APS Overview

Transfer of Learning Guide

Version 2015

Topic: APS Overview

When a new worker is assigned to APS, it is important for the supervisor to provide a historical perspective of the APS program including definitions, mandates and overall responsibilities, and their role in the process. Although there are many skills and competencies workers must master, having a clear picture of who their clients are (and are not), having an awareness of some of the inherent issues and conflicts, being able to learning the APS lingo and terminology, and identifying what resources will be useful to them, will help them begin their journey on solid ground. This overview will help you give your new workers the "tools of the trade."

As a result of this training, participants will be able to:

- Describe APS clients, including their vulnerabilities and needs.
- Explain APS workers' roles and responsibilities under their state and federal mandates and the conflicts that might arise from them.
- Evaluate simple referrals to APS.
- Develop a basic care plan that reflects APS goals and practice principles.
- Explain the core competencies for APS practice.
- Understand key terminology used in APS.
- Identify state and national resources.

Supervisor Activities:

The following pages contain a variety of activities that may be used with new workers and processed in individual or group supervision. This workbook can be used in conjunction with the eLearning *APS Overview*. Please note that the original eLearning module was developed for the state of California and is specific to the laws and regulations of California APS programs. This module can be modified by your state to reflect your program requirements. It may be useful for you to take the eLearning just to see what topics are covered. You can then make sure that your new workers have the important basics and tools for them to begin their APS career.

Suggested Reading:

http://www.napsa-now.org/about-napsa/history/history-of-adult-protective-services/ - This article gives the history of APS and puts the local/state APS programs into perspective.

APSWI
Adult Protective Services
Workforce Innovations

http://www.napsa-now.org/resource-center/training/core-aps-competencies/
 - This page describes the APS Core Competencies and how supervisors and workers can access the training modules.

http://www.napsa-now.org/get-informed/
 - This site gives general information and national definitions for APS.

On the Job Training:
Describe APS clients, including their vulnerabilities and needs.

Every state defines APS populations differently and workers need to understand what makes an APS client an APS client. For this activity, the worker must do some research. They will need to read and understand the legal definitions and your written regulations. They may also want to discuss some vulnerability factors with more experienced workers. Have the new worker do the research and then discuss the questions with them in supervision.

1. What is the legal definition of an APS client according to your state?

2. What criteria have to be met in order for an individual to be considered for APS services?

3. Describe some of the mental or physical vulnerabilities that an APS client may have.

4. What does the law say about a client's right to refuse help?

APSWI
Adult Protective Services
Workforce Innovations

Written Activity with Discussion Questions:
Explain APS workers' roles and responsibilities under their state and federal mandates and the conflicts that might arise from them.

There are many things that impact new workers on a daily basis. They should understand the roles and responsibilities they have as an APS worker. Many of these responsibilities are (or should be) in the laws and regulations for your state. In this activity, new workers must have available to them a copy of your law and whatever regulations are used for APS work. Workers will develop a checklist (see next page) which will have the most important information that affects them. Once they fill in the blanks, you should go over the sheet with them to make sure everything is accurate and follow up with discussion questions below. Please note that you may change this form to make it more appropriate for your state/agency if necessary.

1. What do you think the purpose of the APS program is?
2. There are many factors that cause an individual to need protection. From what you read, how would you describe the clients you will serve? (*Ask them to define terms such as vulnerability, disability, mental illness. Clarify the gray areas, answer their questions.*)
3. What might make an individual vulnerable to abuse? (*physical illness, dependency, mental illness, isolation, finances, dementia, etc*)
4. What might make an individual perpetrate abuse on to an older or disabled adult? (*begin by categories of applicable abusers… family members, friends [especially new friends], financial planners, etc*)
5. Explain what we mean by APS jurisdiction. Where will you have to go in order to investigate a case?
6. Discuss the reporting process and who must report.
7. As an APS worker you are required to protect vulnerable clients as well as protect their rights. What conflicts may arise with this dual investigator/ advocate role? What situations can you think of? (Examples can be from the eLearning or from your experience)
   a. Client being abused by alcoholic son. She wants you to help him. Police want you to collect evidence so he can be arrested.
   b. Client is disabled and is having a hard time taking care of herself. She wants to stay in her home. The management wants her out and threatens eviction.

