APSWI
Adult Protective Services
Workforce Innovations

Ethics, Values and Cultural Responsiveness in Adult Protective Services

TRAINER MANUAL

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 origional curriculum, Version 1, is a product of National Center on Elder Abuse (NCEA), which is funded, in part, by the U.S. Administration on Aging under Grant # 90-AM-2792. The project was developed by the National Adult Protective Services Association (NAPSA), and its contractor, the REFT Institute, Inc.

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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.

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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 Trainer Manual, developed by APSWI, a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

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

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

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

APSWI's partners include:

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

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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
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HOW TO USE THIS MANUAL

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

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

Use of language:

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

TRAINER GUIDELINES

Ideally, this should be facilitated by someone who is able to skillfully moderate sensitive topics of discussion. The trainer must be able to carefully and respectfully redirect conversations to avoid traumatizing participants. Trainers need to promote emotional self-regulation and a mutually respectful discourse amongst everyone. The qualities in a trainer for these topics is focused on being inclusive and compassionate, but also skillful at enforcing appropriate professional boundaries in a timely and responsive manner. Trainers must be able to hold the space and able to skillfully facilitate a respectful dialogue between and among participants, especially around potentially uncomfortable comments and content. Trainers will also embody the social work value of "meeting the client where they are at" in the sense that each participant will bring their own unique values, opinions and experiences.

Teaching Strategies	The following instructional strategies are used: ♦ Lecture segments ♦ Interactive exercises (e.g., Table Top Activities, self-reflection, and experiential exercises) ♦ Question/answer periods ♦ Slides ♦ Participant Manual (encourages self-questioning and interaction with the content information)
Materials and Equipment	**The following materials are provided and/or recommended:** ♦ Computer with LCD (digital projector) ♦ USB or other storage device with the slide presentations ♦ Easel/Flipchart paper/markers/highlighters ♦ Trainer Manual: This manual includes the course overview, introductory and instructional activities, and reference materials. ♦ Participant Manual: This manual includes a table of contents, course introduction, and all training activities/handouts. • Pre-work (Handout #13) to be completed prior to training ♦ Handout #13- Personal Identity Work sent to participants ahead of training ♦ Name tags/names tents ♦ Water access/snacks/restroom access/lunch plans

EXECUTIVE SUMMARY

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

Outline of Training:
In this interactive and engaging introductory training, participants learn the basic components of ethics and values as applied to APS social work practice. Trainees 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, trainees 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**
Activity #1- Brainstorming (large group)	Flip chart & markers	*5-7 min*
Code of Ethics	Handout #1- NASW Code of Ethics	
Ethical Principles	Handout #2- Ethical Principles	10 min
Ethical Dilemmas		
Activity #2-Ethical Dilemmas Scenarios (individual and large group)	Handout #3- Ethics and Values in APS Work	*20 min*
BREAK		**15 MINUTES**
INFLUENCES ON ETHICAL DECISION-MAKING		**50-60 MINUTES**
Activity #3 (Part One)- Influences on Ethical Decision-Making (small groups)	Handout #4- Influences on Decision-Making	*20 min*
Activity #3 (Part Two)- Influences on Ethical Decision-Making (large group)		*30 min*
CHANGES IN THE U.S.		**15 MINUTES**
Activity #4- Diversity Awareness (dyads)		*7-10 min.*
SELF-REFLECTION PROCESS		**95 MINUTES**
Community Agreements	Handout #5- Community Agreements	*7-10 min.*
Activity #5- Intersectionality in Practice (small groups)		*10 min.*
Activity #6-Intersection Exploration (individually and small group)	Handout #6- Matrix of Oppression	*15 min.*
Activity #7- Social Identity Wheel (individual and large group)	Handout #7A- Social Identity Wheel (for Trainer) & Handout #7B- Social Identity Wheel (for Participants)	*25-35 min.*
LUNCH		**60 MINUTES**
Intersectionality and Privilege	Case Example #1	*10 min*
Illustrating Implicit Bias in APS context	Case Example #2	*10 min*

DEVELOPING CULTURAL HUMILITY		**30-35 MINUTES**
Activity #8- Illustrating Cultural Humility in APS Practice (small groups)	Handout #8-Case Example #3	*15-20 min.*
Culturally Learned Assumptions & Cultural Bias		
Cultural Responsiveness in Practice	Case Example #4	*10-15 min*
ETHICAL AND CULTURALLY RESPONSIVE PRACTICE		**15 MINUTES**
Foundational Ethical Principles		
BREAK		**15 MINUTES**
ETHICAL AND CULTURALLY RESPONSIVE DECISION-MAKING		**50 MINUTES**
Activity #10-Framework Review (large group)	Handout #09- Framework for Ethical and Culturally Responsive Decision-Making	*20 min*
Activity #11- Putting it All Together (small groups)	Handout #09, Handout #10- Case Study worksheet, Case Example #1	*30 min*
WRAP-UP AND EVALUATIONS	Handout #11- NAPSA Code of Ethics	**10-15 MINUTES**
TOTAL TIME (INCLUDING LUNCH AND BREAKS)		**7 HOURS**

WELCOME AND INTRODUCTIONS
Time Allotted: 15 minutes

Slide #02: SDSU School of Social Work

Trainer Note: As participants are entering, remind them of the Personal Identity Wheel in the pre-work. If they did not complete it, they can quickly fill out as you wait to get started. It is Handout #13 in their Participant Manual.

Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. It's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Slide #03: About APSWI and the Academy

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

Slide #04: Housekeeping & Introductions

Housekeeping:

- There will be two 15-minute breaks and an hour for lunch today.
- Use the restrooms whenever you need to do so. The restrooms are located at… (Please **indicate** the location of any gender-neutral restrooms if available.)
- Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

Introductions:

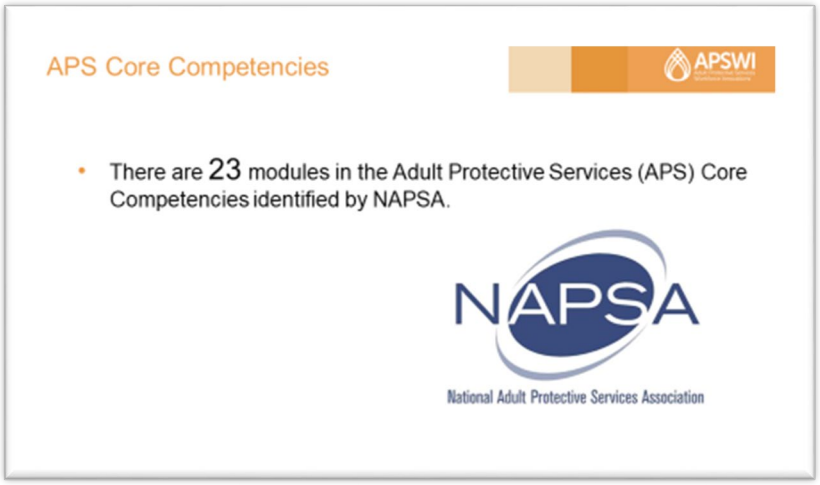
- **Ask** participants to:
  - make a brief self-introduction including name, pronouns (e.g. she/her/hers), job title, organization/location,
  - respond in 1 or 2 sentences to the following question: "What are your expectations for your learning experience today?"
  - share one element from the outer ring of their Personal Identity Wheel (Handout #13)

Trainer Note: If not all participants filled out the Personal Identity Wheel, skip the sharing. Do not do unless all are able to share.

Record answers on a flip chart so you can refer to them as the day goes on. This will provide information on the participants' expectations. It will also get them involved from the beginning, highlight learning opportunities, and help to guide your focus. It also provides an opportunity for boundaries; if they share something you cannot cover due to experience, knowledge or lack of time, it's helpful to be transparent about that.

Introduce yourself by name, pronouns (e.g. she/her/hers), job title, organization, and qualifications as a Trainer. If you feel comfortable doing so, **share** with the class the reason this particular training topic is important to you.

Slide #05: Welcome to Core Competencies

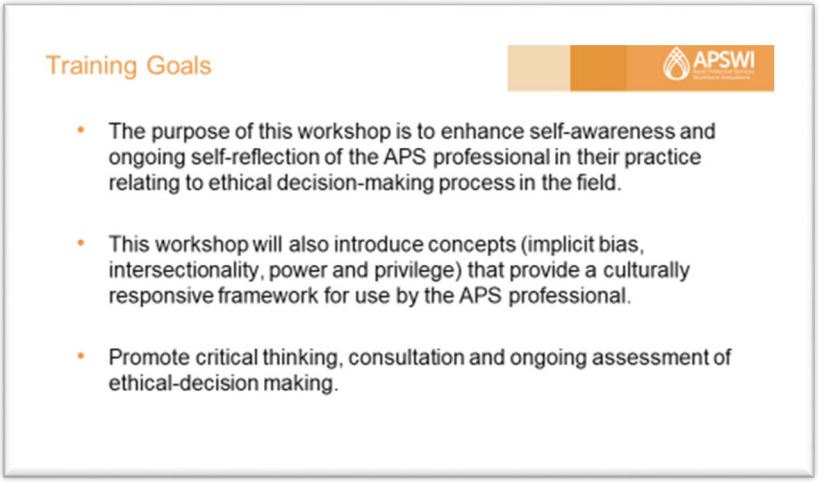


Welcome to Ethics, Values, and Cultural Humility in Adult Protective Services. This is Module 02 in a series of 23 Core Competency training workshops developed by the National Adult Protective Services Association (NAPSA).

Note: The full list of modules is in the Appendix as *Competencies for APS Professionals*.

NAPSA's mission is to strengthen the capacity of APS at the national, state, and local levels, to effectively and efficiently recognize, report, and respond to the needs of elders and adults with disabilities who are the victims of abuse, neglect, or exploitation, and to prevent such abuse whenever possible.

Slide #06: Training Goals



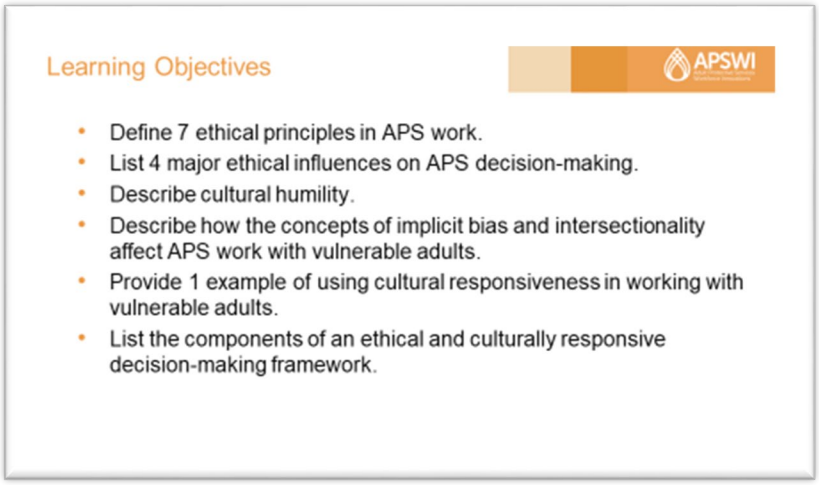
Share the following:

- 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.

APS professionals confront a variety of ethical dilemmas in the course of their daily practice. They will undoubtedly encounter challenges stemming from differences in culture, beliefs and values.

Although the balancing act between self-determination and protection is at the heart of APS work, there are other sources of ethical conflict that complicate case situations. Participants will be encouraged to continuously self-reflect on ethical considerations related to their daily practice.

Slide #07: Learning Objectives

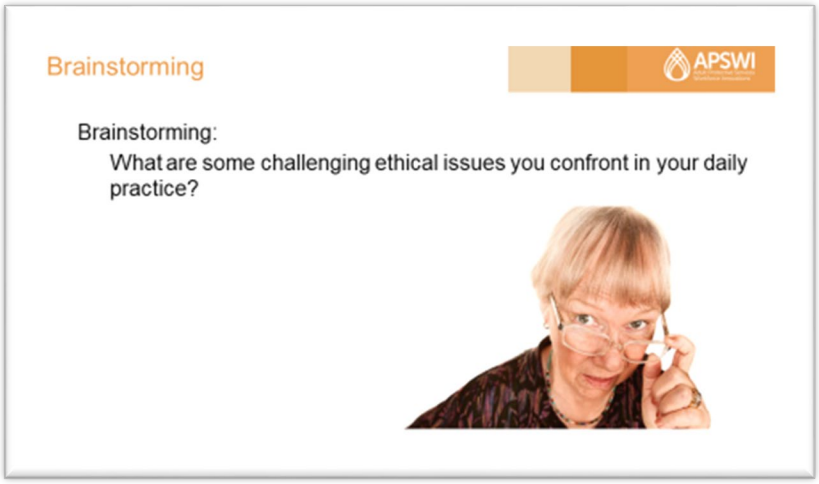


Upon completion of this training session, participants will be better able to:

- 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.

ETHICS CODES AND CONCEPTS:
Time Allotted: 35-40 minutes

Slide #08: Brainstorming



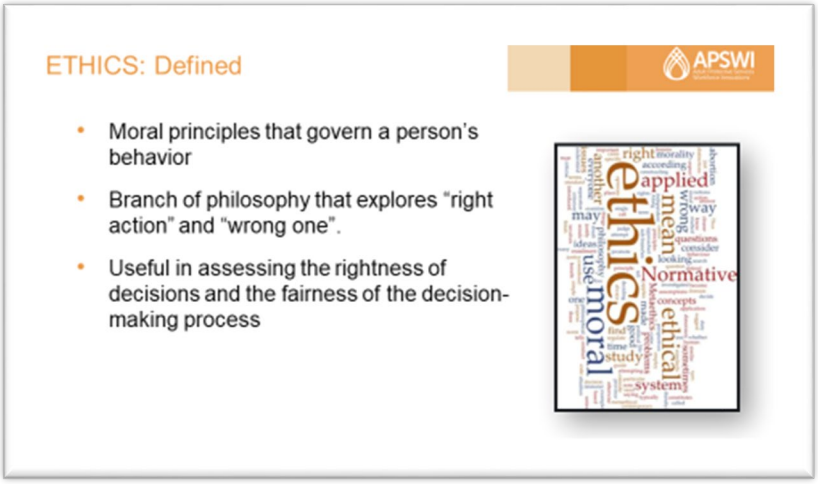
Activity #01: Large Group Brainstorming (5-7 min)

Explain that we will begin today by sharing some of the challenging ethical issues that you have faced. As they share, you'll write the issues on the flip chart for us to use later.

Ask: *What are some challenging ethical issues that you confront in your daily practice?*

> **Trainer Note: This is a way to get participants to think about some of the vexing ethical issues they face in their practice. As participants share the issues, summarize them on a flip chart. Save the list for a later discussion of ethical concepts and dilemmas.**
>
> **If you first get no response, provide an example of ethical challenges (e.g.: When adult children appear to have the client's well-being in mind, but their desires conflict with the client's wishes. Client no longer wants to continue taking heart medication, but adult child crushes medication up into a smoothie that the client drinks because they do not want to lose their parent).**

Slide #09: Ethics Defined



DEFINITION:

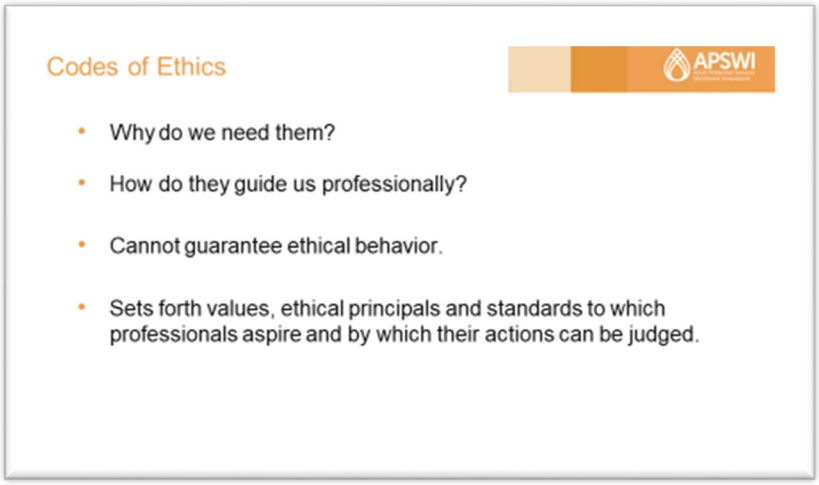
- Ethics are moral principles that govern a person's behavior
  - Often thought of as "good" or "right" conduct.
- **Definition:** Ethics is a branch of philosophy that explores differences between what is a right action and what is a wrong one. Ethics explores morals, values, and virtues of human conduct with an emphasis on the "ought". (Pozgar, 2012)

Ethics as a field of study is useful in assessing both the rightness of decisions and the fairness of the decision-making process.

Ethical guidelines can help order values when values are in conflict. The use of ethical concepts does not dictate final decisions, but can help substantially in clarifying what criteria are being used and how they are weighted in comparison with each other.

Slide #10: Codes of Ethics

Trainer Note: This slide is animated to allow participants to share their answers before covering Codes of Ethics.



Ask: "Why do we need Codes of Ethics? How do they guide us professionally?"

Highlight the following:

Codes of ethics are guides to understanding the concerns of a profession and the parameters of acceptable actions. A code of ethics serves the following purposes:

- To identify core values on which a profession's mission is based
- To summarize broad ethical principles that reflect the profession's core values and to establish a set of specific ethical standards that should be used to guide practice
- To help identify relevant considerations when professional obligations conflict or ethical uncertainties arise
- To provide ethical standards to which the general public can hold the profession accountable
- To introduce the profession's mission, values, ethical principles and standards

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices.

Rather, a code of ethics sets forth values, ethical principles and standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice.

We will examine two Codes of Ethics, the National Association of Social Workers (NASW) and the National Adult Protective Services Association (NAPSA). Much of what APS does falls under the general category of social work, therefore, NASW's principles are applicable. NAPSA's Code is APS-specific and is more focused on principles of good practice. Persons from other professions, such as nursing, who work in APS should be familiar with and abide by their own profession's code of ethics as well.

Slide #11: NASW Code of Ethics

We use the **National Association of Social Workers (NASW) Code of Ethics** because it is the standard for all social workers in this country. Although APS professionals are not all trained social workers, we believe that the kind work we do fits appropriately into this ethical code. Let's look at this code on **Handout #01** *NASW Code of Ethics* and see how it relates to APS work.

