Provide examples of some of the questions you would ask.

2. How would you determine who the stakeholders are? How would you successfully engage with them?
 - a. Who might some of the stakeholders be? How would they be impacted?

3. What are the ethical issues and dilemmas in this case? What are the cultural considerations for this case?

4. What were the options you discussed and potential outcomes of each one? How did you take into account value and cultural considerations?

5. What plan of action was agreed upon?



NAPSA

NAPSA

Ethical Principles and Best Practice Guidelines

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Adult Protection has been prepared and will promote safety, independence and quality of life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Values: Adult Protection Services exist to protect the dignity of the individual adult with the adult's right to self-determination.

Key Values: Older persons and persons with disabilities who are victims of mistreatment deserve to be treated with respect, dignity and compassion.

Principles:

- Adults have the right to be safe
- Adults receive all their civil and constitutional rights unless a court orders otherwise
- Adults have the right to make decisions that do not interfere with essential needs or bring or cause them to be in harm's way
- Adults have the right to accept or refuse services

Practitioner Guidelines:

- Recognize that the interests of the adult are the first concern of any intervention
- Avoid imposing personal values on others
- Seek informed consent from the adult before providing services
- Respect the adult's right to keep personal information confidential
- Recognize individual differences such as cultural, historical and personal values
- Assess the right of adults to receive information about their choices and options free from or without that their are influenced
- In the face of such ability, involve the adult as much as possible in developing the service plan
- Engage in care planning that recognizes the vulnerable adult's independence and ability to the extent possible based on the adult's capacity
- Use the least restrictive care to their relevant possible community-based services rather than institutionally-based services
- Use timely and rational support services that as long as they do not harm the interest of the adult
- Maintain clear and appropriate professional boundaries
- In the absence of an adult's expressed wishes, suggest reasonable actions that are in the adult's best interests
- Use reasonable judgment in care planning where historical knowledge of the adult's values is available
- Use written, budgeted or appropriate care contracts to be made clear to the individual

Health Care of Canada, 2018
Phone: 303-433-2222, email: info@hcc.ca



HANDOUT #11: NAPSA ETHICAL PRINCIPLES AND BEST



Ethical Principles and Best Practice Guidelines

dedicated to the memory of Rosalie Wolf © NAPSA 218

Adult Protective Services programs and staff promote safety, independence and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value: *Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.*

Secondary Value: *Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring and respect.*

Principles

- Adults have the right to be safe
- Adults retain all their civil and constitutional rights unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others
- Adults have the right to accept or refuse services

Practice Guidelines

- Recognize that the interests of the adult are the first concern of any intervention
- Avoid imposing personal values on others
- Seek informed consent from the adult before providing services
- Respect the adult's right to keep personal information confidential
- Recognize individual differences such as cultural, historical and personal values
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand
- To the best of one's ability, involve the adult as much as possible in developing the service plan
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity
- Use the least restrictive services first whenever possible-community-based services rather than institutionally-based services
- Use family and informal support systems first as long as this is in the best interest of the adult
- Maintain clear and appropriate professional boundaries
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest
- Use substituted judgment in case planning when historical knowledge of the adult's values is available
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention

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Lessons Learned



- What is the most important thing you will take from this training that will help you be a more effective APS professional?

Final Comments



- Oftentimes APS work can be an isolating, difficult job.
- You are **part of a larger APS family**. There are many avenues of support for line staff, supervisors, and administrators.
- Become involved with NAPSA
 - As one of its primary goals, NAPSA believes in the **highest quality training** for APS professionals to provide the knowledge, skills, and self-confidence needed to do this challenging job.
- Take care of yourself!
 - Engage in regular self-care, both professional (through peer support, supervision, networking with other agencies, further educational activities) and personally (time for self, stress management, hobbies).
 - **This is critical** for you to have a firm foundation and the professional strength to thrive and provide clients with the support they deserve!

Evaluations



Please remember to complete the course evaluation.



