



# Caregiver or Perpetrator Neglect - eLearning

## Transfer of Learning Guide

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

Module 11  
Caregiver Neglect Workbook  
-Kathy Sniffen

The Topic:

**N**eglect involves the failure to provide essential goods or services such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials that are necessary to maintain the health or safety of an elder or dependent adult. The definition of neglect varies among states so it is important to be knowledgeable about your own state elder abuse/APS statutes. The salient concept to remember is that neglect involves the failure to provide essential services. Neglect is an act of omission, not commission.

Learning Objectives:

By the end of this training participants will be able to:

- Identify 3 physical and 3 behavioral indicators of caregiver neglect
- Identify 5 factors that contribute to victim risk of neglect
- Assess allegations of caregiver neglect using 5 domains of assessment.
- Describe the barriers to determining if neglect is intentional or unintentional.
- Identify 3 best practices in interviewing perpetrators.
- Define 3 components of service planning.

Supervisor Activities:

The following pages contain a variety of activities that may be used with new workers and processed in individual or

group supervision. Please read the Caregiver Neglect Trainer's Manual as it will give you a wealth of didactic material and resources to support these activities.

Selected reading:

1. Breckman & Adelman - Strategies for Helping Victims of Elder Mistreatment. Sage Publications, Inc, 1988.
2. Cohen et al - Elder Abuse: Disparities Between Older People's Disclosure of Abuse, Evident Signs of Abuse, and High Risk of Abuse. Journal of the American Geriatrics Society 55:1224-1230, 2007.
3. Dyer - Neglect Assessment in Elderly Persons. Journal of Gerontology: MEDICAL SCIENCES 2005, Vol. 60A, No. 8, 1000-1001.
4. Fulmer et al - Neglect Assessments in Urban Emergency Departments and Confirmation by an Expert Clinical Team. Journal of Gerontology: MEDICAL SCIENCES 2005, Vol. 60A, No. 8, 1002-1006



## Caregiver Neglect

### Questions for Discussion:

1. What does neglect mean to you and how would you define it? Does the legal definition of neglect in our state conflict with your personal values? (Provide worker with legal definition) How will you reconcile those differences, if any?

Answers may include some or all of the following elements: Neglect involves the failure to provide essential goods or services such as food, water, clothing, shelter, personal hygiene medicine, comfort, personal safety, and other essentials that are necessary to maintain the health or safety of an elder or dependent adult. The salient concept to remember is that neglect involves the failure to provide essential services. Neglect is an act of omission, not commission.

2. Provide participants with **Handout "Types of Neglect"**. Review the types of neglect listed and for each category of neglect ask workers: "What questions or observations would help you to evaluate for neglect when doing a home visit?"

Answers may include:

- i. **Lack of medical treatment:** When was your last medical appointment? How did you get there? Who makes your medical appointments? How are decisions made about when you see the doctor? Have you ever wanted to see your doctor but been unable to go? Can you tell me about that incident?
- ii. **Lack of assistive devices:** Do you wear or need hearing aid,



eyeglasses, dentures? Have you ever been without any of these aids and can you tell me more about that? Have you ever been without your wheelchair/walker or has it been out of reach and you had no way to get to it?

**Hazardous environment:** Is the home too hot/cold for you? Is it okay for you to turn up the heat/air conditioning or does someone else decide that? How would you get out of the house if there was a fire?

- iv. **Isolation:** Please describe a typical day. How often do you have visitors or phone calls? Are you able to access the phone and to get and make phone calls? How often do you go out and where do you go?
- v. **Lack of social/emotional support:** Can you tell me about your friends and family? How often do you see them? When you need assistance or support who can you ask for help? Do you ever feel unsafe or unsupported?
- vi. **Lack of appropriate clothing or hygiene:** Is clothing and bedding adequate for the current weather conditions? Is the shower/bathtub, sink and toilet in working order? Are clothing or bedding soiled? If assistance is needed with bathing is it provided?
- vii. **Abandonment:** Is the person who has assumed responsibility for the older person or who has physical custody available to provide care?



## TYPES OF NEGLECT

**A** victim may experience several types of neglect at the same time that may vary in intensity. Neglect may worsen existing medical conditions leading to the victim's compromised ability to make informed choices or to complain about the lack of care. The boundaries between neglect and abuse are often blurred. In some cases the neglect is so severe that it becomes abuse.