- **Service:** This is explained by NASW as service to others above self-interest. It encourages us to draw on our knowledge, values, and skills to help people in need and to address social problems.
    - In APS work this is a given…that we are helping people in need and addressing the mistreatment of vulnerable adults. The situations APS addresses encompass more than just abuse…

      Ask*: What other types of circumstances are encountered in APS work?*
        - APS professionals encounter mental illness, physical disabilities, medical conditions, substance use, housing problems, financial distress, etc. Having to help people with these challenges require us to have knowledge in many different areas and to learn skills to deal with a variety of populations and situations. It also requires us to examine our own values so we can most effectively be of service to those in need.

- **Social Justice:** According to NASW, social justice entails the pursuit of social change with and on behalf of vulnerable and oppressed people and promotion of sensitivity and knowledge about issues affecting others. It also means we should ensure access, equality of opportunity and meaningful participation in decision-making for all people.

Continued

Ask*: How do we do this in APS?*

- In APS, we deal with ageism, racism, and discrimination against older adults and people with disabilities. We often see an unmet need and look for creative ways to meet the need, or seek to work collaboratively with other entities (community agencies, government programs, etc.) to meet the need. In APS, we do not work in a vacuum. We need other disciplines and programs to help serve our clients and, oftentimes, it is up to us to make that happen.

- **Dignity:** Social workers are expected to respect individual differences, self-determination and to enhance the client's capacity and opportunity to change and address their own needs to resolve conflicts between the client's interests and those of society.

  Ask: How does that play out in APS work? How do we resolve those conflicts between what the client wants and what the community/reporter/family member feels the client should do?

  - **Self-determination is the core of APS work –** it is one of the ethical principles we will be discussing later. We respect the client's wishes whenever possible even if we do not agree with them…even when it puts us at odds with others.
    - Examples of putting APS at odds with others:
      - Reporting party wants APS to file a restraining order to remove a potential abuser from the client's home, but client doesn't want potential abuser removed and isn't willing to file a restraining order.
      - Management of Senior Living Facility calls APS re: hoarding, lingering smells and wants APS to force client to accept intervention services, but client declines the services.
    - Example of when APS cannot respect client's wishes, but still provides empowerment:
      - APS notices sever injuries from suspected abuse and is required to call law enforcement (mandated reporter) but client begs them not to. APS can inform client they are required to call, but can explain what may happen when Law Enforcement responds and educate them on their options.

- **Human Relationships:** Social workers recognize that relationships among people are important vehicles for change and strive to strengthen relationships among people. In APS work, we realize that isolation is a big issue and we try to increase the social world of our clients. We also recognize that clients and their

Continued

families have bonds of loyalty, which may challenge us when abuse is involved. We will be discussing the issue of loyalty in a few minutes.

- **Integrity:** Social workers are expected to act honestly and responsibly, as of course, are APS professionals.

- **Competence:** Social workers are expected to increase their professional knowledge and skills. Today's training will increase your knowledge about ethics and ethical practice. It is an opportunity to increase your self-awareness and to inspire ongoing self-reflection, which will better prepare you to work with populations that may have a very different background from you.

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*

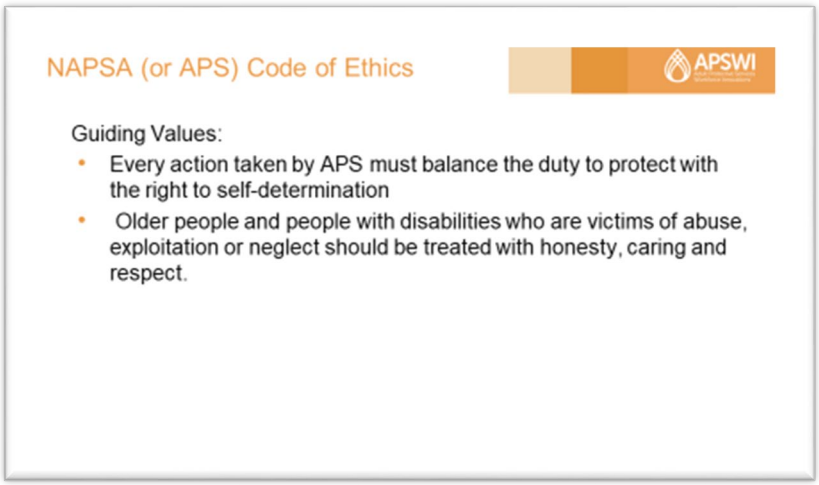
- **Ethical Principle:** *Social workers behave in a trustworthy manner.*

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

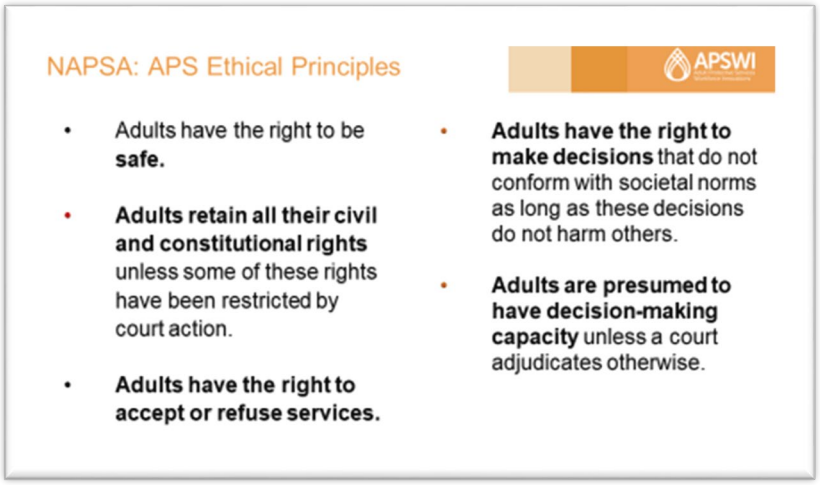
Slide #12: NAPSA (or APS) Code of Ethics



The guiding values of the NAPSA Code of Ethics are:

- Every action taken by APS professionals 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.
- NASW Code of Ethics presents a standard which all human services professionals should follow. NAPSA developed a set of values and principles that are particular to the work of APS.

Slide #13: NAPSA Ethical Principles



The principles listed in the NAPSA Code of Ethics are:

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc., 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 are presumed to have decision-making capacity unless a court adjudicates otherwise.
- Adults have the right to accept or refuse services.

As we begin the exploration of seven general ethical concepts, we will frame the discussion with these ethical principles developed by NAPSA. As we look at each concept, think about how these principles fit in to your role as an APS professional.

Slide #14: Ethical Principles

Trainer note: Depending on the educational background of participants (Social Work degrees or not), you may want to just define and focus on what each principle means for APS. Many of the talking points for each slide are also on their handout, which they can refer to after training.

These are seven ethical principles that we will be discussing today and come from various health professions, including nursing.

- These ethical principles are all good things. They 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. We frame these principles as rights, although you will soon realize there are circumstances that may pose a challenge to these rights. We will look at APS professionals' role in supporting these rights…and discuss the ethical issues that confront us.
- An important caveat – ethical principles may be defined differently depending on the individual's culture. People who identify with an individualistic culture, as many Americans do, may define basic rights differently than individuals from collectivist cultures.
    - For example, people who identify with a collectivist culture may view the needs of the entire family as more important than those of its individual members. This differs from individualistic cultures, which tend to place a strong emphasis on individual autonomy.
- In this training, we will be discussing how cultural differences, and other types of differences, influence our work and our success in APS.

Ask: *What is the most basic contradiction in APS practice?*

APS professionals operate under a dual and potentially contradictory mandate: to protect the individual's safety while preserving the individual's freedom of choice.

Refer participants to **Handout #02- Ethical Principals** and provide a few minutes for them to read the definitions in the first column of the handout. **Explain** we will go through examples of each and how they pertain to APS on the following slides.

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.

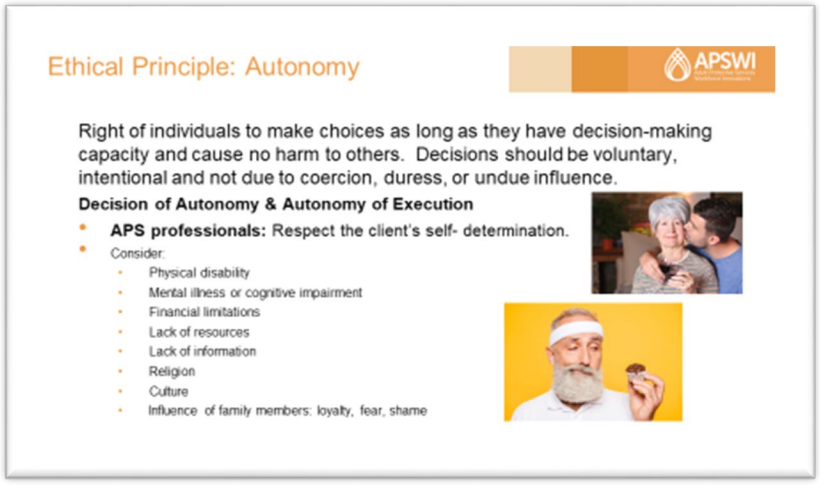
Ethical Principle	APS Role	Practice Considerations
Autonomy- Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence. Two types of autonomy - **Decisional autonomy**: ability and freedom to make decisions without external coercion or restraint. **Autonomy of execution**: ability and freedom to carry out and implement personal choices. • Note: Having the capacity and ability to appreciate consequences are not mutually exclusive	Respect the client's self determination.	Possible barriers to making autonomous decisions: • Physical disability • Mental illness or cognitive impairment • Financial limitations • Lack of resources • Lack of information • Religion • Culture • Influence of family members: loyalty, fear, shame
Beneficence - Right to receive care by others that maintains and/or enhances the client's welfare.	Do good for others. Promote the welfare of others.	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.
Nonmaleficence - Right to expect others to "do no harm" in the maintenance or enhancement of the client's welfare.	Do not act in a way that will inflict harm on others. Weigh out all the possible consequences of your actions.	Consider the following: • 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? **We need to weigh the consequences of our possible interventions.**

Ethical Principle	APS Role	Practice Considerations
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.	Respect client's right to control information about him/herself.	*What affects the elder's right to privacy?* • **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 **For the APS professional, privacy is an issue -** **Federal restrictions** such as Health Insurance Portability and Accountability Act (HIPPA), as well as state confidentiality laws, local ordinances, and program policies governing APS practice must always be taken into consideration.
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).	Include and respect ideas of family members and significant others.	**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. • 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.
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.	Be accountable and responsible for your actions and expect others to do the same.	**APS professionals must be able to justify their professional actions based on the standards of the profession.** • 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
Justice - Right to be treated equitably whether they are a caregiver or care receiver.	Fairly distribute benefits (or costs or harms) among individuals.	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? • 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. 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. • 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.

Slide #15: Ethical Principle #1: Autonomy



Essentially, this means that an individual has the right to make their own decisions. Working definition: Adults are free to live as they choose, as long as they comprehend or appreciate the likely consequences of their actions and do not threaten the safety of others.

- Keep in mind when working with individuals from a culture different from your own, some cultures may value interdependence more than independence or vice versa.
- Autonomy is concerned with respecting and promoting self-determination. It requires respecting assertions of client's individuality.

- There are two kinds of autonomy:
  - Decision of Autonomy – ability and freedom to make decisions without external coercion or restraint.
  - Autonomy of Execution – ability and freedom to carry out and implement personal choices.
    - Note: Having the capacity and ability to appreciate consequences are not mutually exclusive.

For APS this means respecting the client's right to self-determination.

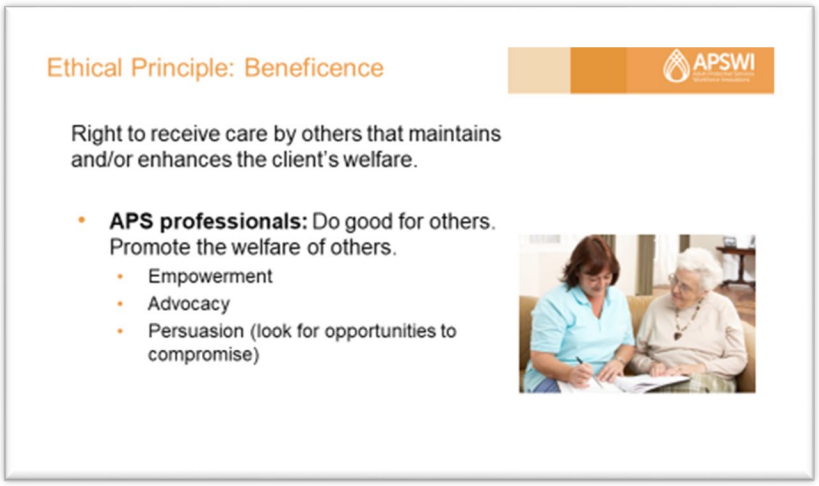
- Examples:
  - Reporting party is concerned of possible "sweetheart scam" but client is in love, or feels that their needs are being met even if being "scammed".
  - Person living with diabetes continues to eat and drink items recommended to avoid from doctors.

Ask: *What are some factors that may impact an individual's autonomous decision-making ability?*

Continued

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

Slide #16: Ethical Principle #2: Beneficence



We have a commitment to do what serves the best interests of the client, no matter what our own interests are or what the interests of others are.

In APS, the client is always the vulnerable adult.

- The rights and considerations of others may be taken into account, but APS' priority must always be on the needs, interests, and wishes of the vulnerable adult.

For APS this means doing good for our client while trying to keep them safe.

- Examples:
  - Client who is on oxygen, but still smoking cigarettes. Exploring ways to keep them safe when they anticipate lighting a cigarette.
  - Extensive safety planning with clients who are in abusive situations, but not ready or willing to leave the abuser.

APS clients may have impairments or poor judgment, 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.

Ask: *What qualities are needed to develop these relationships?*

We must be able to work with the client and their family. We must know the client's past and present, understand the individual and the family system, as well as the cultural, religious, and societal factors that influence that individual.

Some of the qualities needed in an APS professional include:

- Patience
- Ability to build trust and rapport
- Respect

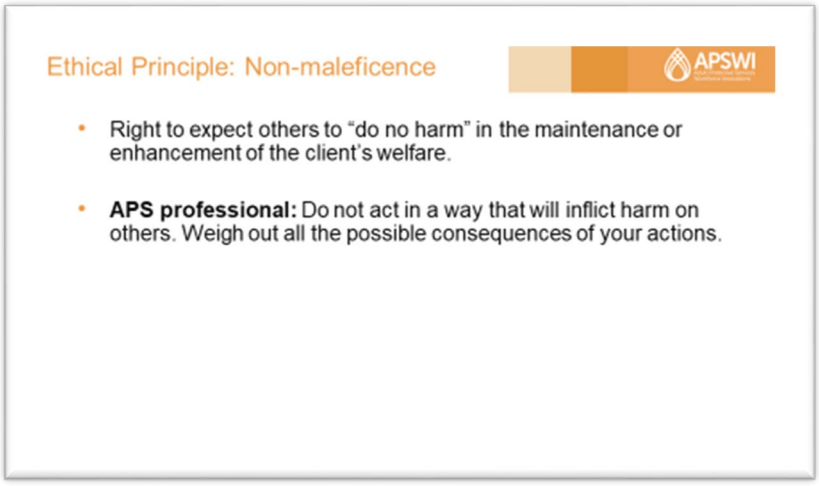
Continued

- Sensitivity
- Persistence
- Compassion
- Knowledge/information about medical and mental conditions
- Knowledge of resources
- Self-Awareness

Ask: How do you establish an effective working alliance with your clients?

- These are some ways to practice beneficence in order to help clients while still respecting their autonomy.
    - Empowerment
        - Help clients to recognize and minimize barriers.
        - Provide clients with relevant information and resources. Respect clients' right to self-determination
    - Advocacy
        - Encourage clients to access formal and informal supports, i.e. family members, friends, community organizations, etc.
    - Persuasion: Develop a trusting relationship with the client prior to providing options that differ from their point-of-view.
        - Explore client's plan of action and its feasibility (refer back to "decision of autonomy" and "autonomy of execution").
        - Offer incremental services.
        - Look for opportunities to compromise.
        - Helping clients identify internal boundaries and recognizing when the road they are on is no longer serving them.
            - Example: With respect to the right to seek treatment, a client may not desire to take an antidepressant, but is experiencing severe depression. Speaking with them about what their threshold looks like, "You're taking St. John's Wart and you've mentioned you're not getting better. At what point would you be willing to call your PCP to try a different approach to medication? What does that look like to you?"
        - When using persuasion, we need to ask ourselves if the ends (protection) justify the means (type of influence).

Slide #17: Ethical Principle #3: Non-maleficence



This principle is expressed in the Hippocratic Oath, "to do no harm," and is included in all professional ethical codes.

- Non-maleficence means non-harming or inflicting the least harm possible to reach a beneficial outcome. (Medscape.com)

For APS, this means acting in way that will not inflict harm on others. Weighing out all possible consequences of your interventions can help ensure this.

- Example:
  - Discussing with your client, collaterals, and colleagues the risk of harm to the client if you interview the alleged perpetrator.

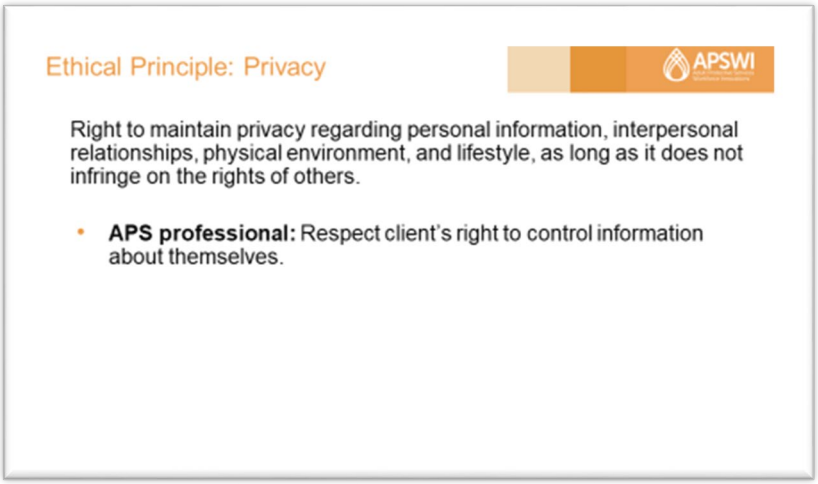
Ask: *What are some examples of how a client can be unintentionally harmed by the actions of an APS professional?*

Possible answers: Having an abusive son or daughter removed from the home, leaving the client with no help at all. Contacting a family member against the client's wishes, alienating the client from the family member or losing the client's trust. Calling the Health Department to report a legitimate concern and having them condemn the house.