APSWI
Adult Protective Services
Workforce Innovations

APS: What I Need to Know Checklist

APS Client/ Abuser Profile

<u>APS Clients may be victims of</u>:

Physical Abuse _____   Sexual Abuse _____

Neglect by Others _____   Financial Exploitation _____

Self Neglect _____   Abandonment _____

<u>Abusers may be</u>:

Family Members _____   Financial Advisors _____

Family Caregivers _____   Friends/Neighbors _____

Paid Caregivers _____   Scam Artists _____

Powers of Attorney _____   LTC Staff _____

Attorneys _____   LTC Residents _____

APS Jurisdiction

<u>APS Covers</u>:

Community Residents _____   Developmentally Disabled

Long Term Care Residents _____   Adults _____

Mentally Ill Adults _____   Homeless Adults _____

Victims of Domestic Violence _____

Reporting to APS

Is Reporting Mandatory: _____ (yes/no)

<u>Who is Required to Report</u>:

Medical Personnel _____   Public Official _____

Clergy _____   Neighbor _____

Financial Institution _____   Family Member _____

Attorney _____   Human Services Agency _____

APSWI
Adult Protective Services
Workforce Innovations

APS: What I Need to Know Checklist

Can reporters remain anonymous? _____ (yes/no)

Who receives reports:_____

APS Response

How long do I have to respond to a report: _____

APS Intervention

My role as an APS worker is to:
Investigate _____   Advocate for the Rights of the
Assess the Situation _____   Client_____
Provide Services _____

What is the goal of intervention: _____

APS Services are:
Voluntary _____
Mandatory _____
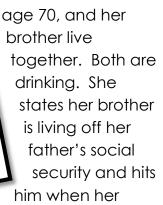
Case Vignettes:
Evaluate Simple Referrals to APS

These vignettes will help new workers process whether the situation is an APS case or not.

Vignette #1: Report from neighbor. Says Mrs. Jones, age 85, has taken in her son who has just been released from prison. Neighbor states that the son has threatened people in the neighborhood and she is afraid that Mrs. Jones is in danger.

APS case? Why?
Do you need more information? If so, what kind?

Vignette #2: Report from daughter. States her father, age 70, and her brother live together. Both are drinking. She states her brother is living off her father's social security and hits him when her father doesn't give him money.

APS case? Why?
Do you need more information? If so, what kind?

Vignette #3: Report from police. Couple in their 40s. Husband verbally abusive to wife. When police arrive, wife does not want to take action.

APS case? Why?
Do you need more information? If so, what kind?

Vignette #4: Report from bank. Mrs. Rodriguez has begun making large withdrawals and has appeared at the bank with a "new friend." Mrs. Rodriguez is 63 and seems confused. She has requested that the bank add her "friend's" name to the account.

APS case? Why?
Do you need more information? If so, what kind?

Vignette #5: Report from Day Program. Jimmy, age 24 and developmentally disabled, has come to the program with bruises. He said that he fell down but the staff does not believe that the bruising is consistent with a fall.

APS case? Why?
Do you need more information? If so, what kind?

APSWI
Adult Protective Services
Workforce Innovations

Mentoring Activity:
Develop a basic care plan that reflects APS goals and practice principles.

Although there are many specific competencies workers must master, new staff need to know what their basic goals are and how to achieve them. For most states, it is the assessment of risk, the assessment of capacity, and developing a care plan that is ethical and reduces the danger to the victim. There are many tools that can be used for assessment. You should provide these tools to your new workers and explain how they are used.

If you have written goals or principles for APS practice, please share them with your workers. The next page contains the NAPSA Values and Principles, Code of Ethics, and Practice Guidelines. This is a generic document that can be used along with your state guidelines. Please make it available to your new workers.

Pair a new worker with a more experienced worker for an in-home assessment. The new worker observes the interview and then discusses the assessment and the care planning process. In a group supervision session (both workers with you), have the new worker answer the following questions:

What is the presenting problem?

How does client see the problem?

Are basic needs being met? (ADL and IADLs)

What is lacking?

What are the risks involved?

Does client have capacity to make decisions about her/his well-being?

How was the capacity assessment done?

What does the client want to happen?

What kind of care plan would you develop?