- **Lack of medical treatment.** It may be medical, meaning that the victim has not received appropriate and/or timely medical attention for his/her physical well-being. Medical neglect may also include the fact that the victim is not getting needed prescribed medications, that the medications are outdated, or that the victim is being over or under medicated in order to keep him/her easy to manage.



- **Inadequate nutrition and/or hydration** mean that the victim is not receiving enough food or liquids, or that what is provided is not appropriate for the victim's condition.



- The **lack of assistive devices** may have devastating effects on the victim. Without dentures, for example, the victim's nutrition is compromised. A lack of assistive devices can result in the victim being more dependent on the caregiver, and thus more subject to the caregiver's control.



- A **hazardous environment** puts the victim at risk of fire, disease, heat exhaustion or hypothermia. Lack of sanitation may mean unsafe drinking water. Vermin thrive in dirty dwellings, spreading disease.



- An **isolated victim** has no one to oversee his/her level of care, as well as little or no social support and stimulation, which put him/her at risk of depression, neglect, abuse and exploitation.



- The **lack of social / emotional support** means that the victim has no friends, family and/or advocates assuring his/her safety and well-being.



- **Lack of appropriate clothing or hygiene** means that the victim may suffer from hypothermia or over-heating, and that he/she may be more susceptible to infections due to lack of cleanliness.



- **Abandonment** is the desertion of an elderly person or vulnerable adult by an individual who has assumed responsibility for providing care for the person, or by an individual who has physical custody of the person. *Note: Not all state elder abuse/APS statutes include abandonment as a specific form of elder/vulnerable adult abuse. However, when a person who has assumed responsibility for providing care to an elder/vulnerable adult deserts the person for whom he/she has assumed responsibility that constitutes neglect, which is included in every state elder abuse/APS statute.*



- Some states, such as Texas, also include the **failure to provide mental health treatment** as a form of neglect. This includes the following: The failure to provide the mental health treatment necessary to avoid harm or pain.

ON THE JOB TRAINING:

**R**ecognizing physical and behavioral indicators of caregiver neglect.

The new worker will use Handout “Indicators of Caregiver Neglect” to document which indicators are present using one or more of the following options. The Handouts can be found on the following pages.



1. Have the new worker review case files of substantiated caregiver neglect and look for the documented physical and behavioral indicators of neglect by the caregiver. From what they read ask them to identify and record the indicators of neglect that are present. Ask them to share the list with you and discuss their findings. Review any areas that were missed.
2. Have the new worker accompany the supervisor or an experienced worker on a caregiver neglect investigation. The new worker will observe the experienced worker during the interview and investigation and record the indicators of neglect they observe. Following the investigation the new worker will meet with the experienced worker to discuss their observations and compare notes. The following questions can guide the discussion:
  - a. Were you able to identify the techniques the experienced worker used to gather information?
  - b. What interviewing or observational skills did you see that might work well for you?

3. The supervisor or an experienced APS worker will observe the new worker investigating a potential caregiver neglect referral. Afterward the supervisor or experienced worker will compare notes with the new worker. Using Handout “Indicators of Caregiver Neglect” and Handout “Responses to Behavioral Indicators”, as a guide the supervisor will provide feedback on areas of success and areas that require more practice by the new worker.

- a. New workers are often uncertain about how to ask questions of possible victims in order to elicit information. Have new workers review Handout “Responses to Behavioral Indicators”, for examples of open-ended questions. Ask the new worker to try out some of these approaches as they interview the victim. Afterward ask the new worker to discuss the following questions with you.
  - i. Did using some of these questions help you to get the information you needed? Why or why not?
  - ii. Did the questions help you to get information that assisted you in understanding the victims’ perception of the situation and his/her needs?
  - iii. Did the answers to your questions help you to think of additional information you might need? If so how did you gather that information?