<u>Consider the following:</u>

- What if the intervention will ruin the relationship with the family?
- What if your actions will get the client evicted?
- What if the person loves the abuser and does not want any intervention?

Slide #18: Ethical Principle #4: Privacy



Most people value their privacy, especially when it pertains to their personal and financial information. When APS becomes involved, clients may perceive that their privacy is threatened.

What must be discussed to receive services? What must be disclosed when there is an investigation? Does mandatory reporting infringe on privacy?

Adults have the 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.

What this means for APS: Respect client's right to control information about themselves.

- Examples:
  - Asking questions pertinent to the investigation and assessment, but understanding when the client has expressed privacy.
  - Discussing what might be needed for the assessment and investigation only.

Ask: What affects the client's right to privacy?

- Disclosure of assets and income in order to determine eligibility for programs
- Disclosure of intimate details related to abuse allegations
- Contact with collateral sources of information
- Intrusion into home
- Loss of identity when hospitalized: stripped of clothing and identity; infantilized
- Loss of routine and personal space when placed in nursing home or other facility

Continued

- For the APS professional, privacy is also a legal issue.
    - 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.

Slide #19: Ethical Principle #5: Fidelity

Fidelity involves the notions of loyalty, faithfulness, and honoring commitments. (counseling.org)

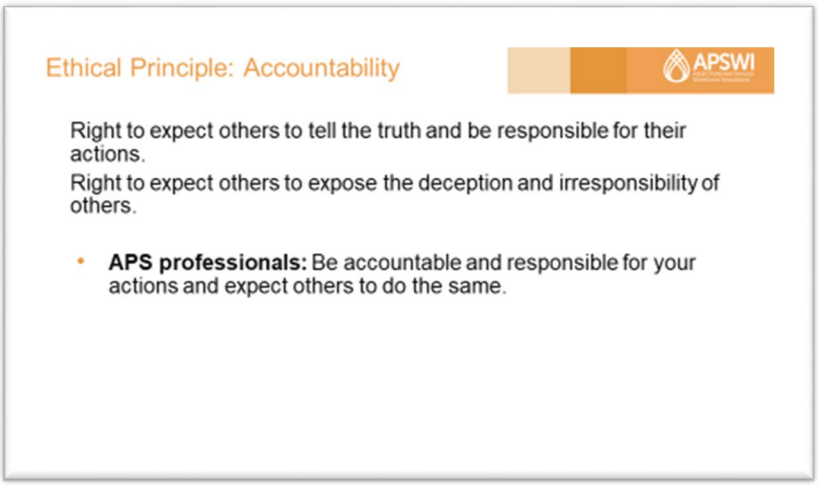
For APS, this means when appropriate, include and respect the ideas of family members and significant others.

- Examples
  - Having empathy when clients continue to financially support someone who is abusing them.
  - Documenting that family's input was addressed in an assessment.

Ask: How does the APS professional balance what they see as the need with what the client and/or family member sees as the need?

- Fidelity is also a concept that is present in family dynamics and should be considered. Clients may feel loyalty to abusive family members or loved ones and will often resist changing their situation because they do not want to endanger the relationship. Clients can also often expect a family member to care for them despite that person's physical ability, mental state or geographical location.
  - Sometimes family feel responsible to provide care, even if the result is that they ignore their own needs.
  - Sometimes the family member who is "chosen" to do the caregiving is not the most appropriate person.

Slide #20: Ethical Principle #6: Accountability



This ethical principle is the right to expect others to tell the truth and be responsible for their actions. People also have the right to expect others to expose the deception and irresponsibility of others.

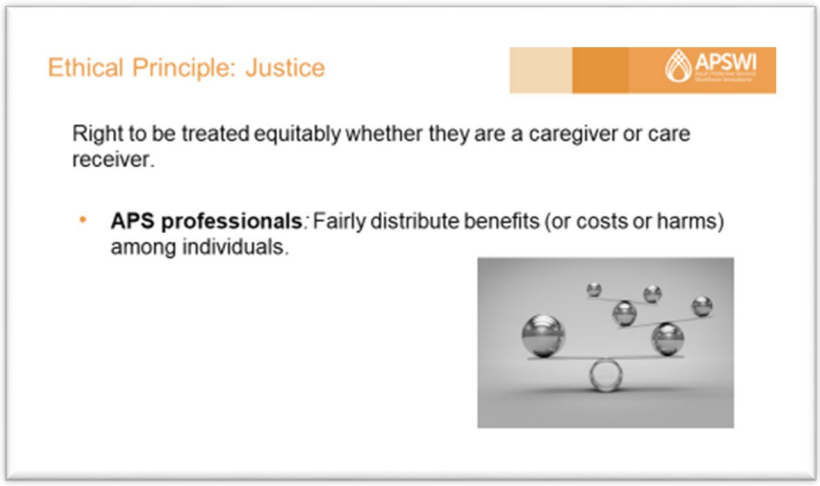
In APS, this means that you can be called upon to justify your professional actions. The criteria against which you and your agencies can be held accountable are those embodied in your profession's standard of practice and code of ethics.

Ask: How are APS professionals held accountable?

Possible answers: Documentation makes a person's professional actions "transparent" or easily assessed. Accountability may involve defending one's actions or decisions to a professional or legal authority.

- 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 practice or events within one's own agency is also part of accountability.

Slide #21: Ethical Principle #7: Justice



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.

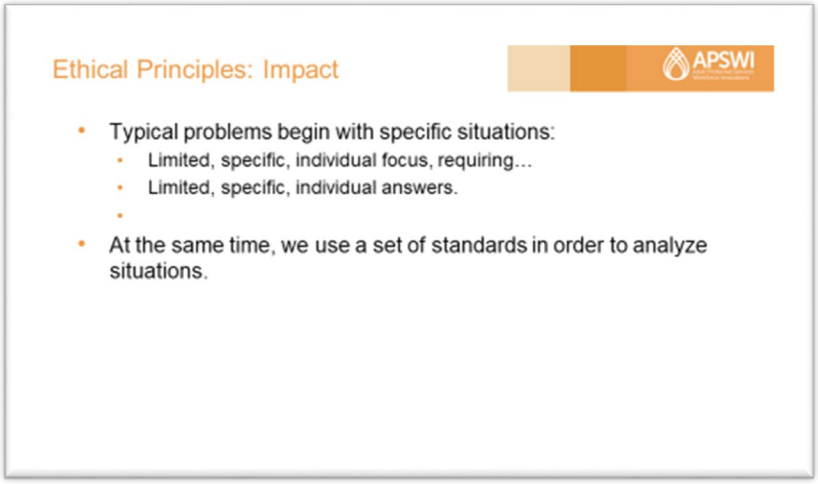
For APS, this means to fairly distribute benefits or burdens among individuals.

- 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?
- 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.

Discuss the following common APS scenarios regarding justice as an ethical principle.

- 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.

Slide #22: Ethical Concepts – Impacts

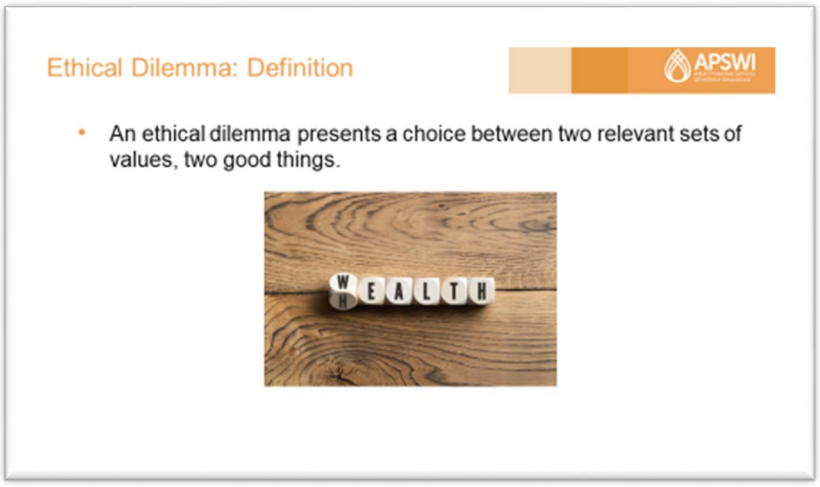


Typical problems begin with specific situations. They have limited, specific, individual focus, requiring limited, specific, individual answers.

At the same time, we use a set of standards in order to analyze these situations.

We will now consider several case scenarios which present ethical dilemmas and discuss how the ethical principles just presented might help us resolve these difficult situations.

Slide #23: Ethical Dilemma – Definition



An ethical dilemma presents a choice between two relevant sets of values, two good things (example: autonomy and beneficence).

- Both options can be justified, so the person is faced with making a difficult decision.
- How that decision is made and justified will be discussed in this afternoon's session, but the upcoming activity requires participants to think about how ethical concepts/principles may conflict with each other, causing a dilemma.
- This leads into **Handout #03:** *Ethics and Values in APS Work.*

Slide #24: Ethical Dilemmas- Scenarios

Activity #2- Ethical Dilemmas Scenarios- 20 min

Instructions:

1. **Refer** participants to **Handout #03-Ethics and Values in APS Work** in their Participant Manual.
2. **Explain** they will have 5-7 minutes to individually read the scenarios and identify the ethical issues or dilemmas in each scenario before discussing as a large group.
3. **Discuss** the examples in the large group.
    a. **Add** some suggestions as listed below.

TRAINER NOTE: Go through each of the scenarios. Invite participants to speak up if they agree or disagree with the choices of previous participants. Then add comments if appropriate. In Scenario 3, Carey's pronouns are they, them and their. This is not pointed out in participant manual on purpose and may cause some discussion. Encourage participants to explore why they assumed Carey identified as male or female.

1. **Some suggested comments:**
    - Scenario #01: The conflict is **autonomy** (Dankia has a right to refuse medication) and **beneficence** (her right to be safe/APS responsibility to protect her). Although Danika has capacity, it does not necessarily mean that APS walks away…but it does mean that the APS professional must try to build a trusting relationship with her, provide information and education to help her make an informed choice, and discuss the medical consequences if she does not take insulin.
    - Scenario #02: The conflict is **loyalty/filial piety** (Fredrick feels loyal to his son), but the son is not returning that loyalty/filial piety because he is not providing for his father's needs. Also, there is beneficence (Fredrick's right to be safe). When APS gets involved in a situation like this, care must be

Continued

taken to consider the consequence of any action (**nonmaleficence**), if professional alienates the son or criticizes the son to the client, Fredrick may close the door on the professional. If professional has son removed, there may be insufficient services available to meet client's needs. On the other hand, making no changes leaves Fredrick at risk.

- Scenario #03: The issues are **privacy** (Carey's right not to disclose personal financial information) and **beneficence** (their right to services and to be safe). This is a situation where APS would need to use the relationship and perhaps some reality testing to explain the needs for the information in order for Carey to receive help. Carey's assertion of their entitlement is one that may "push the professional's buttons" so the professional must be careful not to let personal values get in the way.
- Scenario #04: The issues are **loyalty/filial piety** (Luz expects her daughter Raquel to provide care for her) and **justice** (Raquel has physical and medical problems and cannot provide the kind of assistance her mother needs). In this case, the APS professional has two clients and must build a relationship and trust with both of them. In this case, APS may have two separate cases. The professional must discuss the situation with their supervisor in order to avoid a conflict of interest. It may be that two professionals need to be assigned to the family and coordinate their work so that the needs of both clients are met.

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.

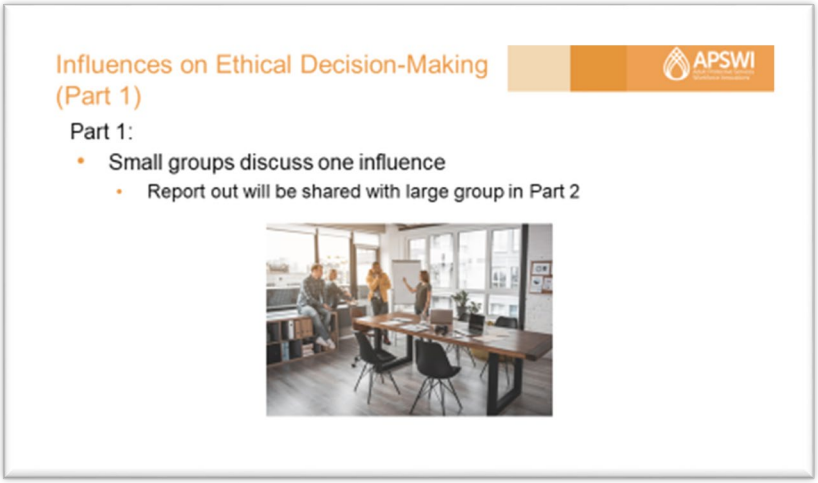
3. Carey, age 58, is in need of services but refuses to divulge their income to the APS professional. Carey says this is none of the government's business, and they are entitled to services for free.

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
Time Allotted: 50-60 minutes

Slide #25: Influences on Ethical Decision-Making

Trainer Note: This is a two-part activity. Participants will work in small groups during Part 1. In Part 2, a recorder from each group will report out to the larger class, where you can provide additional thoughts if necessary.



Activity #3 (Part 1): Influences on Ethical Decision-Making (20 min)

Instructions:

1. **Divide** the class into at **least** four groups with a maximum of five people in each group.
2. **Assign** one situation representing a different type of influence on decision-making from **Handout #04- Influences on Ethical Decision-Making** in the Participant Manual to each group.
    a. If the class is large, more groups can be created and the same situation can be assigned to other groups.
3. Once in their groups, **explain** that they have 20 minutes to review the situation and answer the questions from the handout in their small group.
    a. A reporter should be selected to report out when finished.

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HANDOUT #04: INFLUENCES ON ETHICAL DECISION-MAKING

7.1 Influences on Ethical Decision-Making Process: Client Wishes

Client Wishes

There are times when a client who has capacity is making a decision that you feel is harmful.

In your small group, choose a recorder and a spokesperson. Discuss the following:

- How do you determine if your client understands the consequences of their choice?

- What techniques might be helpful to engage a client who is making a choice which puts them at risk?
-

7.2 Influences on Ethical Decision-Making Process: Professional Obligations

Professional Obligations

There may be times when your ethical assessment and plan of action comes into conflict with that of your supervisor, administrator, or legal directive.

In your small group, choose a recorder and a spokesperson. Discuss the following:

- What strategies can you use to deal with the differences between your view and that of your supervisor or administrator?

- How do you support your assessment? When/how do you compromise?

8.3 Influences on Ethical Decision-Making Process: Personal Values and Boundaries

Personal Values and Boundaries

There are times when certain clients, family members, or situations push your buttons, and many interfere with your ability to make ethical judgments regarding the situation at hand. There also may be times when your boundaries become too loose or too rigid.

In your small group, choose a recorder and spokesperson. Discuss the following:

- How do you know when your values (cultural, religious, ethnic) or gut reactions are getting in the way of your work with/on behalf of your client?

- What strategies can you use to maintain objectivity and clear boundaries?

8.4 Influences on Ethical Decision-Making Process: Community Pressure

Community Pressure

Oftentimes, outsiders, community agencies, and family members feel that they know the best decision to be made for your client. Collaboration, which is critical to APS work is a component of community pressure. At times, ethical conflicts may exist. While we know collaboration brings benefits, it also brings challenges, including negotiating agency priorities.

In your small group, choose a recorder and a spokesperson. Discuss the following:

- What positive strategies can you use when working with other agencies?

- What strategies can you use when working with family members? What action can you take when family members disagree with each other regarding the plan of action for your client?

Slide #26: Influences on Ethical Decision-Making (Part 2)

Activity #3 (Part 2): Influences on Ethical Decision-Making (30 min)

Instructions:

1. **Ask** for group(s) to report out on their discussion on their assigned influence.
2. **Ask** for additional suggestions or comments from other groups.
3. Supplement with comments listed below, if necessary.

Trainer Note: The following comments should be made while the participants are responding to the scenario reports.

There are four areas that influence the decision-making process:

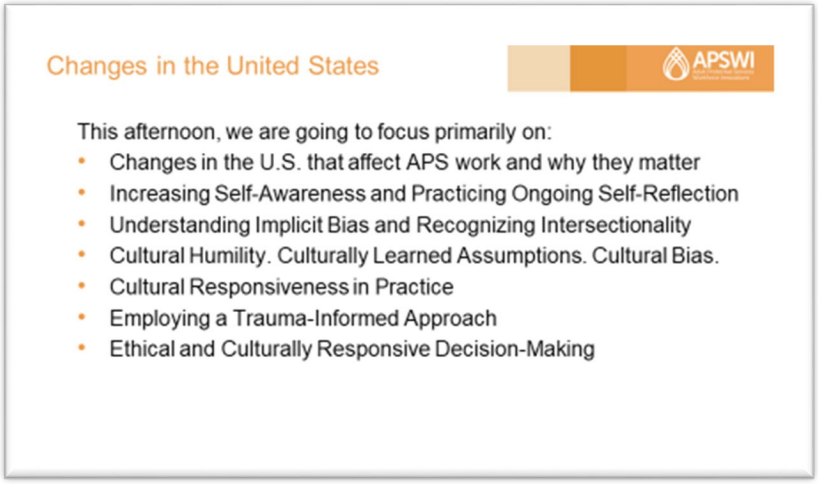
- **Client wishes:** What the client wants to do. The client wants to make their own choices even if they are older, eccentric, mentally ill, involuntary committed, dying – whether or not we, family, or physician concur – as long as those choices do not infringe on rights of others. The key is to make sure that the client understands the consequences of the decisions and has the capacity to make that particular decision.
- **Professional Obligations:** Our role/responsibility on the job. It involves state statute(s), regulations and policies, the personnel manual, applicable code of ethics and what is expected of us from supervisor and administrator. Instances may arise when APS professional's ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, APS professionals must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards of the profession. If a reasonable resolution of the conflict does not appear possible, they should seek proper consultation before making a decision.