Note: an excellent addition or alternative would be to use the case studies in the eLearning module. To register for the course, visit the APS Overview eLearning webpage at http://theacademy.sdsu.edu/ programs/APSWI/apswi-elearning

APSWI
Adult Protective Services
Workforce Innovations

NAPSA (or APS) Code of Ethics

Dedicated to the memory of Rosalie Wolf

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, 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 have the right to accept or refuse services.

NAPSA (or APS) Practice Guidelines
APS worker practice responsibilities include:
- 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.

APSWI
Adult Protective Services
Workforce Innovations

- 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.

Source: http://www.napsa-now.org/about-napsa/code-of-ethics/

Analysis Activity:

Explain the core competencies for APS practice.

Share the Core Competencies handout (see below). This is an abbreviated version which contains the main topic areas covered in the training modules. We also have attached the complete core competencies outline for your review and use in this activity.

As a supervisor you are aware of the vast breadth of knowledge and skills needed to be an effective APS worker. This APS Overview workbook is the first in a series of modules and workbooks available to you and your staff to be utilized as needed. New workers need to become familiar with the topic areas and be able to explain why mastering these skills is important to their work.

To help them begin thinking about this, have them look at each core competency and discuss with you the following:

- Why do you think this topic area is important to you as a new APS worker?
- Think of what you might need to know or what skills you may need for each topic area and name 3 areas/questions you would like answered.

Here are some examples you may look for:

APS Values and Ethics

- *Important because we are trying to protect vulnerable people and want to make sure we do the right thing.*
- *Questions: What do I do if a client refuses my help? How far can I go to protect someone? Can I get in trouble if I do too much or not enough?*

Professional Communications Skills

- *Important because we have to talk to lots of different kinds of people in diverse situations. Important because we may have to interview people who do not want us in their home.*
- *Questions: How do I interview someone who is confused (hearing impaired, visually impaired, developmentally disabled, etc)? What do I do if the person I am interviewing gets angry? What other people will I have to interview?*

Note: If you have more than one trainee, you can divide up the competencies and then process the answers in group supervision or in a unit meeting so new workers can get feedback from more experienced workers.

APSWI
Adult Protective Services
Workforce Innovations

NAPSA CORE COMPETENCIES FOR APS CASEWORKERS

Topic Areas

MODULE 1: *APS OVERVIEW*

MODULE 2: *APS VALUES AND ETHICS*

MODULE 3: *AGENCY STANDARDS and PROCEDURES*

MODULE 4: *THE AGING PROCESS*

MODULE 5: *PHYSICAL AND DEVELOPMENTAL DISABILITIES*

MODULE 6: *MENTAL HEALTH ISSUES*

MODULE 7: *SUBSTANCE ABUSE*

MODULE 8: *DYNAMICS OF ABUSIVE RELATIONSHIPS*

MODULE 9: *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 15: *APS CASE DOCUMENTATION/REPORT WRITING*

MODULE 16: *INTAKE PROCESS*

MODULE 17: *INVESTIGATION: CLIENT CAPACITY*

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: *LEGAL ISSUES and LAW ENFORCEMENT*

MODULE 23: *CASE CLOSURE*

APSWI
Adult Protective Services
Workforce Innovations

Written Activity: Understand Key Terminology used in APS.

Give the following list of common APS terms to new workers and ask them to write the definitions. They should search in your statute and regulations first. They may also check in your assessment tools, discuss with more experienced workers, or do a Google search if appropriate.

APSWI
Adult Protective Services
Workforce Innovations

Common APS Terminology
What does it all mean?

B elow is a list of common terms used in APS practice. It is important that you understand the meaning of these terms, especially how the term is defined in the APS Statute. Please write the definitions next to the term. First look for any legal definition because your interventions will be based on those definitions.

1. Physical Abuse

2. Psychological Abuse

3. Sexual Abuse

4. Neglect by Others

5. Self-Neglect

6. Financial Exploitation

7. Vulnerable

8. Capacity

9. Competency

10. Affidavit

11. Guardianship

12. Conservatorship

13. Power of Attorney

On the Job Training:

Understand key terminology used in APS.

There are many acronyms used in APS work. For your information and use, we have included a list of the most common acronyms.

There are a few ways you can help your new workers become more familiar with some of these acronyms. Use the one (s) that work for you.