Caregiver Neglect

INDICATORS OF CAREGIVER NEGLECT

CHECKLIST: INDICATORS OF CAREGIVER NEGLECT		
Indicator Present		Physical Indicators
YES	NO	
		Unsafe living environment (trash, vermin, lack of heat/cooling, water, electricity, running water)
		Malnutrition (sunken eyes, discoloration of the skin, oversized clothes, weight loss) Ask for permission to check refrigerator.
		Dehydration (pinched skin does not return to normal; it stays up in pinched position; how often is victim using restroom or drinking liquids?) Ask for permission to check refrigerator.
		Lack of medical care; untreated medical conditions (are dates on medications current or expired? Does victim appear feverish or chilled?)
		Over or under use of medication (is the amount of medication available congruent with the prescribed dosage?)
		Abandonment
		Poor personal hygiene/soiled clothing (does victim have a foul odor?) Workers are encouraged (with victim's permission) to lift bedclothes and/or clothing to observe the condition of the bedding and the victim's skin condition, especially at pressure points such as the shoulder blades, elbows, buttocks and backs of heels
		Skin breakdown/decubitus ulcers (see above)
		Diarrhea/urine burns (see above)
		Physically/emotionally isolated
		Lack of assistive devices
		Inappropriate, inadequate or soiled clothing
<b>Behavioral Indicators</b>		
		<b>Fearful:</b> Hesitates to talk openly; Hand over mouth; Withdraws physically/increases space
		<b>Anxious/agitated:</b> Pacing; Restless; Trouble following conversation; Nervous laugh; Eyes averted
		<b>Angry:</b> Raised voice; Yelling; Cussing; Defensive: Blames others
		<b>Isolated/Withdrawn:</b> Not speaking at all; Closed off body language; Avoids eye contact
		<b>Depressed:</b> Flat affect; Low personal hygiene/unkept; Expresses hopelessness/despair: Gestures others away with hand
		<b>Ambivalent:</b> Makes contradictory statements
		<b>Confused/Disoriented:</b> No orientation of date/time/place: Unable to comprehend environment
		<b>Perceives self as helpless/powerless:</b> Manifestations of poor self-esteem/confidence; Expresses insecurity
		<b>Reluctant to criticize perpetrator:</b> Defends perpetrator: Doesn't complain or want to bother: Blames self
		<b>Ashamed:</b> Not forthcoming with information; Refuses help; Refuses to accept/acknowledge situation
<b>Emergency Intervention Indicated?</b>		
Yes	No	Explain:

Caregiver Neglect

RESPONSES TO BEHAVIORAL INDICATORS OF CAREGIVER NEGLECT

It is helpful to consider in advance how to frame questions in order to gather the information needed to assess for caregiver neglect. The following suggestions will assist you to elicit information from victims with behavioral indicators of neglect.

RESPONSES TO BEHAVIORAL INDICATORS OF CAREGIVER NEGLECT	
Behavioral Indicator	Possible Responses
The victim appears fearful and reluctant to talk openly about the situation.	• How can people offer you the right kind of support?
	• Where do you think I can fit into the picture?
	• How do you decide what to worry about?
	• What happens when you don't know whom you can trust?
	• What's your approach to things you don't particularly want to deal with?
The victim's demeanor changed when the caregiver enters the room (after the caregiver leaves) ask the following questions.	• What happens when you have to deal with a person's behavior that you don't understand?
	• What are some of the things about relationships you wish could be different?
The victim seems isolated and withdrawn - turning away from contact.	• How does a person go about reassuring you?
	• What happens to the things you worry about?
	• What do you do with the things you'd rather not talk about?
The victim appears listless - exhibiting flat affect.	• What is the best way to approach something you'd rather not talk about?
The victim acts indecisive, ambivalent - makes contradictory statements and decisions.	• How much can you depend on the people around you?
	• What are some things you'd like to change?
	• What have we left out of the picture, so far?
	• Well, how does this add up to you?
The victim appears confused or disoriented.	• Please tell me your name.
	• Where are we right now?
	• Who is taking care of you ?
The victim is reluctant to criticize the perpetrator or complain about lack of care.	• How are we going to talk about things that don't seem to be working the way we hoped?
	• How do you know when to let a person know what you are really thinking?
	• How do you know when a situation is beginning to become too hard to handle?



## Discussion: Assessing Neglect in the Five Domains

In order to develop a complete assessment aspects of a victim's situation should be evaluated in the five domains of:

1. Safety and Risk
2. Living Environment
3. Physical & Medical Impairment
4. Financial & Social Situation
5. Capacity

Provide the new worker with **Handout "Assessing Neglect in the Five Domains - Potential Areas for Concern"** and **Worksheet "The Five Domains of Assessment"**. Review the Handout #4 with the new worker providing examples from cases you have worked or supervised, as appropriate. Ask workers to share their own examples of assessing in the five domains.