Continued

- **Personal Values:** What are our beliefs about what is good and what is right? What is it about this client that pushes our buttons? Do we like the client because she reminds us of our mother, do we feel guilty about our own behavior in our family and try to compensate with clients? How do we feel about the abusive acts committed? Are we angry at clients/abusers because of characteristics that we are not comfortable with: substance use, HIV, demanding behavior, etc.? Are there cultural, racial, religious values that are interfering with the process? Are there cultural, ethnic, or religious stereotypes that are interfering with our ability to service this client?
    - APS professionals should be aware of the impact on ethical decision-making of their clients' and their own personal values and cultural religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance, they should consult the relevant literature on professional ethics and ethical decision-making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based organization's ethic committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.
    - *Countertransference*: Who does the client remind you of? If we like someone more, we may work harder and be more flexible. If we like someone less, we may apply the rules more rigidly. There is a need for self-awareness, for looking inside ourselves to see if the situation is really an ethical dilemma or a self-imposed barrier.
- **Community pressure:** What others think we should do or act in this situation. What are the values of other professionals? What are the motives for the pressure? What is the public good? How do we explain our position? How do we justify our actions or inactions? Is that necessary?

CHANGES IN THE U.S.
Time Allotted: 15 minutes

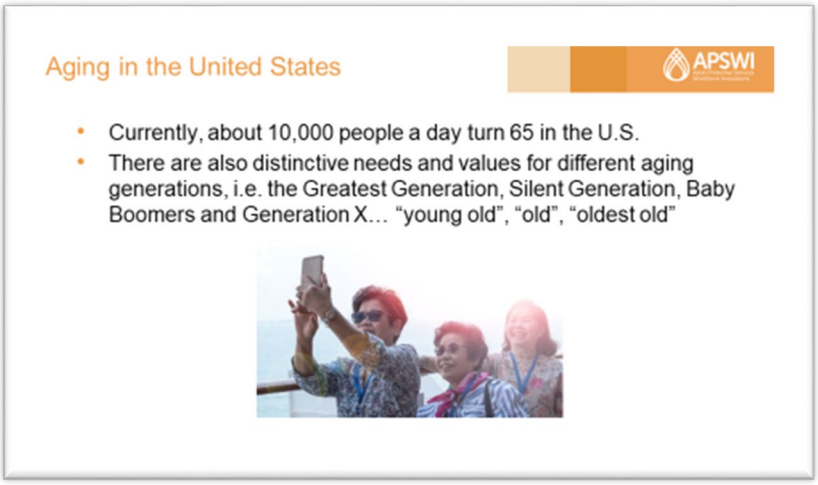
Slide #27: Changes in the United States



Explain that 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

Slide #28: Aging in the United States

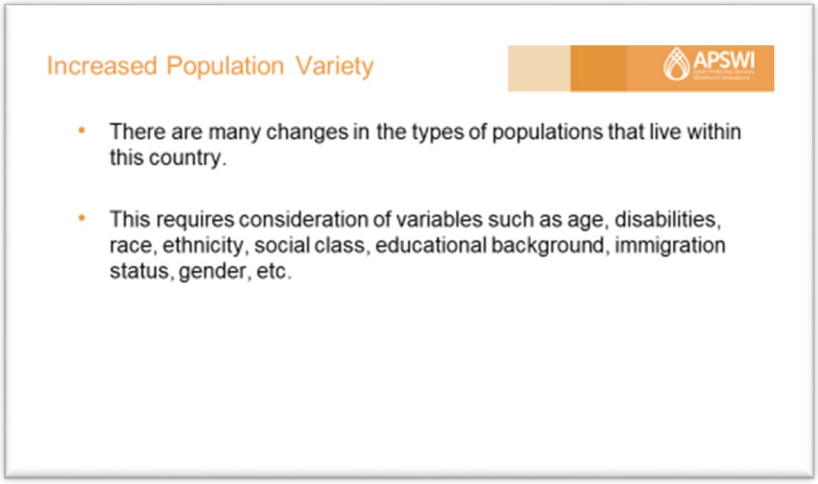


Review the following:

- Currently, about 10,000 people a day turn 65 in the U.S. (Census, 2010)
- According to the Census, there were 47.8 million individuals age 65 and older in 2015. In 2016, it was estimated that 1 in 7 Americans were age 65 and older (ACL.gov) report from Administration on Aging (https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf)
- According to the US Census Bureau's population clock, the estimated 2019 United States population (August 2019) is 329.45 million.
- Not only are there an increasing number of older adults, but 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"
- The youngest-old are ages 65 to 74 years; the middle-old are 75 to 84 years and the oldest-old are greater than 85 years in age. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301865/)

Ask: Why is it important to understand which generation your client belongs to and how that potentially impacts service provision?

Slide #29: 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.

Trainer Note: Some trainings offer numerous statistics that highlight certain concepts, but most individuals may not remember or revisit those statistics after the training. This training's aim is to emphasize that it is important to understand the context of your clients beyond, for example, how many people are of a certain racial/ethnic descent within the country. Statistics can often inadvertently reinforce cultural stereotypes which this training seeks to avoid.

If you are interested in delving into the statistics regarding cultural diversity within the dependent adult and older adult populations, here is a reference, but it is more helpful to understand the meaning behind the numbers:

An Aging Nation: The Older Population in the United States
(https://www.census.gov/prod/2014pubs/p25-1140.pdf)

Activity #4- Diversity Awareness (7-10 min)

Ask participants to get into dyads and discuss their thoughts on the following question**:**

- In practice, why is it important to have an awareness of diversity in populations served? *Consider two clients of the same age or with the same disability, both consider themselves Mexican-American; however, one was born and raised in Mexico and the other in South Central LA, their cultural experiences may very well differ.*

Continued

Once participants have had time to discuss in dyads, **solicit** a few comments.

Wrap up this short section by **sharing** the following:

The key takeaway is that there are an increasing number of diverse dependent and older adults in this nation. Learning about others starts with introspection and learning about yourself. This training will prepare APS professionals to provide services to an increasingly diverse client population by highlighting the importance of cultivating an ongoing practice of self-reflection in relation to each client's unique lived experience. The following sections introduce concepts and activities that are meant to begin your journey in the practice of cultural humility with your clients.

SELF-REFLECTION PROCESS
Time Allotted: 95 minutes

Slide #30: Introducing Community Agreements (Group Guidelines)

Trainer Note: Whenever you are having conversations on topics of diversity and inclusion, it is important to ensure that the space feels safe for conversation and exploration. Start each activity or discussion by setting community agreements by following the steps below.
• Before the training, provide a handout on "Community Agreements" with the bullets below.
- **Recreate the main agreements from the handout on flip chart paper, as you'll be adding to them.**

• Consider addressing the group in the following way, "In this activity, we explore potentially sensitive topics, so I'd like to start by having us set a few community agreements or "norms" to help make the space feel safe for conversation and exploration.

Refer participants to **Handout #05- Community Agreements**.

Explain that the community agreements that we agree to are all things we are willing to honor for the duration of this session. To start, this handout lists a few community agreements that might be helpful.

Read through and explain each one and then **ask** for comments and questions on them. **Ask** if participants have any they would like to add and incorporate them into the flip chart.

Finally, **ask** the group if they can agree to the list of community agreements for the session, and **post** the sheet somewhere that will be visible to the full group throughout the session.

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.

Slide #31: Understanding Intersectionality and Privilege

Explain the following:

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.

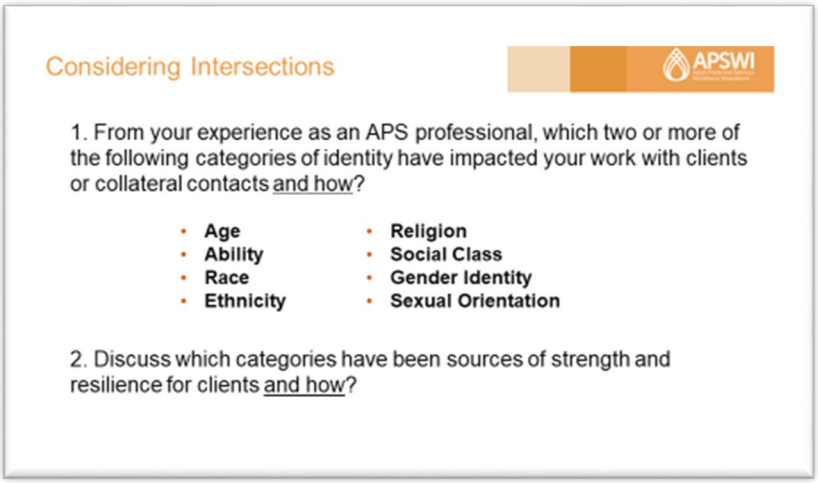
Kimberlé Crenshaw introduced the theory of intersectionality, the idea that when it comes to thinking about how inequalities persist, categories like gender, race, and class are best understood as overlapping and mutually constitutive rather than isolated and distinct.

Kimberlé Crenshaw wrote, "Through an awareness of intersectionality, we can better acknowledge and ground the differences among us…" ("Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color")

Privilege is an uneven distribution of unearned power within a society. Key concepts of privilege include:

- Aspects of your life or identity are seamlessly accepted into the world without scrutiny or suspicion
- Privilege dictates the ease and influence one will have in a society
- People occupy multiple social positions with multiple levels of privilege or disadvantage (NOT absolute)

Slide #32: Considering Intersections

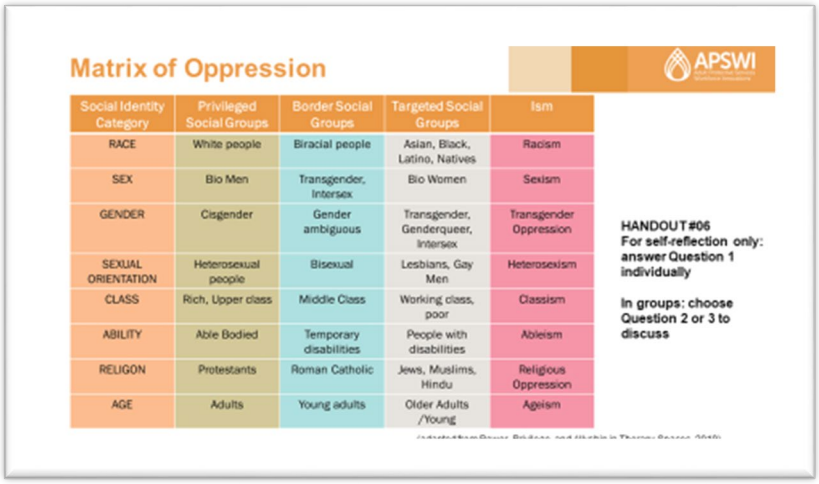


Activity #5- Intersectionality in Practice (10 min.)

Instructions:

1. **Ask** participants to get into small groups of 2-3.
2. **Inform** them that they have 10 minutes to reflect on and discuss examples from their experience as an APS professional in which two or more of the following categories of identity have impacted their work with clients or collateral contacts and how?
    a. **Age**
    b. **Ability**
    c. **Race**
    d. **Ethnicity**
    e. **Religion**
    f. **Social Class**
    g. **Gender Identity**
    h. **Sexual Orientation**
3. **Ask** that they discuss which categories have been sources of strength and resilience for clients and how?

Slide #33: Matrix of Oppression



This chart is visual representation exploring the concept of privilege in our current society. Individuals outside of privileged social groups are more likely to experience oppression. Take a moment to look at the chart and different social categories and think about its implications for you, as APS professionals, and all of the people who you work with in an APS investigation.

Activity #6: Intersection Exploration (15 min)

Instructions:

1. **Inform** participants that they are going to answer three questions total on **Handout #06- Matrix of Oppression**.
2. They will first have a minute to individually **self-reflect** on Question #1.
3. Next, they will get into groups of four. They have 10 minutes to discuss EITHER Question #2 or #3.
4. There is no report out for this activity.

- Question 1: Which privileged social groups, border social groups or targeted social groups do you identify with and are you surprised by this?
- Question 2: What are the implications of clients who experience one or more of the “-isms” listed above?
- Question 3: Which of the “-isms” listed above are you more likely to experience as an APS professional?

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

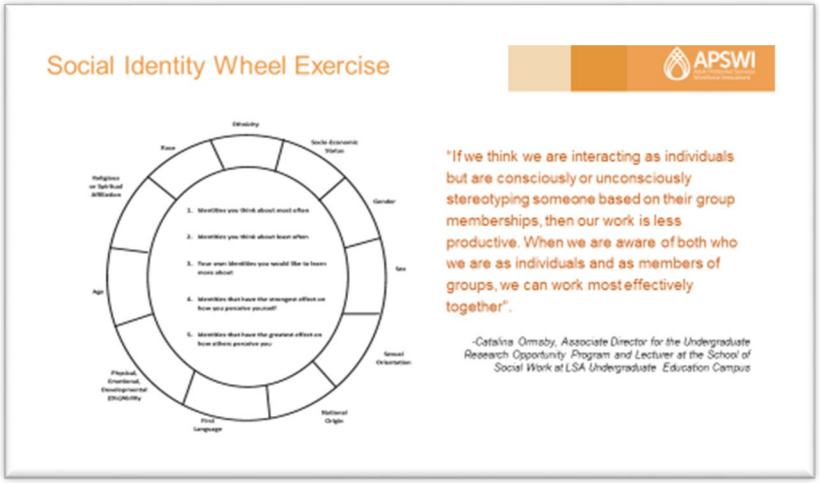
- What are the implications of clients who experience one or more of the "-isms" listed?

Question #3

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

Slide #34: Social Identity Wheel Exercise

Trainer Note: This activity is 1 of 3 exercises from the University of Michigan. To better prepare yourself to facilitate this training, it is strongly suggested that you watch the How to Facilitate the Spectrum Activity in your Classroom at https://www.youtube.com/watch?time_continue=221&v=RAA65IJeCHQ&feature=emb_logo. Handout #07A- Social Identity Wheel Overview and Framing Material are for the Trainer and outlines the entire activity and prep work needed. Participants just have the Wheel in Handout #07B.



Activity #7 Social Identity Wheel Exercise (25-35 min)

Instructions:

1. **Explain** that **Handout #07B-Social Identity Wheel** features a circle that is separated into 11 sections.
    a. Each section is labeled: (starting at the top and moving clockwise around the circle) ethnicity; socio-economic status; gender; sex; sexual orientation; national origin; first language; physical, emotional, developmental (dis)ability; age; religious or spiritual affiliation; race.
    b. In the center of the circle, there are five numbered prompts: (1) Identities you think about most often; (2) Identities you think about least often; (3) Your own identities you would like to know more about; (4) Identities that have the strongest effect on how you perceive yourself; (5) Identities that have the greatest effect on how others perceive you.
2. **Inform** participants they will have 10 minutes to fill this out individually and if we feel comfortable doing so, we will share some responses as a large group for an additional 10 min. ***Note- if sharing with larger group, it is important to only stay within the 5 questions in the middle of the wheel to allow for safety in sharing.***

Continued

3. After participants have completed their wheel (and if large group sharing), **ask**: "Based on the areas on your Social Identity Wheel that you hold privilege within, how might you utilize this information to work with your clients?"
4. **End** with the quote and **invite** any comments.
    a. "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 Ormsby, Associate Director for the Undergraduate Research Opportunity Program and lecturer at the School of Social Work at LSA Undergraduate Education Campus.

HANDOUT #07A- SOCIAL IDENTITY WHEEL OVERVIEW AND FRAMING MATERIAL

Social Identity Wheel Overview and Framing Material

Overview

The Social Identity Wheel worksheet is an activity that encourages students to identify and reflect on the various ways they identify socially, how those identities become visible or more keenly felt at different times, and how those identities impact the ways others perceive or treat them. The worksheet prompts students to fill in various social identities (such as race, gender, sex, ability disability, sexual orientation, etc.) and further categorize those identities based on which matter most in their self-perception and which matter most in others' perception of them. The Social Identity Wheel can be used in conjunction with the Personal Identity Wheel to encourage students to reflect on the relationships and dissonances between their personal and social identities. The wheels can be used as a prompt for small or large group discussion or reflective writing on identity by using the Spectrum Activity Questions on Identity.

Goals

- To encourage students to consider their identities critically and how identities are more or less keenly felt in different social contexts. The classroom and the university can be highlighted as a context as a way to approach questions on barriers to inclusion.
- To illuminate how privilege operates to normalize some identities over others. For example, a student who speaks English as their first language can reflect on why they rarely need to think about their language as an aspect of their identity while some of their peers may identify language as the aspect of their identity they feel most keenly in the classroom.
- To sensitize students to their shared identities with their classmates as well as the diversity of identities in the classroom, building community and encouraging empathy.

Challenges

- The students may not perceive the activity as relevant to the course and thus may exhibit resistance.
- Students may not be familiar with particular concepts, or they may have different assumptions about those concepts that the activity assumes. For example, the may not know the difference between the terms "sex" and "gender," or they may be resistant to the distinction between the two.
- If the wheel is used as a discussion prompt or if students are in close quarters and are able to see what their peers have written on their worksheets, this exercise may feel especially vulnerable to students with invisible identities that they may not want to disclose to the class. Disclosure in verbal or written form should be voluntary and discussion questions should be broad enough that students can opt to not talk about more vulnerable aspects of their identities while still leaving space for them to share if they wish.

Other Associated Material

- Personal Identity Wheel http://sites.lsa.umich.edu/inclusive-teaching/personal-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/).