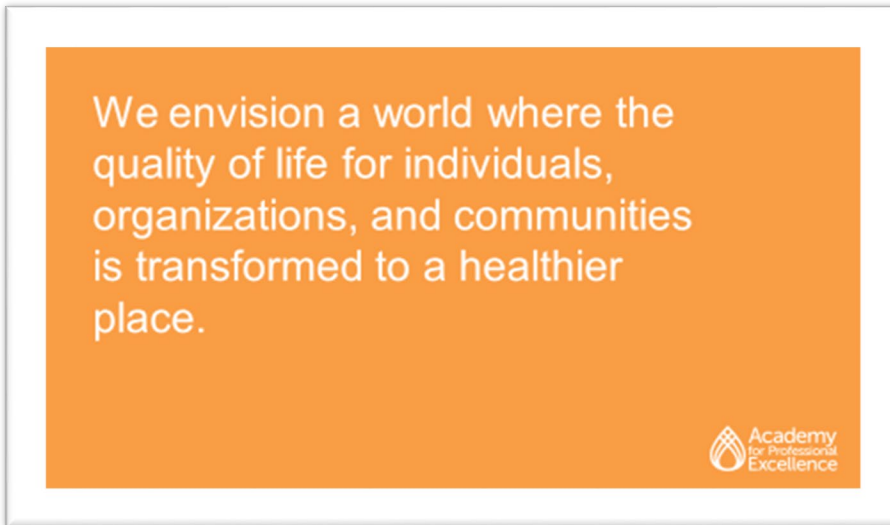
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APPENDIX**HANDOUT #12- NAPSA CORE COMPETENCIES FOR APS PROFESSIONALS**

(June 2020 Core Curricula can be found at
<https://theacademy.sdsu.edu/programs/apswi/>)

MODULE 01: APS OVERVIEW**MODULE 02: APS VALUES AND ETHICS****MODULE #03: AGENCY STANDARDS AND PROCEDURES****MODULE #04: THE AGING PROCESS****MODULE #05: PHYSICAL AND DEVELOPMENTAL DISABILITIES****MODULE #06: MENTAL HEALTH ILLNESS****MODULE #07: SUBSTANCE ABUSE****MODULE #08: DYNAMICS OF ABUSIVE RELATIONSHIPS****MODULE #09: PROFESSIONAL COMMUNICATION SKILLS****MODULE #10: SELF-NEGLECT****MODULE 11: CAREGIVER OR PERPETRATOR NEGLECT****MODULE #12: FINANCIAL EXPLOITATION****MODULE #13: PHYSICAL ABUSE****MODULE #14: SEXUAL ABUSE****MODULE #16: CASE DOCUMENTATION/REPORT WRITING****MODULE #16: INTAKE PROCESS****MODULE #18: INVESTIGATION: RISK ASSESSMENT****MODULE #19: VOLUNTARY CASE PLANNING AND INTERVENTION PROCESS****MODULE #20: INVOLUNTARY CASE PLANNING AND INTERVENTION PROCESS****MODULE #21: COLLABORATION AND RESOURCES****MODULE #22: WORKING WITH THE CRIMINAL JUSTICE SYSTEM****MODULE 23: CASE CLOSURE**

HANDOUT #13- PREWORK: PERSONAL IDENTITY WHEEL

The diagram is a circular 'Personal Identity Wheel' divided into ten segments. Starting from the top and moving clockwise, the segments are labeled: 'Favorite Music', 'One Skill you are Proud of', 'Favorite Movie', 'Favorite Book', 'Favorite Food', 'Favorite Hobby', 'Favorite Color', 'Personal Motto', 'Number of Siblings', and 'Birth Order'. In the center of the wheel, there is a section titled 'Three Adjectives to Describe Yourself' with three numbered lines (1., 2., 3.) for writing. Below this section is a horizontal line labeled 'Name'.

Citations

Adapted for use by the Program on Intergroup Relations and the Spectrum Center, University of Michigan.

Resource hosted by LSA Inclusive Teaching Initiative, University of Michigan (<http://sites.lsa.umich.edu/inclusive-teaching/>).

HANDOUT #14- NAPSA RESEARCH TO PRACTICE

R2P

National Adult Protective Services Association
National Committee for the Prevention of Elder Abuse

Research to Practice Series

Title

Disrespect of Our Elders: Elder Abuse in Indian Country

Author(s)

Jacqueline Gray, Ph.D.

Source

Webinar ([recording located here](#))

Summary of Research

There are 567 federally recognized American Indian tribes and Alaskan Villages (AI/AN) and over 400 state recognized and unrecognized tribes in the United States (US) today. There is a paucity of research on elder abuse in Indian Country. AI/AN people make up fifty percent of the diversity of the US, but only about two percent of our population. About seventy percent of the AI/AN population live in urban areas. Yet, there are no large population based studies of elder abuse in Indian Country. The one national study on Native American Elders is focused on elder needs and not on elder abuse. The other studies are small and focus on regional or local areas.

Use the terms "disrespect" and "bothering" when asking about abuse, neglect and exploitation with AI/AN elderly.

Brown (1989) reported a survey of 110 "very traditional" southwestern AI older adults and a random sample of 27 had in-depth interviews. The results indicated 16% endorsed physical abuse items, 32.4% endorsed neglect items, and 21.6% endorsed financial exploitation items. No other types of maltreatment were surveyed.