### ON THE JOB TRAINING:

**A**ssessing Neglect in the Five Domains - The new worker will use **Handout Assessing Neglect in the Five Domains - Potential Areas for Concern** to assist them in evaluating neglect cases. The worker can record their information on **Worksheet #1**. The worker can evaluate cases using one or more of the following methods. **Handout #4** and **Worksheet #1** can be found on the following pages.

1. Have the new worker review case files of substantiated caregiver neglect. From what they read ask them to identify and record aspects of the five domains that are present. Ask them to share the list with you and discuss their findings.
2. Have the new worker accompany you or an experienced worker on a caregiver neglect investigation. The new worker will observe the experienced worker during the interview and investigation and record the information uncovered for each of the

five domains. Following the investigation the new worker will meet with you to discuss their observations.



The following questions can guide the discussion:

- a. Were all five domains explored?
  - b. If more information was needed in an area how did the worker gather that information?
  - c. What questions do you have about the experienced workers assessment methodology?
  - d. What questions do you have about the five domains?
3. The supervisor or an experienced APS worker will observe the new worker investigating a caregiver neglect referral. Following the investigation the supervisor or experienced worker will provide the new worker with feedback on their ability to gather information using the five domains. Review **Handout Assessing Neglect in the Five Domains - Potential Areas for Concern** with the new worker, as appropriate. Ask the new worker to discuss the following questions with you:
    - a. Were you able to gather information in each of the domains? If not what other information do you need and how will you obtain it?
    - b. What aspects of using this tool work well for you? Are there aspects that do not work for you? How might you adapt your approach to insure that you are getting all of the necessary information?



Caregiver Neglect

Five Domains of Assessment	
	Information Needed
Safety & Risk	What concerns you?  What do you need more information about?
Living Environment	What concerns you?  What do you need more information about?
Physical & Medical Impairment	What concerns you?  What do you need more information about?
Financial & Social Situation	What concerns you?  What do you need more information about?
Capacity	What concerns you?  What do you need more information about?

Assessing Neglect in the Five Domains - Potential Areas for Concern	
DOMAIN	AREAS TO ASSESS
Safety & Risk	<p><b>Safety Issues for victim and professionals</b></p> <ul style="list-style-type: none"> <li>• Are there safety issues for victim and professionals?</li> <li>• Perpetrator's past history of threats, violence, arrest, incarceration, the presence of weapons and/or vicious animals.</li> <li>• Possibility of danger to the APS worker or other people in the home.</li> <li>• Is there a safety plan for the victim?</li> </ul> <p><b>Notifying law enforcement</b></p> <ul style="list-style-type: none"> <li>• Should law enforcement be notified?</li> <li>• Evidence that the victim has suffered serious bodily harm or that a crime has been or is being committed.</li> </ul> <p><b>Severity and duration of neglect</b></p> <ul style="list-style-type: none"> <li>• How serious is the neglect and how long has it been going on?</li> <li>• How extensive is the harm to the victim- both physically and emotionally?</li> <li>• When did it start?</li> <li>• Is it episodic or continuous? Who has observed/document it?</li> </ul> <p><b>Previous intervention history</b></p> <ul style="list-style-type: none"> <li>• Previous intervention efforts on the part of family, friends, healthcare providers, APS and/or law enforcement.</li> </ul> <p><b>Victim indicators of neglect</b></p> <ul style="list-style-type: none"> <li>• Physical evidence, emotional behaviors</li> </ul> <p><b>Signs of other forms of mistreatment - physical, sexual, financial</b></p> <ul style="list-style-type: none"> <li>• Evidence of bruising, untreated wounds or fractures, genital bruising, unpaid bills, lack of food, utilities.</li> </ul>
Living Environment	<p><b>In a high crime area</b></p> <ul style="list-style-type: none"> <li>• Is the neighborhood in an area with drug dealers, break-ins, and shootings?</li> </ul> <p><b>Adequate heat, cooling, water, sanitation</b></p> <ul style="list-style-type: none"> <li>• Have the utilities recently been cut off due to lack of payment? Does the plumbing work?</li> </ul> <p><b>Dirty, chaotic living space</b></p> <ul style="list-style-type: none"> <li>• Is the yard full of junk, the exterior of the home uncared for?</li> <li>• Is the home cluttered, dirty, disorganized?</li> <li>• Is the bedding stained?</li> <li>• Are there leaks in the ceiling, holes in the floors, dangerous stair treads, and broken windows?</li> </ul> <p><b>Multiple animals and/or vermin</b></p> <ul style="list-style-type: none"> <li>• Are there multiple animals and indoor evidence of animal waste?</li> <li>• Is there evidence of rodent chewing and droppings?</li> <li>• Are there flies and insects in bedding, on food?</li> </ul>