- Spectrum Activity Questions on Identity http://sites.lsa.umich.edu/inclusive-teaching/spectrum-activity-questions-on-identity/

Citations

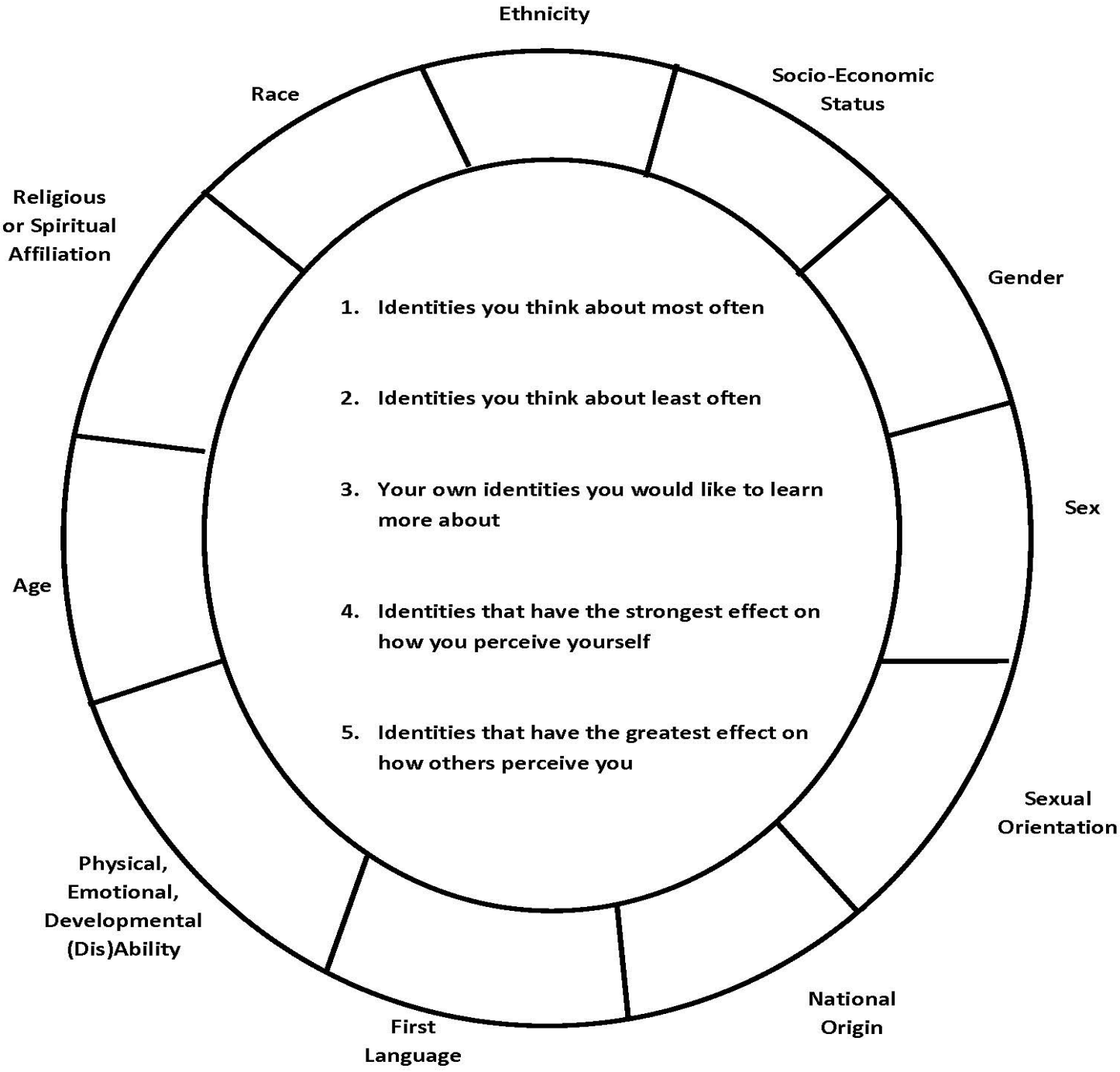
Adapted for use by the Program on Intergroup Relations and the Spectrum Center, University of Michigan.

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

Social Identity Wheel (adapted from "Voices of Discovery")

Image description: The chart below features a circle that is separated into 11 sections. Each section is labeled: (starting at the top and moving clockwise around the circle) ethnicity; socio-economic status; gender; sex; sexual orientation; national origin; first language; physical, emotional, developmental (dis)ability; age; religious or spiritual affiliation; race. In the center of the circle, there are five numbered prompts: (1) Identities you think about most often; (2) Identities you think about least often; (3) Your own identities you would like to know more about; (4) Identities that have the strongest effect on how you perceive yourself; (5) Identities that have the greatest effect on how others perceive you.

Social Identity Wheel

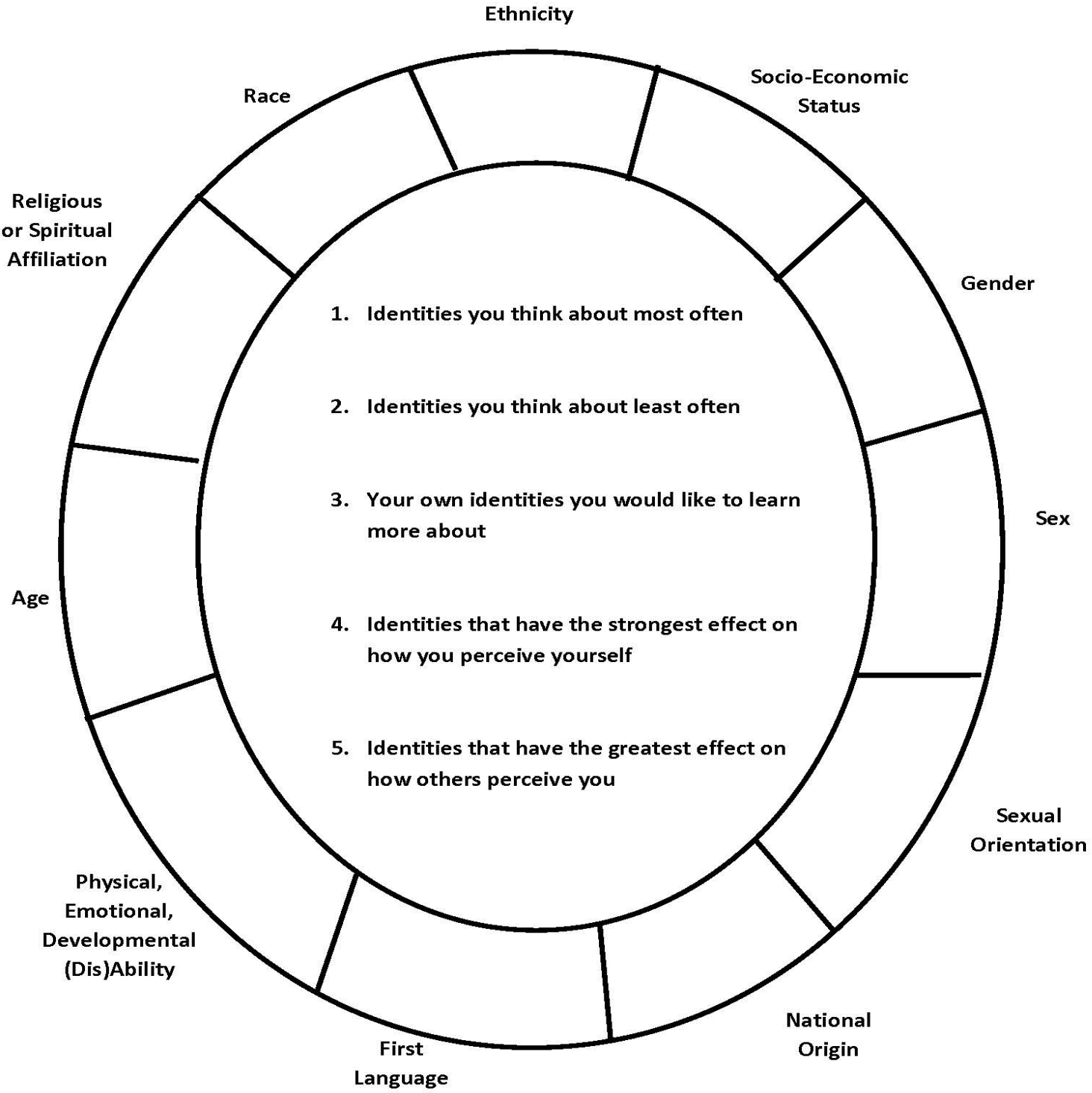


Adapted for use by the Program on Intergroup Relations and the Spectrum Center, University of Michigan.

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

HANDOUT #07B- SOCIAL IDENTITY WHEEL

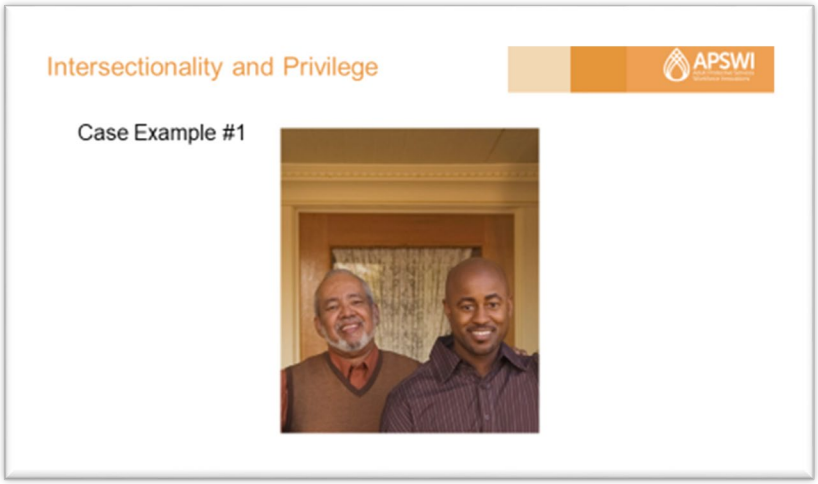
Social Identity Wheel



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/).

Slide #35: Intersectionality and Privilege



Explain that we'll review a case example exemplifying Intersectionality AND Privilege and why this concept is useful in practice to APS professionals.

Either **have** participants popcorn read the scenario aloud or **provide** a few minutes for them to read to themselves.

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."

Continued

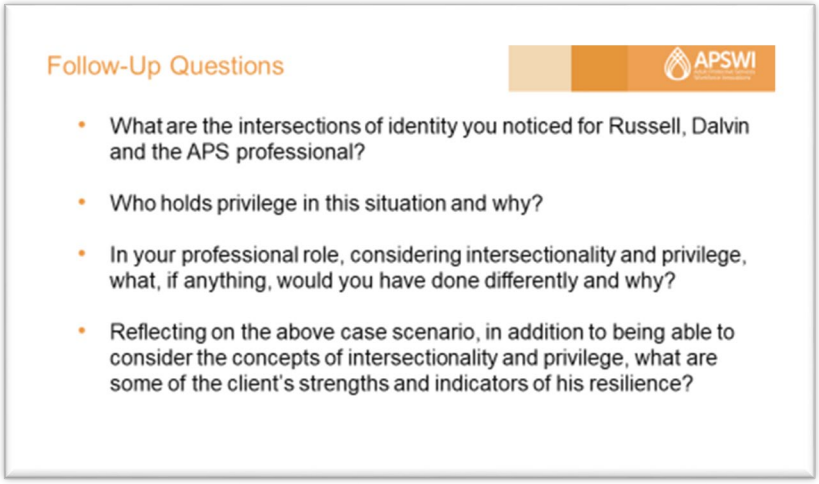
You try to redirect the client since the allegation is being made against Dalvin and you would prefer to speak with him privately. You let Russell know that what you would like to talk about can be very sensitive and that he may really appreciate some privacy. You ask again to speak with Russell just 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."

Slide #36: Follow-Up Questions

Trainer Note: The slide is animated to discuss one question at a time.



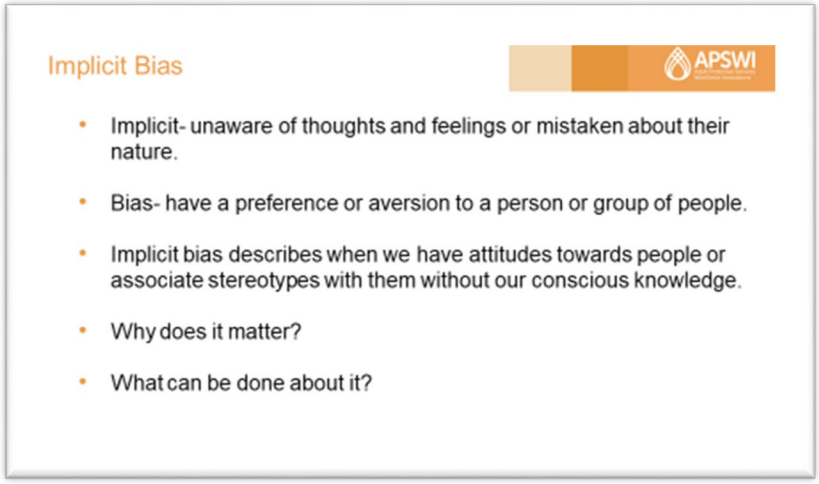
With the large group, **ask** the following four questions and **write down** intersections of identity on flipchart/whiteboard. Possible answers are in italics below, but are not exhaustive. Participants may come up with others.

1. What are the intersections of identity you noticed for Russell, Dalvin and APS professional?
    a. *Russell: Older Adult, disabled (blind), Person of Color (POC), Gay-identified*
    b. *Dalvin: Undocumented immigrant, Person of Color (POC)*
    c. *APS professional: Female, Younger Adult*
2. Who holds privilege in this situation and why?
    a. *APS professional holds privilege as a younger adult, Caucasian, able-bodied (assumed as no disability indicated in scenario), non-LGBTQ+ and is a government official (power dynamic).*
    b. *Russell holds the privilege of being a man and may also look down on someone who is female and younger as not having experience or capability.*
    c. *Dalvin holds privilege as an abled body (assumed as no disability indicated in scenario).*
3. As an APS professional, considering intersectionality and privilege, what, if anything, would you have done differently and why?
    a. *Take time to establish rapport. Be mindful of the language you use in reference to the client's disability. Ask for client by name, rather than assuming relationship status. Do not assume client's sexual orientation. Be aware some communities have less trust of government entities due to historical trauma and lived experience, and that is why it is even more important to do your best to build rapport and a certain amount of safety before questioning the client around sensitive matters.*

Continued

4. 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?
    a. *Stable housing, loving/supportive relationship, family member(s) care/are concerned, survived adversity despite challenging circumstances, etc.*

Slide #37: Implicit Bias



Share the following:

What it is:

Thoughts and feelings are “implicit” if we are unaware of them or are mistaken about their nature. We have a bias when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term “implicit bias” to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.

Why it matters:

Most of our actions occur without our conscious thoughts. This means, however, that our implicit biases often predict how we will behave more accurately than our conscious values. For example, studies have found that white physicians who implicitly associated black patients with being “less cooperative” were less likely to refer black patients with acute coronary symptoms for thrombolysis for specific medical care.

What can be done about it:

Social scientists are in the early stages of determining how to “debias.” It is clear that media and culture makers have a role to play by ceasing to perpetuate stereotypes in news and popular culture. In the meantime, institutions and individuals can identify risk areas where our implicit biases may affect our behaviors and judgments. Instituting specific procedures of decision making (“standardized responses in APS”) and encouraging people to be mindful of the risks of implicit bias can help us avoid acting according to biases that are contrary to our conscious values and beliefs.

Acknowledging that implicit bias has a real impact on APS investigations, some APS programs have adapted standardized responses to minimize the impact. Examples are:

- APS professionals ask clients what their preferred language is when they start the interview (phone or in person).

Continued

    - By inquiring on preferred language, we avoid making assumptions about an individual's ability or preference for language that is predominant to the community. Such as not assuming the individual speaks English only because they present as Caucasian or if an individual reports being bilingual in Spanish, not assuming that they want to continue the interview in Spanish.
- APS professionals collecting Sexual Orientation and Gender Identity on all clients as standard demographics.
    - By communicating with clients about how they identify and providing various options (Male, Female, Transgender, Born Male/Female, Non Binary, Other, Straight, Gay/Lesbian, Bisexual, Questioning, Unknown) for them to select, we avoid assuming we know how someone identifies and what resources to provide (health care, social support, etc).

Ask participants if they know of other examples from their programs.

Slide #38: Illustrating Implicit Bias in APS context

Explain that we'll review a case example to illustrate implicit bias in APS context.

Either **have** participants popcorn read the scenario aloud or **provide** a few minutes for them to read to themselves.

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.

Continued

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.

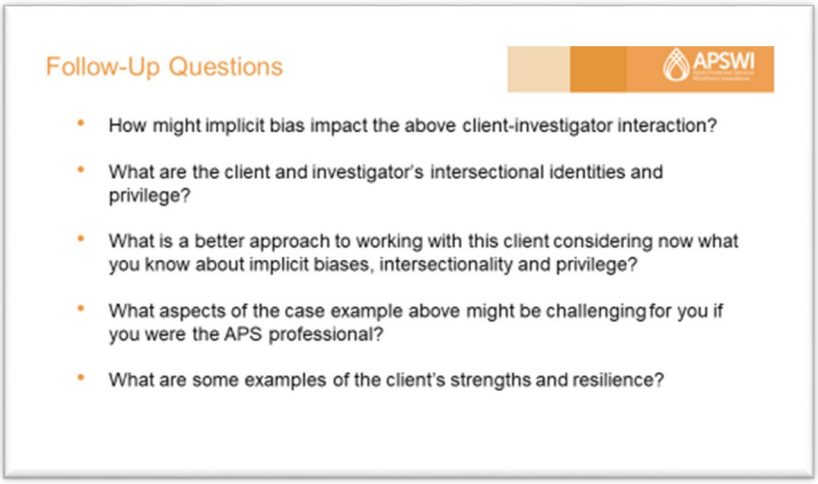
You notice pictures of family on the wall, and she tells you it is her daughter who lives in another state. You think to yourself, because she is older and Asian that her daughter should take care of her, based on your knowledge of the Japanese culture, so you ask her, “Why isn’t your daughter taking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

Slide #39- Follow Up Questions

Trainer Note: The slide is animated to discuss one question at a time.



As a large group, **discuss** the following five questions. **Write** down examples of implicit bias on flipchart/whiteboard.

Possible answers are in italics.

1. How might implicit bias impact the above client-investigator interaction?
    a. *APS professional: Assumes that the client has Hoarding Disorder, e.g. refers to "piles of junk" and "clutter", when this may not be the case. Client perceived as not being able to speak English well due to ethnicity and accent; however, client's difficulty with language could stem from MCI, hearing impairment (although this is not explicitly mentioned in the scenario), the pace and accent of APS professional's speech. Client perceived as not having any financial resources due to living conditions and also that because she is a woman she cannot manage her own financial situation. Assumed that due to the client's ethnicity that she ascribed to cultural stereotypes that her adult child should be taking care of her, however, it could be that her daughter, being born and raised in the U.S., may be acculturated to the dominant society's view that adults should be independent. Client is also perceived to be unable to care for herself due to old age.*
    b. *Client: APS professional is perceived as inexperienced and ineffective due to age. Potential mistrust of worker due to governmental affiliation and historical trauma. Perceived by client as "being from somewhere else" due to presentation.*
2. What are the client and investigator's intersectional identities and privilege?
    a. *Client: Oldest Old, Japanese (POC), female…*
    b. *APS professional: Latinx (POC)…*
3. What is a better approach to working with this client considering now what you know about implicit biases, intersectionality and privilege?