A northwestern urban sample of AI/AN age 50 and over through chart review for physical abuse determined that about 10% were either definitely or probably abused in the past year. Those that were abused were more likely to be younger females who were depressed and dependent upon others for food. Only 31% of those identified were reported (Buchwald, Tomita, Hartman, Furman, Dudden, & Manson, 2000).

In 2005, Baker-Demaray conducted a survey with 470 participants age 55 and over with 54% residing on a reservation or in a Native village and 23% reported living in urban areas. Their greatest concerns were neglect, emotional abuse, and financial exploitation. The most important finding was that AI/AN elders describe abuse as "disrespect" and sexual abuse as "bothering" (Baker-Demaray, 2005).

The National Elder Mistreatment Study (Acierno, Hernandez-Tejado, & Muzzy, 2009) included 5,777 older adults with 2.3% (n=132) AI/AN. Of the entire sample, 11.4% reported experiencing at least one type of maltreatment in the past year. There was no specific data reported on AI/AN participants.

The National Resource Center on Native American Aging conducted an analysis of surveys of 18,026 AI/AN/NH elders age 55 and older from 240 American Indian Tribes, Alaskan Villages, and Hawaiian homesteads. These surveys examined the needs of Native American elderly and reported that 0.5% currently used elder abuse prevention services (EAP) and 13.4% would use the services if they were available to them (Walker, Carter, Gray, Baker-Demaray, and Davis, 2014). NRCNAA also found that 5.5% had more than 4 falls in the past year, 15.8% ate less than two meals per day, 11.8% had no help with chores, 12.8% had no money for food, 11.6% were unable to cook or feed themselves, 23% eat alone most of the time, 19% lack companionship, and 22% had no help with bills.

The Shielding American Indian Elders Research Team (SAIEP) developed a culturally relevant assessment of elder maltreatment and tested it with an urban sample and a reservation sample (Jervis, Fickenscher, Beals, and the SAIEP Team, 2014) This project used the Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST) to develop the Native Elder Life Scale (NELS), a culturally relevant measure for American Indians. Fifty participants age 60 and over from each site were surveyed. Financial exploitation was the major issue indicated and physical abuse was discussed in very few cases.

This research summary is part of a series sponsored by the [National Adult Protective Services Association \(NAPSA\)](#) and the [National Committee for the Prevention of Elder Abuse \(NCPEA\)](#) joint Research Committee. The purpose of this research summary is to provide direct access to findings in order to enhance practice and clarify policy choices.

R2P

National Adult Protective Services Association
National Committee for the Prevention of Elder Abuse

Research to Practice Series

Many programs that are working in Indian Country to improve the lives of elders and prevent abuse and neglect are developed from the practice and have no research to establish them as evidence based. Some of these programs include Multidisciplinary Elder Protection Teams (MDT or EPT), Elder Councils, Family Restoration Programs, and community based policing. MDTs in Indian Country put the elder at the center of the team and involve them in the process and planning. Elder Councils meet with perpetrators and the victims and establish behaviors to repair the relationships. This may include instruction in proper behavior, restitution, or in the extreme if instruction is not followed, banishment. Family restoration involves family meetings and service planning to resolve the problems resulting in the abuse or neglect with the court system involved only in the case where there is non-compliance. Project Golden Shield is a community policing initiative where police make visits to at risk elderly for coffee, to change light bulbs, check smoke alarms are other positive interactions. The Anadarko Agency in Oklahoma began Operation Golden Shield in 2012 and provided a Golden Sweetheart gift for Valentine's Day, a prepared Thanksgiving meal, and a Christmas gift for their Golden Angels in December. This process develops a positive relationship between police and the elderly so they are more likely to report abuse. This also serves as a notice that police are dropping by to those who may abuse, neglect, or exploit the elderly.

Practice & Policy Implications

The following recommendations are for practice and policy when working with American Indians and Alaska Natives (AI/AN):

1. Use the terms "disrespect" and "bothering" when asking about abuse, neglect and exploitation with AI/AN elderly.
2. Consider restorative justice approaches to heal the relationship and correct the problem resulting in abuse, neglect or exploitation rather than punitive approaches through the Western justice system.
3. Attend to the acculturation of the elderly client and provide appropriate culturally based intervention as much as possible.
4. Utilize native language speakers as translators when working with AI/AN whose first language was the native language of their people.
5. Collect data on a national sample of AI/AN elderly to determine how often and what types of abuse occur and what types of resolution is most effective.
6. Consider practice based evidence in development of culturally relevant approaches to addressing elder abuse, neglect, and exploitation with AI/AN populations.

Further Reading

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This research summary is part of a series sponsored by the [National Adult Protective Services Association \(NAPSA\)](#) and the [National Committee for the Prevention of Elder Abuse \(NCPEA\)](#) joint Research Committee. The purpose of this research summary is to provide direct access to findings in order to enhance practice and clarify policy choices.

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