Caregiver Neglect

DOMAIN	AREAS TO ASSESS
<p><b>Physical &amp; Medical Impairment</b></p>	<p><b>Need of immediate medical treatment</b></p> <ul style="list-style-type: none"> <li>• Does the victim need immediate medical treatment?</li> </ul> <p><b>Functional strengths and impairments</b></p> <ul style="list-style-type: none"> <li>• What are the victim's physical and cognitive strengths and limitations?</li> </ul> <p><b>Denial</b></p> <ul style="list-style-type: none"> <li>• Does he/she deny that neglect is occurring?</li> <li>• Is he/she protective of and /or fear the perpetrator?</li> <li>• Does he/she agree to assistance?</li> </ul> <p><b>Immediate &amp; long-term care unmet needs</b></p> <p><b>Barriers to providing appropriate care</b></p>
<p><b>Financial &amp; Social Situation</b></p>	<p><b>Previous intervention history</b></p> <ul style="list-style-type: none"> <li>• Has the neglect been continuous over time, or have there been periods when the care was better? When?</li> <li>• Why did the level of care deteriorate?</li> </ul> <p><b>Resources available</b></p> <ul style="list-style-type: none"> <li>• What is the victim's current financial situation?</li> <li>• Are there sufficient resources to meet victim's immediate needs?</li> <li>• What about long term needs?</li> </ul> <p><b>Victim's support network</b></p> <ul style="list-style-type: none"> <li>• Who are the victim's support networks?</li> <li>• What are their relationships to the victim?</li> <li>• What are they willing to do, or not do on behalf of the victim?</li> <li>• Are their offers of assistance realistic, given the history of the relationship?</li> <li>• What are their assessments of the situation?</li> </ul> <p><b>Perpetrator's support network</b></p> <ul style="list-style-type: none"> <li>• Does the perpetrator have a support network? If not, why not? If so, who are they?</li> </ul> <p><b>Perpetrator's awareness</b></p> <ul style="list-style-type: none"> <li>• What is the perpetrator's physical, mental and functional status?</li> <li>• Does the perpetrator admit that the care has been inadequate?</li> <li>• Does he/she understand the connection between the failure to provide care and the harm to the victim?</li> <li>• Does he/she attempt to minimize the severity of the neglect and/or the impact on the victim?</li> <li>• Does the perpetrator blame the victim or others for the situation?</li> <li>• Does the perpetrator blame situational events such as alcoholism, loss of a job, or a divorce for the lack of care?</li> </ul> <p><b>Perpetrator cooperation</b></p> <ul style="list-style-type: none"> <li>• Is the perpetrator willing to accept assistance and/or use available resources for the benefit of the victim?</li> <li>• What actions (not just words) indicate his/her willingness to accept help?</li> <li>• What interventions have been offered in the past?</li> <li>• Has the perpetrator accepted assistance?</li> <li>• Which interventions in the past have been successful or unsuccessful?</li> <li>• Is the perpetrator doing the best he/she can, given the available resources?</li> </ul>

## Caregiver Neglect

DOMAIN	AREAS TO ASSESS
Capacity	<p>Ability to adequately process information in order to make a decision based on that information.</p> <ul style="list-style-type: none"> <li>• Capacity varies as a result of:                             <ul style="list-style-type: none"> <li>○ physical or mental stress</li> <li>○ complexity of the decision</li> <li>○ from morning to evening and from day to day</li> </ul> </li> </ul> <p><b>Assessing capacity</b></p> <ul style="list-style-type: none"> <li>• Does the victim understand relevant information? Does the victim understand what is happening to him/her?</li> <li>• What is the quality of the victim's thinking process?</li> <li>• Is the victim able to demonstrate and communicate a choice? Is the victim able to give permission for emergency intervention?</li> <li>• Does the victim appreciate the nature of his/her own situation? Does the victim understand the implications if help is not provided?</li> </ul> <p><b>Victim's right to self-determination</b></p> <ul style="list-style-type: none"> <li>• Victims with the capacity to do so may refuse services</li> <li>• Once legal proceedings are invoked, the individual's right to self-determination ceases and mediation among family members may be impaired</li> </ul>





**ON THE JOB TRAINING:**

**Developing a Service Plan**

The five domains of assessment can also be used as the framework to develop a service plan. Provide the new worker with **Handout “Five Domains of a Service Plan”** and **Worksheet “The Five Domains of a Service Plan”**. The worker will use these tools to assist them in evaluating neglect cases using one or more of the following methods. Handout #5 and Worksheet #2 can be found on the following pages.