Continued

   a. *Be aware of the pace and volume of your speech; do not make assumptions based on cultural/gender/SES/age stereotypes; use trauma-informed approach as clients from minority backgrounds have experienced oppression, institutional discrimination and historical trauma; assess client's cognition for signs of impairment and adjust interview techniques accordingly; be patient and meet the client where they are at; reflect on how your privilege may impact the interaction/dynamic with the client and outcomes; work to minimize the power differential and focus on client's strengths and resilience*

4. What aspects of the case example above might be challenging for you if you were the APS professional?
   a. *Answer will be individualized for trainee*
5. What are some examples of the client's strengths and resilience?
   a. *Client lives independently and manages her own house and ADLs/IADLs, survived significant trauma and recent loss of spouse, she cares for pets, has financial resources…*

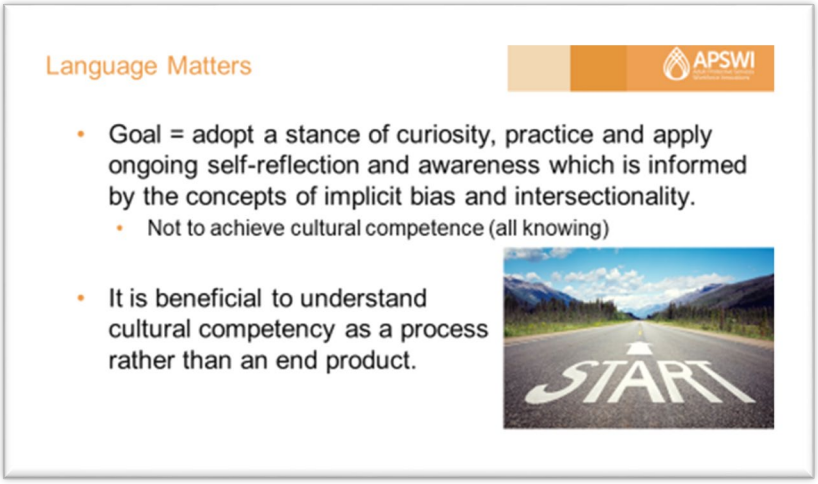
Explain that the hope of this training is that participants will continue to explore training themes for continued self-reflection and growth after training.

Share the following resources and **encourage** participants to visit on their own.

- The Project Implicit (https://implicit.harvard.edu/implicit/) after this training and complete the Hidden Bias Tests which measure unconscious or automatic biases.
- "We all have implicit biases. So what can we do about it? Dushaw Hockett. (https://www.youtube.com/watch?v=kKHSJHkPeLY)

DEVELOPING CULTURAL HUMILITY
Time Allotted: 30-35 minutes

Slide #40: Language Matters



You may have heard some terms in the past such as cultural competency, cultural intelligence, cultural proficiency and cultural knowledge.

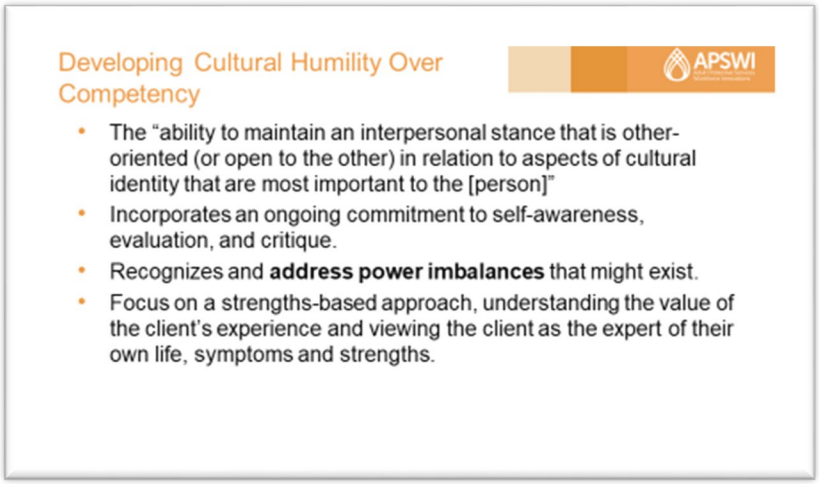
While all terms were meant to be a positive movement towards diversity and inclusion, utilizing these terms can often send the wrong message. For example, if you think you have enough knowledge about a culture, then you may assume that you can competently treat anyone from that background. The goal becomes collecting information about different cultures to become “competent” or all-knowing, which is an impossible task and encourages stereotyping.

In addition, cultural competence does not take into consideration the intersections of identity of the client and APS professional, nor the unique dynamic created between APS professional and client based on their respective experiences and background.

The goal of this training is not for participants to achieve cultural competence or cultural knowledge, but rather to adopt a stance of curiosity, practice and apply ongoing self-reflection and awareness, which is informed by the concepts of implicit bias and intersectionality. It is beneficial to understand cultural competency as a process rather than an end product.

This next section will introduce the concepts of cultural humility and cultural responsiveness to replace previous terms. This next section will deepen our understanding on these terms and how to incorporate them in our APS practice.

Slide #41: Developing Cultural Humility over Competency

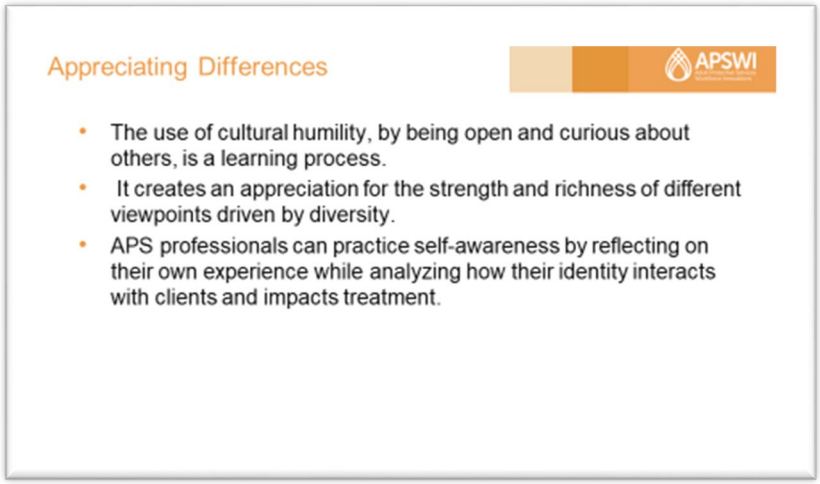


Discuss the following:

- Cultural humility is a construct that can help us understand and develop a process-oriented approach to competency. Hook, Davis, Owen, Worthington and Utsey (2013) conceptualize cultural humility as 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]" (p. 2).
- Cultural humility incorporates an ongoing commitment to self-awareness, evaluation, and critique.
- In addition, cultural humility invites us to recognize and address power imbalances that might exist due to the variables we've previously discussed.
- Cultural humility encourages us to 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.
- Both the client and the APS professional must collaborate and learn from each other to achieve the best outcomes.

Trainer Note: Address fragility, defensiveness and other feelings that may come up for participants naturally as this can be an uncomfortable process. No one wants to be seen in a negative light; therefore, be mindful to support an open process of self-examination. Encourage participants to explore what these feelings mean for each individual and how that can be used in practice as an APS professional. Refer back to the Community Norms that were previously agreed upon if needed.

Slide #42: Appreciating Differences



Review the bullets on the slide.

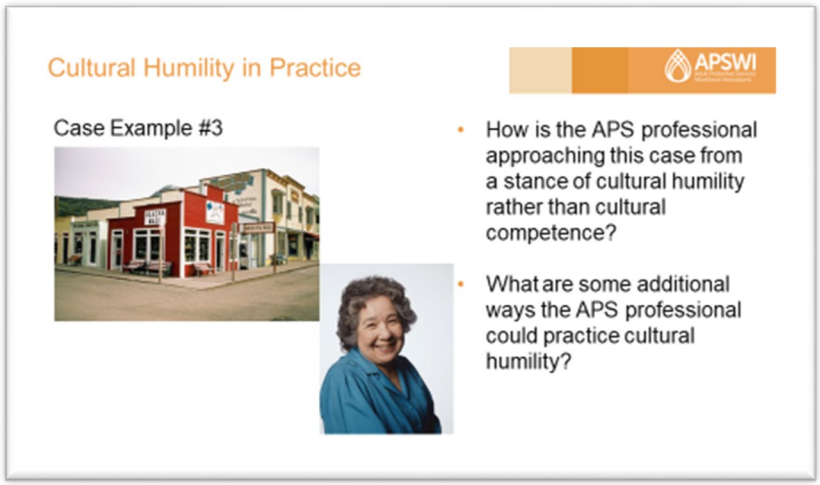
- The use of cultural humility to be open and curious about others is a learning process.
- In addition, it creates an appreciation for the strength and richness of different viewpoints driven by diversity.
- APS professionals can practice self-awareness by reflecting on their own experience while analyzing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

Slide #43: Cultural Humility and Ethics

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

- Oftentimes, increased numbers of clients, decreased funding, and agency and legislative mandates pressure APS professionals to become more “standardized” in responding to specific clients. Yet, the diversity of our population demands flexibility.
- Understanding the rich diversity within the aging population will help you approach individuals with cultural humility and provide services that will more effectively support their health and well-being.
- This requires that Adult Protective Service professionals recognize and practice cultural humility and ongoing self-awareness and consultation when working with clients, especially when under pressure from agency policy and procedures.

Slide #44- Cultural Humility in Practice:



Activity #8- Illustrating Cultural Humility in APS Practice (15-20 min)

Refer participants to **Handout #08- Case Example #3**.

Explain that they will:

1. Individually read the background information and then the case scenario.
2. When everyone is ready, work in groups of 3-4 to answer the questions on the handout for 10-15 min.
    a. **Inform** participants that a NAPSA Research to Practice Brief can be found in their Appendix if they would like to review for this activity. This is optional but **suggest** they look at the brief after training.
3. If time allows, there will be a short report out.

Trainer Note: If time allows for a report out, ask for a couple of groups to share their discussion on the first question and the other groups to share the second question.

Trainer Note: The allegation from Case Example #3 was left ambiguous on purpose so that participants would also potentially examine their bias not only in regard to cultural aspects, but also on what they believe constitutes abuse/sexual assault. It could be culturally acceptable within the Alaskan Native culture (and others) for family members to regard those with intellectual disability as child-like and show affection to them accordingly.

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.

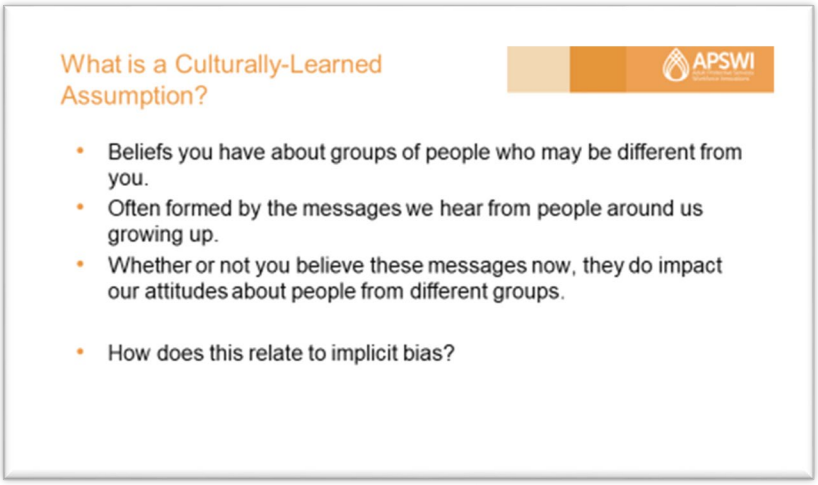
You are the APS professional who is sent out to investigate the case. When you arrive at the home, Sadzia's mother answers the door. You smell what you believe to be something cooking and engage the mother in a conversation about how good it smells. You are aware that building rapport is critical from 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?

Slide #45: What is a Culturally Learned Assumption?



Explain that we've explored implicit bias and cultural humility, but there is also the reality that we experience culturally-learned assumptions.

Share the following about culturally-learned assumptions:

- Beliefs you have about groups of people who may be different from you. These are often formed by the messages we hear from people around us growing up. Regardless of whether or not you believe these messages now, they do impact our attitudes about people from different groups

Ask: How does this relate to implicit bias?

Possible answers may include:
Culturally-learned assumptions may impact your implicit biases by being unaware that you have learned these messages from society, your family, media, etc.

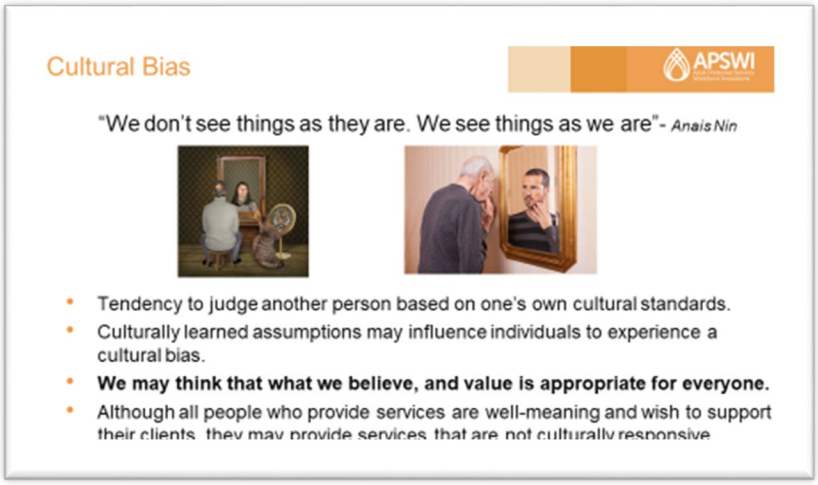
- *An example of a culturally-learned assumption is that older people cannot change or that they are "fixed in their ways", e.g., "You can't teach an old dog new tricks."; therefore, the APS professional may not offer certain resources, such as therapy, which is based on the premise that people can change their thinking processes/behavior because of this assumption.*

Encourage participants to explore more after training by watching the following short video:

https://www.nytimes.com/video/who-me-biased

Slide #46: Cultural Bias

Trainer Note: This slide is animated to allow time to process each point as you explain.



Share the following quote:

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

We may assume that others see the world the same way we do.

Cultural bias is the tendency to judge another person based on one's own cultural standards.

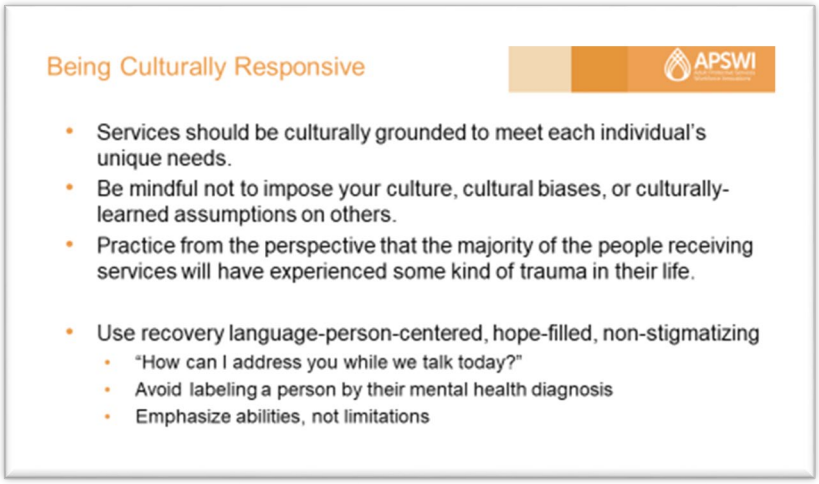
Culturally learned assumptions may influence individuals to experience a cultural bias.

Often our own culture sets us up with blind spots. We may think that what we believe and value is appropriate for everyone.

Many people are often unaware of the cultural lenses they use to view the world and how their life experience influences how they may view others.

Although all people who provide services are well-meaning and wish to support their clients, they may provide services that are not culturally responsive.

Slide #47: Being Culturally Responsive



Discuss the following:

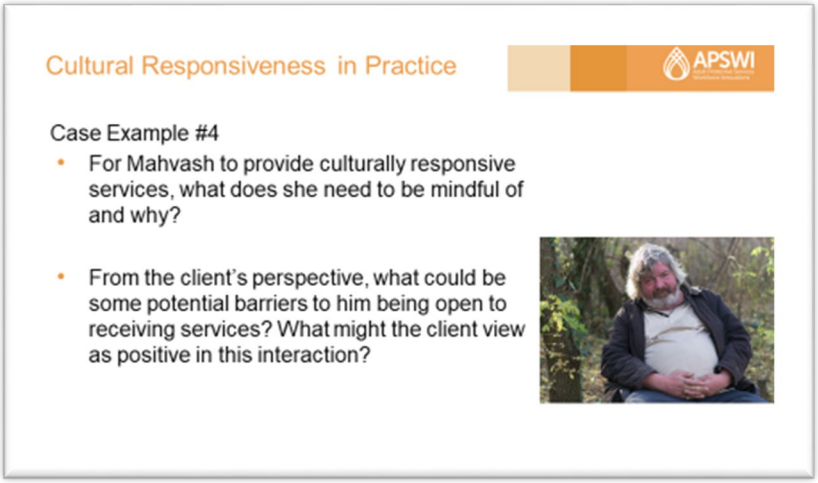
As a person manages their wellness and safety and achieves their goals, they do so within the norms of their culture.

- Services should be culturally grounded to meet each individual's unique needs.
- People who provide services need to be mindful not to impose their culture, cultural biases, or culturally-learned assumptions on others.
- Understand that any intervention should be applied with a culturally responsive lens.
- Always practice from the perspective that the majority of the people receiving services will have experienced some kind of trauma in their life.

Finally, language matters. Choosing to use recovery language- person-centered, hope-filled, non-stigmatizing- creates an environment that allows all of us to be fully recognized as people.
Some examples:

- Asking clients how they would like to be addressed.
- Avoid labeling a person by their mental health diagnosis, e.g. "He's bipolar" or "She's a schizophrenic."
- Referring to someone as a person with a substance use disorder vs. as an "addict, junkie, or druggie."
- Being mindful of how to talk about someone's age.
- Do not make assumptions about age or disability. Assuming that the person cannot do something, but they actually can.
- Avoid using professional jargon.
- Emphasize abilities, do not emphasize limitations.
- Reflecting unconditional positive regard.

Slide #48: Cultural Responsiveness in Practice



Ask participants to review the Case Example #4 on their own and then answer the questions on the slide individually in their participant manuals.

- **Allow** 7-10 min for this.

After they've had time, **share** some of the possible answers for the first question and then **ask** if anyone came up with additional suggestions.

Share some of the possible answers for the second question and then **ask** if anyone came up with additional suggestions.

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

Continued

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."

Follow Up Questions:

Possible answers are in italics.