- During a unit meeting when experienced workers are discussing their cases, have the new worker listen carefully and write down any acronym that she/he hears. After the meeting, have the worker share these acronyms and ask others to identify what the acronym stands for. If the new worker is not familiar with the term, there can be a discussion (if time allows) at the meeting or the new worker can do some research and find out for her/himself.
- The new worker can read case records, progress notes, or telephone logs and identify acronyms that appear..
- When shadowing a more experienced worker in the field, the new worker can note when an acronym is used and how/if the term is explained.

An important lesson from identifying acronyms: Many experienced workers use them so frequently and forget that clients, family members, professionals/paraprofessionals from other disciplines may have no idea what they mean. This exercise will be helpful to both new workers and experienced ones.

APSWI
Adult Protective Services
Workforce Innovations

COMMON APS ABBREVIATIONS and ACRONYMS

A:)

AAA – Area Agency on Aging

AD – Alzheimer's disease

ADD – Attention deficit disorder

ADA – Americans with Disabilities Act

ADC – Adult Day Care

ADHC – Adult Day Health Care

ADL – Activities of Daily Living

AIDS – Acquired Immune Deficiency Syndrome

ALANON – Alcoholics Anonymous Support for Families/Friends

ALS – Amyotrophic Lateral Sclerosis

AMA – Against medical advice

AP – Alleged perpetrator

Approx. – Approximately

APS – Adult Protective Services

ASHD – Arteriosclerotic Heart Disease

B:)

B&C – Board & Care

BDI – Beck Depression Instrument

BP – Blood pressure

BRO – Brother

bid/b.i.d – twice daily/two times a day

APSWI
Adult Protective Services
Workforce Innovations

bx - behavior

C:)

CA – Cancer

CAD – Coronary Artery Disease

CAN – Certified Nursing Assistant

CCL – Community Care Licensing

CG – Care Giver

CHF – Congestive Heart Failure

CI – Court Investigator

COPD – Chronic Obstructive Pulmonary Disease

CVA – Cerebrovascular Accident (stroke)

CL – client

CM – case manager/case management

D:)

DA – District Attorney

d/c – discontinued

DD – Developmentally Disabled

DIL – Daughter-in-law

DJD – Degenerative Joint Disease

DM – Diabetes Mellitus

DNR – Do Not Resuscitate

DOB – Date of Birth

DPOA/HC – Durable Power of Attorney/Health Care

APSWI
Adult Protective Services
Workforce Innovations

DSG – Dressing

DTR – Daughter

DV – Domestic Violence

DX or dx – diagnosed/diagnosis

E:)

EDRT – Elder Death Review Team

EMT – Emergency Medical Team

ESRD/ERD – Endstage Renal disease

ETOH – Alcohol

F:)

FA - Father

F.A.S.T. – Financial Abuse Specialist Team

FD – Fire Department

f/f – face to face

f/u – follow up

G:)

GDS – Geriatric Depression Scale

GI – Gastrointestinal

GP – General Practitioner

GSW – Gun Shot Wound

GRDDTR – granddaughter

GRDS – grandson

GYN – Gynecology

H:)

HA – Housing Authority

HBP – High Blood Pressure

HH – Home Health

HIPAA – Health Insurance Portability and Accountability Act

HIV – Human Immune Virus

HUSB – Husband

HOH – Hard of Hearing

HTN – Hypertension (High Blood Pressure)

HV – Home Visit

H&W – Health & Welfare

Hx – History

I:)

IADL – Instrumental Activity of Daily Living

IDDM – Insulin Dependent Diabetes Mellitus

IHSS – In-home Supportive Services

ILP – Independent Living Program

IM – Intramuscular

IV – Intravenous

IR – Incident Report

I&R – Information and Referral

IQ- Intelligence Quotient

INCL – Include/Including/Inclusive

INEL – Ineligible

APSWI
Adult Protective Services
Workforce Innovations

INFO – Information

INIT – Initial

L:)

L – Left

LPS – Lanterman, Petris, Short

LTC – Long-term Care

M:)

MC – MediCal

MCT – Mobil Crisis Team

MDT – Multi Disciplinary Team

meds – medications

MH – Mental Health

MI – Myocardial Infarction

MMSE – Mini Mental Status Exam

MO – Mother

MOCA – Montreal Cognitive Assessment

MOW – Meals-on-Wheels

MR – Mentally Retarded

MS – Multiple Sclerosis

MSSP – Multi-purpose Senior Services Program

MVA – Motor Vehicle Accident

N:)

n/a – not applicable

NIDDM – Non-Insulin Dependent Diabetes Mellitus

NIFFI – No Initial Face-to-Face Investigation

NOS – Not otherwise specified

nv – non-verbal

O:)