1. Have the new worker review case files of substantiated caregiver neglect. From what they read ask them to identify and record aspects of the five domains that are part of the service plan onto their worksheet. Ask them to share the list with you and discuss their findings.
2. Have the new worker accompany you or an experienced worker as they develop a service plan for a caregiver neglect case. Using **Handout “Five Domains of a Service Plan”** as a guide the new worker will record the elements of the service plan that are developed in each domain. The worker will record those elements on **Worksheet “The Five Domains of a Service Plan”**. Following the development of the service plan the new worker will meet with you to discuss their observations.



The following questions can guide the discussion:

- a. Were all five domains explored? If not, why not?
  - b. How did the experienced worker locate needed resources? What collaborative skills were used?
  - c. Do you agree with the workers assessment? Why or why not? Note: Because assessments are based on facts, observations and clinical expertise there is room for reasonable differences of opinion. Documentation of the decision-making process and follow-up to determine the outcome of a service plan are key elements.
  - d. What questions do you have about developing service plans using the five domains?
3. The supervisor or an experienced APS worker will observe the new worker developing a service plan for a caregiver neglect referral. Following the investigation the supervisor or experienced worker will review the service plan and provide the new worker with feedback on their ability to provide service using the five domains. Review **Handout “Five Domains in a Service Plan”** with the new worker, as appropriate. Ask the new worker to discuss the following questions with you:
    - a. Were you able to address service needs in each of the domains? If not what other information do you need and how will you obtain it?
    - b. What aspects of using this tool work well for you? Are there aspects that do not work for you? How might you adapt your approach to insure that you are getting all of the necessary information?
    - c. What if any additional resources or learning opportunities do you need to succeed in this area of APS work?

## The Five Domains of a Service Plan

When you are developing a service plan, you want to use the five domains of Safety/Risk, Living Environment, Physical/Medical Impairment, Financial/Social Situation, and Capacity as a framework. Here are some issues for each domain to keep in mind.

DOMAIN	SERVICE PLAN AREAS TO ASSESS
Safety & Risk	<ul style="list-style-type: none"> <li>● <b>The APS worker’s perception of the causes of the problem and the level of risk</b> are essential in developing a service plan.</li> <li>● <b>Emergency services</b> provided on site. Is the client in need of an ambulance or emergency medical technician on site?</li> <li>● <b>Removing victim from immediate danger</b> If not, is the victim willing and able to leave the home and go somewhere safe?</li> <li>● <b>Removing perpetrator</b> Should the perpetrator be removed, either voluntarily or with law enforcement’s assistance?</li> <li>● Based on the <b>least restrictive interventions</b></li> <li>● <b>Short and long term risk reduction</b> Long term planning to address safety issues may include replacement of the caregiver, provision of additional in-home services or permanent relocation of the victim.</li> </ul>
Living Environment	<ul style="list-style-type: none"> <li>● <b>Immediate environmental changes.</b> For instance, the victim’s environment might include getting shut-off utilities restored, addressing dangerous temperatures by providing fans or heaters, arranging for emergency plumbing repairs, and providing appropriate clothing for the victim.</li> <li>● <b>Animal care.</b> If animals and their waste are causing a significant health hazard, involving animal control and pest removal services may be needed. Removing beloved pets is a delicate matter. Take time to thoroughly explain the problem to the victim, and involve him/her in finding acceptable alternatives.</li> <li>● <b>Cleaning.</b> If heavy cleaning is called for, the victim may need to be temporarily removed from the home to avoid exposure to hazardous chemicals.</li> <li>● <b>Emergency repairs</b> such as fixing leaks in the roof and replacing rotted flooring can be expensive. Some communities and faith groups provide handyman services. Replacing locks and repairing broken windows could be provided through victims’ services funds.</li> </ul>
Physical & Medical Impairment	<ul style="list-style-type: none"> <li>● <b>Medical treatment.</b> Arranging for victims to receive a comprehensive medical examination is essential in the service planning process. Finding resources for eye</li> <li>● and dental care are often time consuming, but also essential in improving the victim’s nutrition and safety.</li> <li>● <b>Medications.</b> An accurate diagnosis will result in medical treatment as well as the administration of appropriate medications.</li> <li>● <b>Assistive devices.</b> Arranging for assistive devices such as wheelchairs and walker can increase the victim’s mobility and lessen his/her dependence on the caregiver</li> <li>● <b>Rehabilitation</b> services are also an important tool in increasing the victim’s independence.</li> </ul>