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

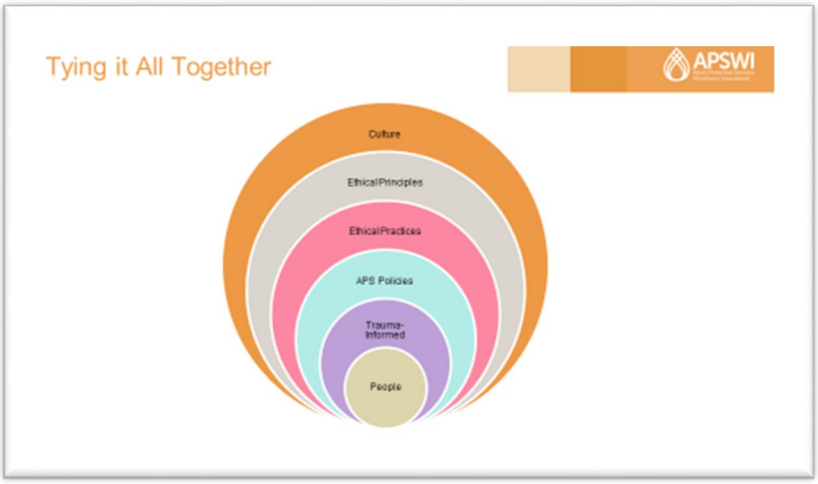
a. *APS professionals should be mindful of not imposing their culture, cultural biases or culturally-learned assumptions on their clients. For example, religious/spiritual values (not drinking alcohol, not eating pork, wearing hijab), beliefs about gun control and around a child's responsibility to take care of their elderly parents, possible trauma related to war and refugee status, complicated grief/bereavement, gender differences. It is important to remain open and curious and not readily make assumptions. It is also important to try to recognize a client's strengths and resiliency, although this may not be immediately apparent. APS professionals need to be aware of their emotional reactions to the situations they show up to investigate as well as their clients and consciously work to mitigate the potential impact on treatment.*

2. 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?

a. *Implicit Bias (and potentially Explicit Bias), e.g. gender/ethnic/cultural/religious differences, mistrust of government entity, being in a pre-contemplative stage of change, strong value of independence ("not wanting to be told what to do"), learned helplessness/hopelessness, frustrations with health care system (revolving door experience with hospital)*
b. *Having someone being sent to offer help, may feel more comfortable receiving care/help from a female or from someone similar in age, could view differences as a strength.*

ETHICAL AND CULTURALLY RESPONSIVE PRACTICE
Time Allotted: 15 minutes

Slide #49: Tying it all together



APS professionals are expected to use an ethical code to guide their decision-making in practice.

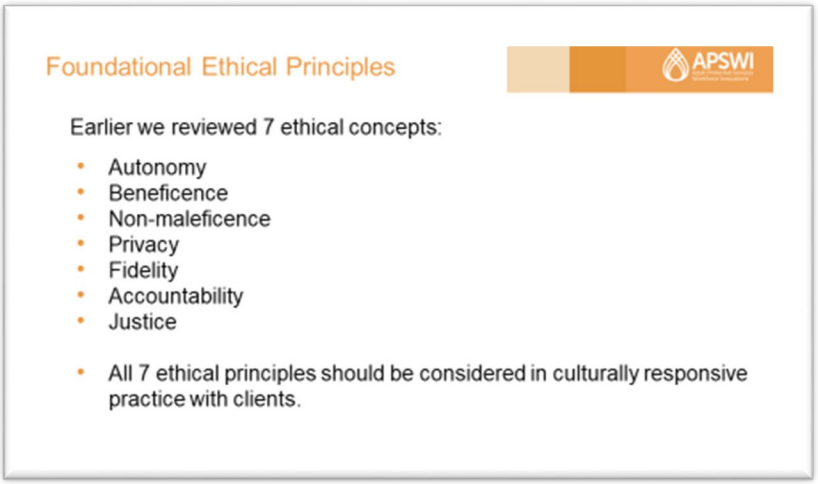
- There will be inevitable dilemmas since ethical codes are written within a professional culture.

Ethical codes, such as the NASW Code of Ethics and NAPSA Code of Ethics, should be used as a guiding framework for culturally responsive decision-making when working with clients as an APS professional.

Ask: What does the APS professional need to consider if they are going to provide services in an ethical and culturally responsive manner?

> **Trainer Note: The slide is animated. Once participants have shared their ideas, click to display the graphic which shows the overlapping aspects that an APS professional must consider practicing in an ethical and culturally responsive manner.**

Slide #50: Foundational Ethical Principles

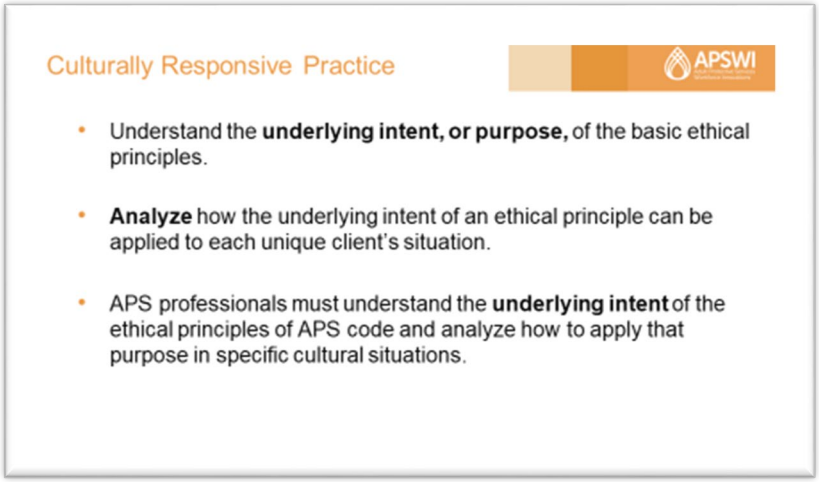


Explain that earlier we reviewed seven ethical concepts.

1. Autonomy
2. Beneficence
3. Non-maleficence
4. Privacy
5. Fidelity
6. Accountability
7. Justice

All seven ethical principles should be considered in culturally responsive practice with clients. We will now explore how two of these ethical principles may be considered when mapped onto cultural responsive practice.

Slide #51: Culturally Responsive Practice



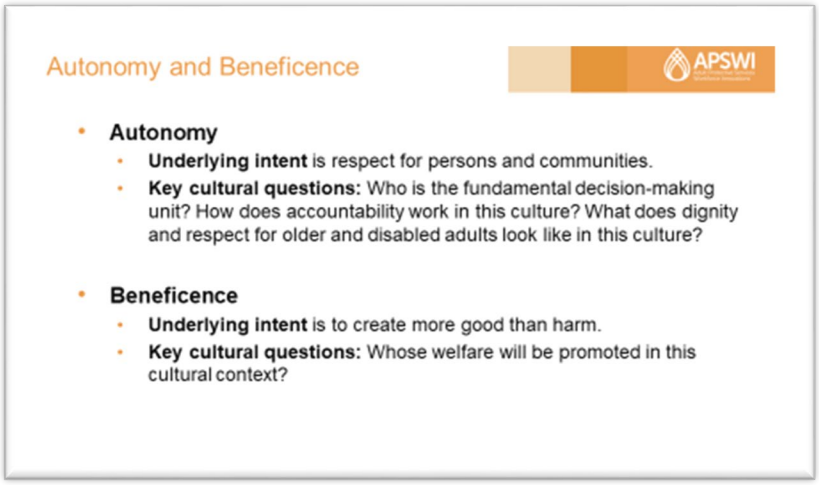
Discuss the following skills needed to apply ethical considerations while providing culturally responsive APS Practice:

- Understand the underlying intent or purpose of the basic ethical principles.
    - For example, what is the underlying intent of "autonomy'? As we heard earlier, it is to respect the client…respect the person, family, and community.
- Ability to analyze how the underlying intent of an ethical principle can be applied to each unique client's situation.
    - For example, in a culture where the men of the extended family make decisions for women in the family, how should the APS professional show respect for the female client and community while maintaining protection for the client?

> **Trainer Note: If time allows, ask participants how they would handle the situation in this example.** ***Possible answer: Explore with the client her wishes and ask her who else you should talk to.***

- APS professionals must understand the underlying intent of the ethical principles of APS Code of Ethics and analyze how to apply that purpose in specific cultural situations.

Slide #52: Autonomy and Beneficence



Explain that we're going to examine what those skills look like when applying it to Autonomy and Beneficence.

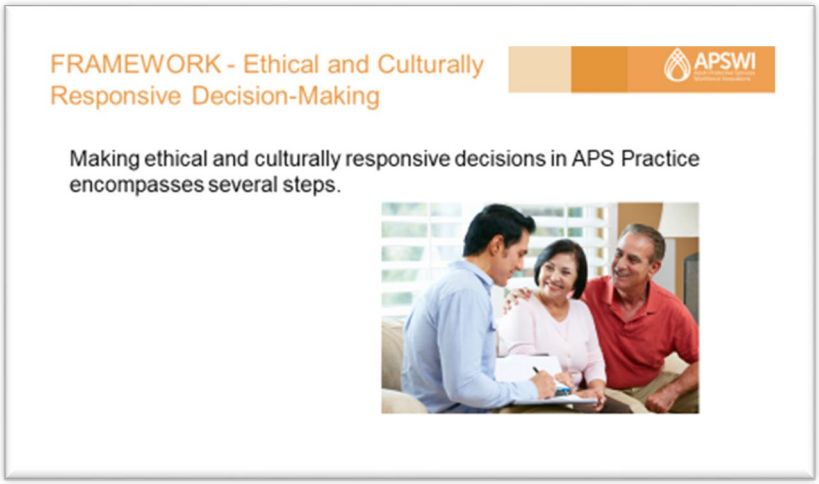
- Autonomy is a fundamental ethical principle. Moral reasoning can only occur if there is choice.
    - Underlying intent is respect for persons and communities.
    - Key cultural questions: Who is the fundamental decision-making unit? How does accountability work in this culture? What does dignity and respect for older and disabled adults look like in this culture?
        - The APS professional understands that the fundamental decision-making unit varies in different cultures. Sometimes older and disabled adults in an extended family are recognized as the basic decision-making unit. In other cases, it is the community itself.

- Beneficence is the ethical principle of increasing the good/welfare of others.
    - Underlying intent is to create more good than harm.
    - Key cultural questions: Whose welfare will be promoted in this cultural context?
        - This principle recognizes that some cultural traditions can be perceived as harmful to individuals from another cultural lens.
        - The APS professional may come across an individual utilizing a cultural practice that may be viewed as harmful or ineffective to helping that individual in their healing and recovery. It is important that the APS professional acknowledge the cultural practices and values of that individual while also providing education and information on differing options that the individual could consider. However, the individual's values should be respected by the APS professional as long they are assessed as having capacity to make their own decisions.

ETHICAL AND CULTURALLY RESPONSIVE DECISION-MAKING:
Time Allotted: 50 minutes

Slide #53: Framework: Ethical and Culturally Responsive Decision-Making

Trainer Note: This is an exercise in applying the ethical and cultural humility concepts from this training.



Share the following:

You already know many of the steps for ethical and culturally responsive decision-making. Now you are expanding them to include the culture of your client.

As we review our next handout, think about how you would expand the following in a culturally responsive way.

Remind participants as they review the handout that this framework should serve as a guide for their process, but when practicing in a culturally responsive way, it may not be linear.

Activity #10: Framework Review- 20 min.

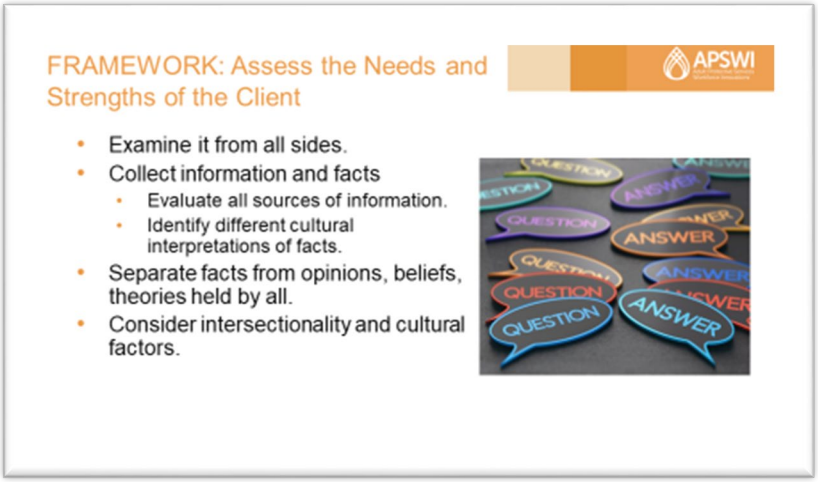
INSTRUCTIONS

1. As a large group, **review** the decision-making framework on **Handout #09- Framework for Ethical and Culturally Responsive Decision-Making**.
    a. The next eight slides discuss the steps in depth. **Click through** as participants follow along on the Handout.
2. **Explain** that after they review, they will work in the small groups to develop a plan of action for their case, using this handout as their guide.
3. **Encourage** them to take notes on the handout.

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

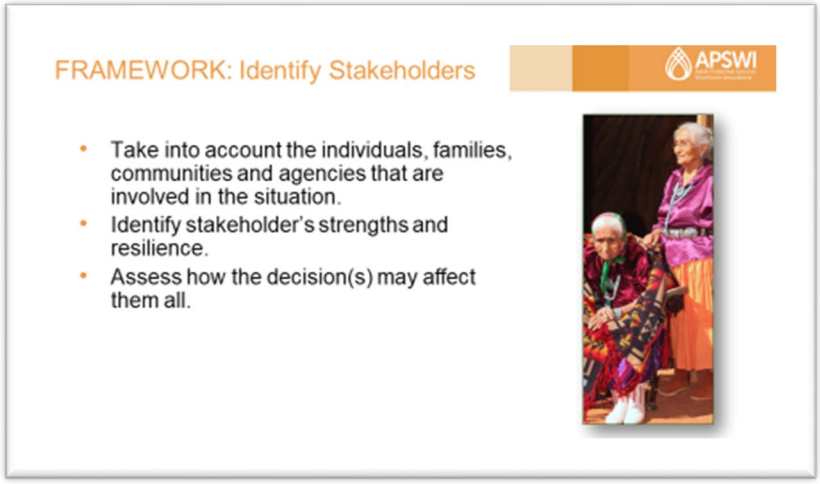
Slide #54: Assessing the Client's Needs and Strengths.



There are always many different ways of looking at an issue:

- Examine the issue from all sides, including the cultural perspectives of the client, family (as defined by the client), client's community, your professional obligations, other agencies, etc.
- This is the time to look at all the information, making sure there is enough to make an ethical decision. Who is the information from? Is the source reliable?
- It is important to make sure that you have the facts rather than someone's opinion or theory. It is also important to evaluate the information from different cultural perspectives.

Slide #55: Identify Stakeholders



Key questions to ask include:

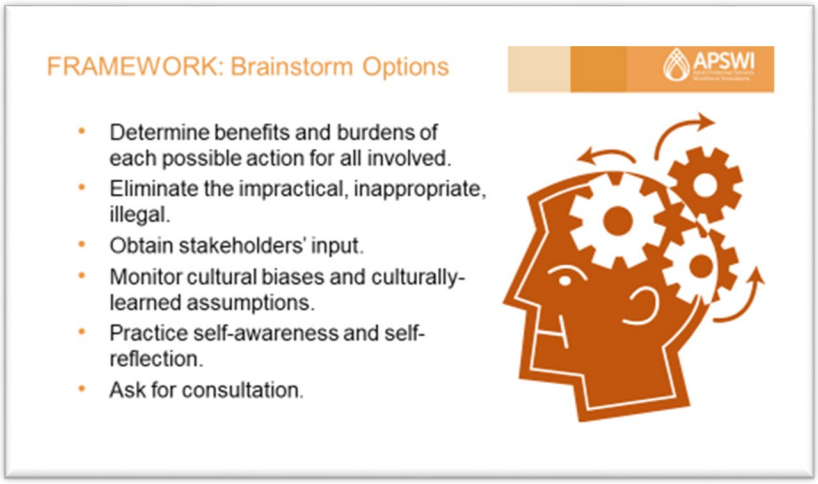
- Do key people involved in the situation have a vested interest in the results? Who is being protected?
- Do stakeholders (daughter, neighbor, property manager) share the cultural values of the client? How similar or different are they?
- Are any stakeholders exerting influence on the client? Who stands to gain the most from the decision being made? How will the decision affect them?

Slide #56: Identifying Relevant Ethical Standard Involved

Determine the ethical standard(s) involved:

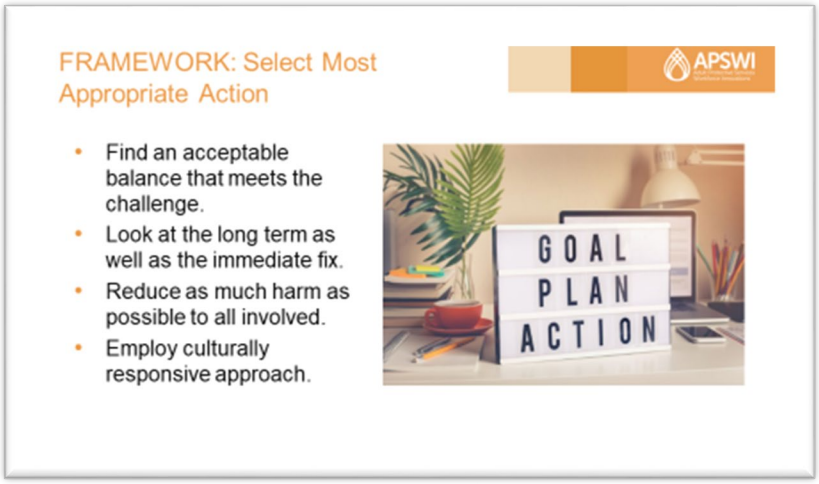
- Which ethical principles are involved in here? Which ones are in conflict?
- This is also the time to look inwardly and be mindful of your own personal and professional values. Reflect on how they impact your decision making and delivery of services to the client.
- It is also important to examine the values of the client and the stakeholders. What are their ethical and cultural frameworks?

Slide #57: Brainstorm Options



- It sometimes helps if decisions can be made by a group – so that each person has an opportunity to share possible solutions and actions.
- Although all options should be considered, brainstorming will eliminate what may be impractical and inappropriate. Some stakeholders may not know what actions are legal, so this is a time to educate them.
- Consultation with the APS attorney or prosecutor may be necessary.
- Consultation with a professional or respected leader who is culturally knowledgeable may also be necessary.