O2 – Oxygen

OT –Occupational Therapy/Occupational Therapist

P:)

PA – Physician's Assistant

Para – Paraplegia

PCP – Primary Care Provider

PD – Police Department

PG – Public Guardian

PH –Public Health

PHN – Public Health Nurse

POA – Power of Attorney

PT – Physical Therapy/Physical Therapist

PTSD – Post Traumatic Stress Disorder

Psy – Psychiatric

PUD – Peptic Ulcer Disease

PVD –Peripheral Vascular Disease

Q:)

Q – Every

APSWI
Adult Protective Services
Workforce Innovations

QD – Everyday

QH – Every Hour

QHS – Every Night

QID – Four times a day

QOD – Every other day

Quad – Quadriplegia

R:)

R – Right

RC – Regional Center

RCF – Residential Care Facility

RCH – Residential Care Home

RCU – Restorative Care Unit

RN – Registered Nurse

Rx – Prescription

RO – Restraining Order

ROM – Range of Motion

RP – Reporting Party

r/o – rule out

S:)

SA – Substance Abuse

SC – Subcutaneous

SED – Severely Emotionally Disturbed

SI – Suicidal Ideation

SIS - Sister

SNF – Skilled Nursing Facility

SOB – Shortness of Breath

SOC – Share of Cost

SRO – Single Room Occupancy (Hotel)

SSA – Social Security Administration

SSI – Social Security Supplement Income

SSNR – Social Security Number

ST – Speech Therapy/Speech Therapist

SW – Social Worker

T:)

t/c – Telephone call

TIA – Transient Ischemic Attack

Thx – Therapy/Therapist

Tx – Treatment

U:)

UTI – Urinary Tract Infection

unk – unknown

V:)

VA – Veterans Administration

VNA – Visiting Nurses Association

VW – Victim Witness Program

APSWI
Adult Protective Services
Workforce Innovations

W:)

W&I Code – Welfare & Institutions Code

w/ - with

w/out – without

Y:)

yo – year old

On the Job Training Scavenger Hunt:
Identify State and National
Resources

I t is so important for new APS workers to realize that they are part of a large national (and international) system. It helps them feel that they are not alone and that other workers in other counties,

APSWI
Adult Protective Services
Workforce Innovations

states, and even countries are struggling with similar situation and similar issues. It also is reassuring for them to realize that there are state programs that address some of the populations they are serving and these programs can offer them valuable resources.

To do this exercise, trainees can use resource manuals you have in your office, contact experts in the field, read case records to see what resources have been used, discuss with more experienced workers, or visit other offices if appropriate. The following page is a beginning, but you can add or delete as necessary. You may also decide to invite representatives of some of these agencies to a unit meeting. If you have a statewide coalition, you might want to invite your new worker to attend a meeting.

For the national resources, they can do a Google search or you can give them the NAPSA (www.napsa-now.org), National Center on Elder Abuse (http://www.ncea.aoa.gov), NCPEA (www.preventelderabuse.org) websites and have the report on how these organizations may help them on their job.

It Takes a Village

APS cannot be done in a vacuum. You are not alone. There are many organizations and resources available to you both on the state and national level.

Find the organizations/resources that may be helpful to you. Do this by consulting resource guides in your office, discussing with more experienced workers, doing an internet search, etc.

Legal Resources

Developmental Disability Resources

Resources for Specific Physical Disabilities

Resources for the Mentally Ill

Resources in Aging

Resources for People with Dementia

Resources for the Visually Impaired or Hearing Impaired

Interpreter Services

APSWI
Adult Protective Services
Workforce Innovations

There are also National organizations that can provide guidance and information on a variety of topics. Do an internet search and describe what the organization does and what help you might receive from them:

National APS Association (www.napsa-now.org),
National Center on Elder Abuse (http://www.ncea.aoa.gov),
National Center for the Prevention of Elder Abuse (www.preventelderabuse.org)

APSWI
Adult Protective Services
Workforce Innovations

OUR WHY:

REVOLUTIONIZE THE WAY PEOPLE WORK TO ENSURE THE WORLD IS A HEALTHIER PLACE.

Academy
for Professional
Excellence