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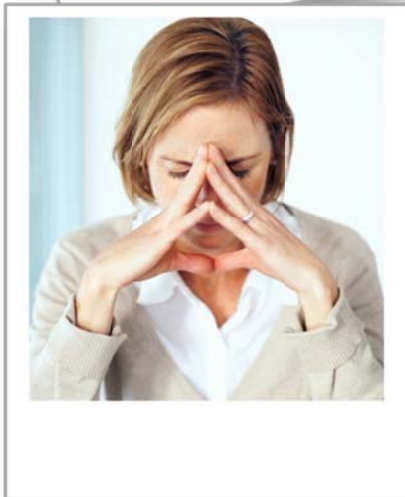
DOMAIN	SERVICE PLAN AREAS TO ASSESS
<p><b>Financial &amp; Social Situation</b></p>	<ul style="list-style-type: none"> <li>● <b>Victim’s informal/formal resources.</b> The victim’s financial resources and social supports are an essential part of the service planning process. What are his/her sources and amounts of income? Who are the people in his/her social network, and how are they willing to assist?</li> <li>● <b>Victim’s service eligibility.</b> Victims may not be accessing all of the benefits to which they are entitled, and need assistance in gathering documentation, and completing and submitting applications.</li> <li>● <b>Legal actions needed to protect and manage assets and/or obtain benefits.</b> In some cases the court appointment of a conservator may be necessary.</li> <li>● <b>Sensitive to victim’s culture.</b> Any service plan that is developed should take into account the victim’s culture and efforts need to be made to accommodate cultural mores.</li> <li>● <b>Clear and realistic roles, expectations and accountability.</b> <ul style="list-style-type: none"> <li>○ Who will do what tasks</li> <li>○ When and how often will they be performed</li> <li>○ Where will they be provided</li> <li>○ How the service will be performed</li> <li>○ What rewards (financial or emotional) will be provided</li> <li>○ How to evaluate the quality of the care</li> <li>○ Where and how to report problems</li> <li>○ Penalties for failure to meet expectations</li> </ul> </li> <li>● <b>Flexibility to accommodate change.</b> Services should be flexible in order to respond to changes in physical and cognitive abilities</li> </ul>
<p><b>Capacity</b></p>	<ul style="list-style-type: none"> <li>● <b>Victim’s perception of the problem.</b> In planning services it is important to start with the victim’s understanding of the problem. A victim who appears to have no idea about what has occurred may need a full capacity evaluation in order to determine if he/she has the ability to agree to services.</li> <li>● <b>Victim’s capacity</b> to consent to or refuse services. In the event that the victim lacks decisional capacity, legal proceedings such as the appointment of a temporary guardian may be appropriate</li> <li>● <b>Victim’s strengths, needs, wishes and motivation</b> should guide the type of services that are provided.</li> <li>● <b>Perpetrator’s capacity</b> to understand and respond to victim’s needs. The perpetrator’s capacity to understand and respond to the victim’s needs is an essential part of the planning process. A cooperative perpetrator may accept training, respite care or other supportive services. An uncooperative caregiver, on the other hand, may sabotage services intended to reduce risk and improve the victim’s quality of life.</li> </ul>

The Five Domains of a Service Plan

<p>Safety &amp; Risk</p>	<p>Problem:</p> <p>Objective:</p> <p>Service:</p>
<p>Living Environment</p>	<p>Problem:</p> <p>Objective:</p> <p>Service:</p>
<p>Physical &amp; Medical Impairment</p>	<p>Problem:</p> <p>Objective:</p> <p>Service:</p>
<p>Financial &amp; Social Situation</p>	<p>Problem:</p> <p>Objective:</p> <p>Service:</p>
<p>Capacity</p>	<p>Problem:</p> <p>Objective:</p> <p>Service:</p>