Slide #58: Select Most Appropriate Action

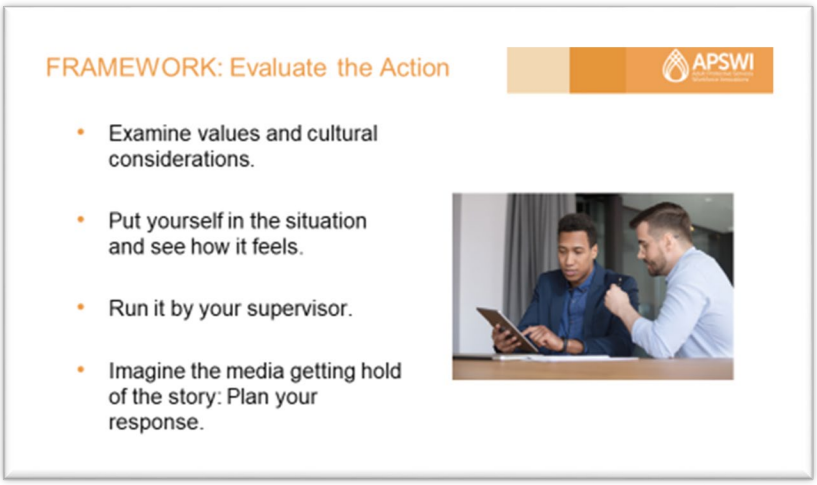


Try to respect the client's wishes regarding any of the ethical concepts we have discussed. See examples below:

- Client wants her son who is neglecting her to remain with her…
  - we might not be able to eliminate the abuse, neglect, or exploitation totally
  - but we should seek ways to find a balance and reduce harm as much as possible
- The Importance of Providing Dementia Education to Prevent Abuse: A Case Example
  - APS received a report that the family of a client with dementia was restraining the client to change her diaper, leaving bruises on her wrists and ankles. When the APS professional interviewed the family, they reported the client became combative when they tried to change her diaper so they felt they had to either restrain her to change her diaper, thereby physically assaulting her or skip changing her diaper, thereby neglecting her. The APS professional explained to the family how they could give the client more control (e.g. letting her choose who would change her and clean some areas herself) thereby decreasing her combativeness and reducing the abusive interactions.

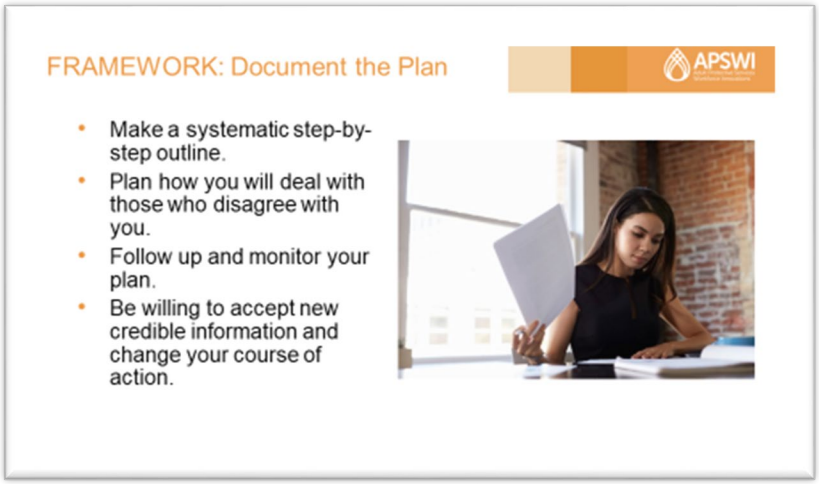
Selecting an action needs to be examined from all the appropriate perspectives – client's wishes, cultural perspectives, professional and legal requirements.

Slide #59: Evaluating the Action



- Consult with a neutral professional or respected leader, who is culturally knowledgeable and practices cultural humility themselves, if needed. Be careful with confidentiality issues.
- Make sure your supervisor is involved/aware of decisions, especially cases that require heightened discretion and prepare for any community responses that may be exacerbated by various media platforms. Discuss all the possible repercussions of the decision and how your agency will respond to them.

Slide #60: Document the Plan

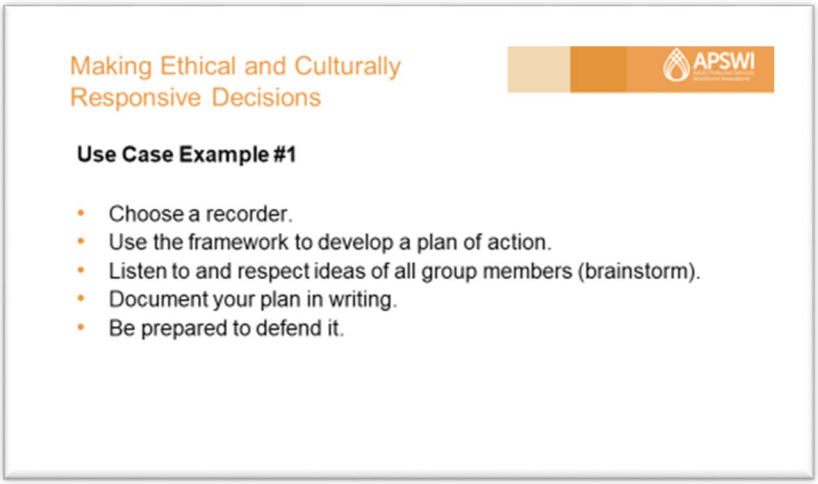


- Document decision-making and plan of action clearly and concisely, follow up, and monitor it.
- Maintain flexibility and revise plan of action as needed, as new information becomes available.

Remember, ethical decision-making is an ongoing reflective and dynamic process.

Slide #61: Making Ethical and Culturally Responsive Decisions

Trainer Note: The participants may get stuck in this activity and that is okay. We want them to self-reflect and explore why they might be getting stuck. Some examples are provided for you as the trainer on Handout #10A, but participants should not feel these are the only examples. Cultural responsiveness challenges individuals to consider a variety of possibilities.



Activity #11: Putting it All Together- 30 min with report out

Instructions:

1. **Explain** that participants will get into groups of 3-4 and they will work through a case study from earlier.
2. **Inform** them that they will need the following handouts to complete the exercise:
    a. **Handout #09- Framework for Ethical and Culturally Responsive Decision-Making**, and **Handout #10B-Case Study worksheet**
3. **Inform** the groups that using Case Example #1, they have 15-20 min to complete the **Case Study worksheet** and develop a plan of action which is ethically and culturally responsive.
    a. Make sure all members of your group are heard.
    b. **Ask** for each group to identify a recorder who will write the plan of action on the flip chart paper provided, which the group will share during report outs, explaining the process you used and your rationale for the choices you made.
4. **Give** the groups up to 15-20 min for this activity.

Report Out (10 min)

1. **Ask** one group to provide their answers to Question #1 and ask if any other groups had a much different approach.
    a. Continue this process with a new group answering Questions #2- #4, so that each group answers one question.
2. Then **give** 2 min for each group to report out their action plan (#5), describing the process used and the rationale for the choices made.

TRAINER NOTE: As each report is given, probe for:

- **The rationale for the choices made**
- **The process that was used**
- **Any conflicts that emerged and how they were resolved**
- **Ask for comments from the large group.**

HANDOUT #10A: CASE STUDY WORKSHEET
(Trainer 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.

   ***Example for trainer**: Consider the intersectionality of the client as well as the intersections of your own identity. Be mindful of how the information provided by the reporting party may influence your biases.*

   ***Example for trainer**: Approach the case with a spirit of curiosity, keeping in check your own assumptions. Show a genuine interest in the client's experience and normalize/validate their reaction to your presence. Acknowledge any power differential as well as be aware that the client may also hold biases against you, e.g. being an APS professional, etc.*

   ***Example question**:*
   I have asked a lot of questions today. Do you have any questions for me or is there something you want to share with me that we haven't talked about?

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?

   ***Example for trainer**: Do not assume, ask the client. Consider that there may be an extensive network of stakeholders that are not present.*

   ***Example for trainer:** Build rapport. Consult as needed.*

   Example question:
   How would your family or friends explain what you're going through right now?

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?

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?

WRAP UP AND EVALUATIONS
Time Allotted: 10-15 minutes

Slide #62: NAPSA

- **NAPSA's Interest**: NAPSA has been interested in the issue of ethics for APS professionals for many years, beginning with the work of the late Rosalie Wolf in the early 1990s. Much of the material for this presentation comes from a collaboration between Rosalie (who was the founder of the National Committee for the Prevention of Elder Abuse) and Tanya Johnson, a sociologist at the University of Hawaii. It has been updated and tweaked for many different audiences and has incorporated cultural and values issues on a practice level.
    - Information on ethics can be found on the NAPSA website (www.napsa-now.org) and on the website of the National Center on Elder Abuse (https://ncea.acl.gov/)
    - Participants might wish to consult the reference list provided with this training or use the Internet to stay up to date on ethics issues. Participants also may want to subscribe to the Elder Abuse List Serve – where they can read or participate in ongoing conversations about cases, issues, and resources.
- **HANDOUT #11: NAPSA Ethical Principles and Best Practice Guidelines**
    - **Handout #11** is in your *Participant Manual.* Take a few minutes to read it.

Questions and Answers

We have a few minutes left for questions or comments about the NAPSA Code.

HANDOUT #11: NAPSA ETHICAL PRINCIPLES AND BEST PRACTICE GUIDELINES

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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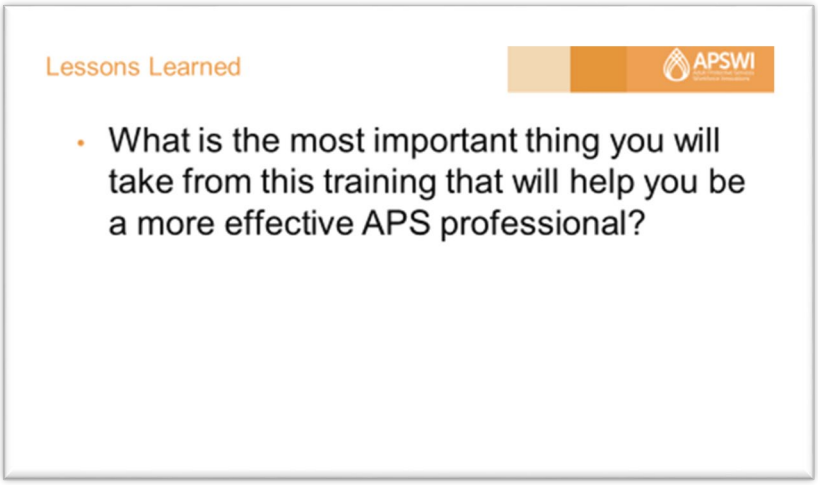
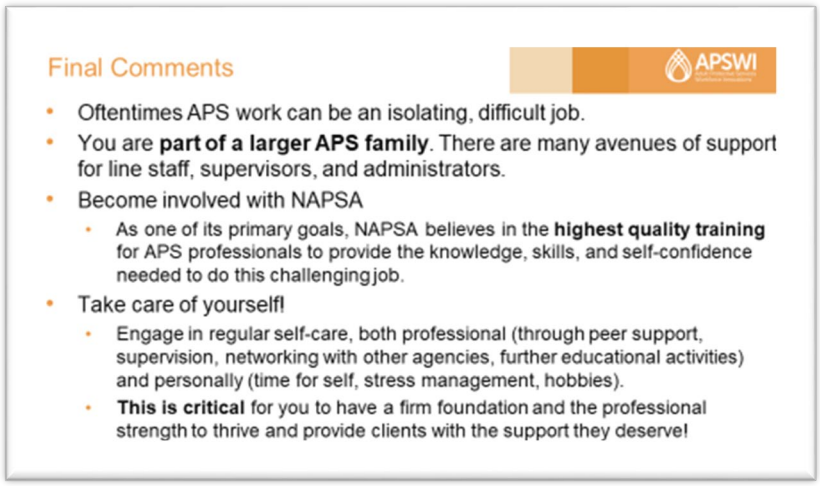
Slide #63: Lessons Learned



Ask participants to individually complete the question: “What is the most important thing you will take from this training that will help you be a more effective APS professional?” in their Participant Manual. (2-3 min)

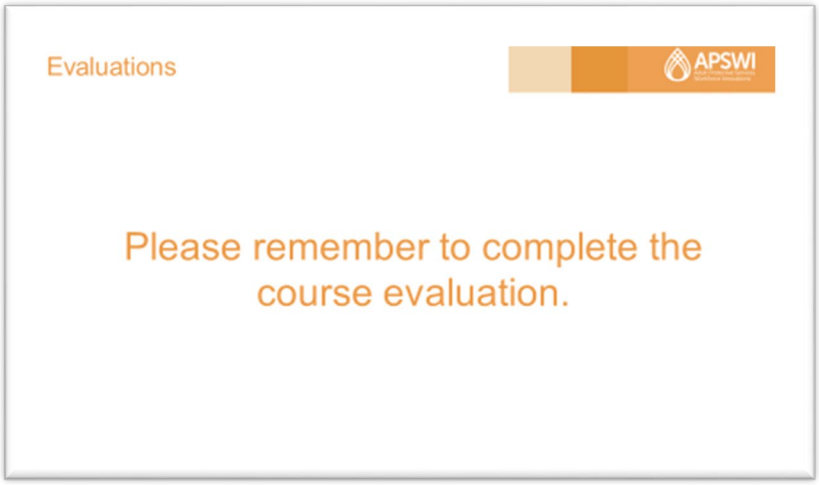
Ask for volunteers to share, and **attempt** to get someone from each group.

Slide #64: Final Comments:



- Oftentimes, APS work can be an isolating, difficult job. It is important that participate know they are **part of a larger APS family**. There are many avenues of support for line staff, supervisors, and administrators. Participants are encouraged to learn more and to 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.
- Finally, you are encouraged to take care of yourselves both professional (through peer support, supervision, networking with other agencies, further educational activities) and personally (time for self, stress management, hobbies). **This is important** so that you have a firm foundation and the professional strength to continue doing this difficult job of Adult Protective Services.

Slide #65: Evaluations



Provide time for participants to complete the evaluations.

Slide #66: Thank You

Thank them for their work today in this training and for what they do every day working to provide older and vulnerable adults the opportunity to live free from abuse, neglect and exploitation.

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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

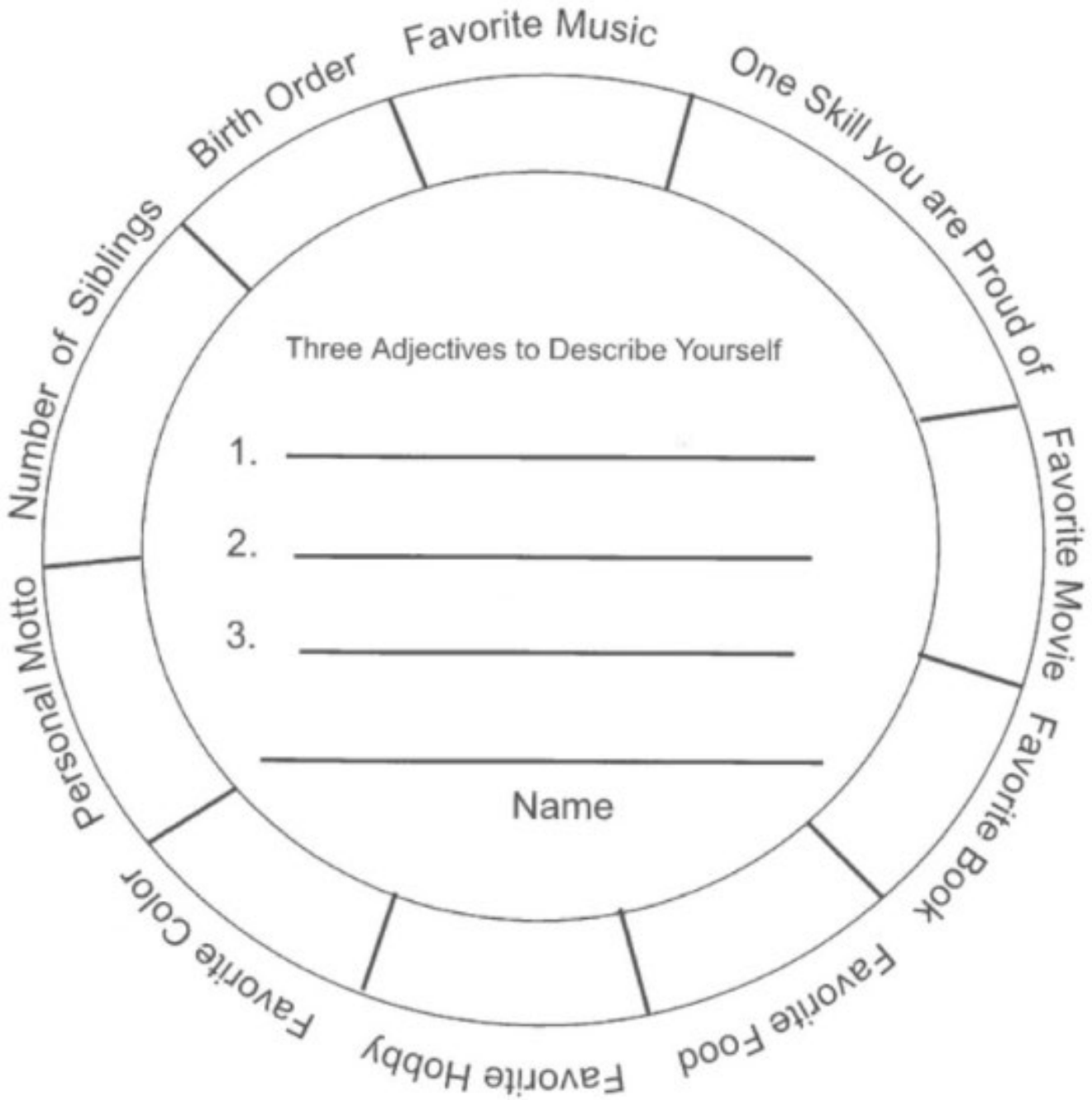
MODULE #20: INVOLUNTARY CASE PLANNING AND INTERVENTION PROCESS

MODULE #21: COLLABORATION AND RESOURCES

MODULE #22: WORKING WITH THE CRIMINAL JUSTICE SYSTEM

MODULE 23: CASE CLOSURE

HANDOUT #13- PREWORK: PERSONAL IDENTITY WHEEL



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

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

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.

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.

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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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