## Questions for Discussion



1. Ask new workers to describe an interview they have participated in. The examples can be from a time when they were the interviewer or when they were the interviewee. The examples can be related to any type of interview that requires a specific exchange of information (employment, newspaper article, school assignment, police report) and/or rapport building.
  - Ask the new worker to reflect on and identify specific factors that made the interview successful or unsuccessful.
  - What would have improved the interview process?
  - What barriers kept the parties from providing or obtaining all of the pertinent information?
2. Discuss with the new worker that interviewing is a learned skill that requires preparation and practice. In the process of conducting investigations, workers will often encounter a perpetrator who does not cooperate. It is important for workers to develop the skill of using open-ended questions. Give an example of an open-ended question and a closed question such as, "tell me about your day (open) versus "did you do anything today?" (closed and may imply guilt). Open-ended questioning may break down resistance because it is an effective tool to get people talking. Learning an open-ended questioning style will help workers to get the most amount of information because it creates the opportunity for a dialogue with the interviewee and allows for follow up questions to be asked. This interaction typically provides the worker with a more fully formed understanding of the situation so that appropriate action can be taken.
  - Provide the new worker with **Handout "Dealing with Resistance - Open Ended Questions"**. Review the questions on the list. Ask the new worker to try out some of these questions and to give an example of their own open-ended question. Handout #6 is found on the following page.
3. Ask the new worker what ideas they have for developing an effective interview style. The following questions can be use to prompt their responses: What preparation is needed in advance of an interview? What are your ideas on the best way to frame questions? How would you move an interview "back on track" when a perpetrator shifts the discussion? After the worker has a chance to respond, review the following best practices with him/her.

## Caregiver Neglect



- **Practice is needed to develop an interview style.** This can be accomplished by thinking in advance about some of the information you will need from the victim, perpetrator, and collaterals. Review the referral and any previous case history in order to anticipate possible questions you will need to ask. Practice framing your questions in advance.
- **Be aware of the possible responses to your questions.** Consider what follow-up questions you may need to ask. Are there questions you can ask that you already know the answer to? If so use these responses to help you assess the additional information you receive.
- **Avoid questions that assume guilt.** Be aware of your own biases regarding the referral and do not assume that you know what the outcome of this investigation will be. Presuming that an interviewee is guilty will likely increase their defensiveness.
- **Avoid questions that prompt "yes" or "no" responses.** Your goal is to get as much information as possible to make a thorough assessment. Open ended questions work best for getting a full picture the situation at hand.
- **Focus on the interview content and not who made the report.** Redirect perpetrator questions or blame about the person who made the report and focus the discussion on the issues related to the neglect.

### ON THE JOB TRAINING

1. Ask the new worker to review some recent referrals. Using Handout “**Dealing with Resistance - Open Ended Questions**” and their own ideas have them develop a list of open ended questions they would want to ask during an investigation. Review the list with the new worker and provide feedback.
2. Ask the new worker to accompany you or an experienced worker on a case investigation and observe the questioning. Ask the worker to identify open ended questions. Did the information the experienced worker received prompt follow-up questions? If a closed question had been used instead would the worker have gotten the same quality of information?
3. Accompany the new worker on an investigation and have them use the techniques they have learned during the interview process. When you return to the office debrief the experience with the new worker and provide feedback.



## Caregiver Neglect

### Dealing with Resistance - Open Ended Questions

In the process of conducting investigations, you will often encounter a perpetrator who does not cooperate. Here are some questions you might use when dealing with a caregiver who does not want to provide you with information.

- What is your day like as a caregiver? Tell me what you do.
- What does (the victim) expect you to do for them?
- Tell me what he/she can do for himself / herself.
- Help me understand what has happened.
- What happens when there is more to get done than there is time for doing it?
- What happens when things are not going so well?
- What happens when the client doesn't feel okay about what's going on?
- How do you know when the client wants you to do things differently?
- What kind of assistance would be helpful when things get overwhelming?
- How do you know when things are beginning to get too much?
- When do things get to be too much?
- What do you do about taking some time to catch your breath?
- How do you take care of yourself with everything you have to get done?
- What are some of the concerns that have come up in your work here?
- How do you make adjustments when things are not going so well?
- How can the client let you know that they are not doing okay?
- What are some of the things you've had to do that you don't want to have to do again?
- How do you manage to get everything taken care of?
- What are some things you are going to try to do differently over the next few months?

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OUR WHY:

REVOLUTIONIZE  
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