

Caregiver Neglect

VIRTUAL COURSE

PARTICIPANT MANUAL



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Funding Sources



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**Kevin Bigelow and Kat Preston-Wager
Curriculum Developers, Version 3, 2022**

Version 1 (2010) and Version 2 (2015) were developed and revised by the Adult Protective Services (APS) Training Project, a project of the Bay Area Academy, San Francisco State University School of Social Work.

Curriculum Developers, Version 1 and 2

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INTRODUCTION

We are pleased to welcome you to **Caregiver Neglect Participant Manual** (Module 11), developed by Adult Protective Services Workforce Innovations (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 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 is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, 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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Executive Summary

Course Title: Caregiver Neglect

Course Description:

In this engaging introductory training, participants will: explore various types of caregiving challenges and situations, examine possible risk factors, indicators and causes of neglect, and discuss the importance of the criminal justice system in situations that result in serious bodily injury. Participants will also learn interviewing best practices in caregiver neglect allegations, discuss considerations in developing a service plan, and explore possible prevention strategies.

The following instructional strategies are used: lecture segments, interactives activities/exercises (e.g. small group discussion, experiential exercise as a role play); question/answer periods; PowerPoint slides; participant manual (encourages self-questioning and interaction with the content information); and video demonstrations.

Target Audience:

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

Learning Objectives:

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

- Identify physical and behavioral indicators of neglect.
- Identify factors that contribute to the client's risk of neglect.
- Assess allegations of caregiver neglect using five domains of assessment.
- Explain how dynamics of caregiver neglect impact service planning and describe barriers to service planning.
- Identify useful interviewing techniques when interviewing alleged perpetrators.
- Define components of service planning.

The APSWI website offers a number of training tools including videos and other resources that may be useful to APS staff with various experience levels. These materials can be found at: <https://theacademy.sdsu.edu/programs/apswi/>

Course Outline

<u>CONTENT</u>	<u>MATERIALS</u>	<u>TIME</u>
WELCOME, INTRODUCTIONS, COURSE OVERVIEW		TOTAL: 20 minutes
Housekeeping Technology Participant Intro		
Activity #1: Is there a Difference? (<i>Large Group</i>) Learning Objectives and Course Overview		10 minutes
NEGLECT OVERVIEW		TOTAL: 40 minutes
Definitions: <ul style="list-style-type: none"> • Neglect (Types) • Caregiver • Activity #2: Leonard Case Example (<i>Large Group</i>) 		
Formal and Informal Caregivers		
State Statutory Definitions <ul style="list-style-type: none"> • CA Statutes (replace if not in CA) • Criminal Neglect • Activity #3: Case of the 59-pound Victim-PART 1 (<i>Large Group</i>) • Serious Bodily Injury 	<ul style="list-style-type: none"> • Handout #1 • Case Scenario 	
Working with Law Enforcement <ul style="list-style-type: none"> • Language • Possible Benefits 		
NEGLECT DYNAMICS & CONSIDERATIONS FOR APS		TOTAL: 40-45 Minutes
Theories <ul style="list-style-type: none"> • Situational • Exchange • Social Learning • Political/Economic • Psychopathology 		

Additional Dynamics <ul style="list-style-type: none"> • Activity #4- What Dynamics are Present? (<i>Individual, Large Group</i>) 	<ul style="list-style-type: none"> • Handout #2 	10 min
RISK FACTORS AND RISK INDICATORS		TOTAL: 50-60 minutes
Client Risk factors Risk Indicators <ul style="list-style-type: none"> • Physical • Behavioral • Activity #5- Responses to Behavioral Indicators (<i>Breakout Groups</i>) 	<ul style="list-style-type: none"> • Handout #3 • Handout #4 	25 minutes
Risk Factors (Perpetrators) Risk Indicators <ul style="list-style-type: none"> • Activity #6: Barbara Case Example (<i>Breakout Groups</i>) 	<ul style="list-style-type: none"> • Handout #5 	15 minutes
ASSESSING NEGLECT IN FIVE DOMAINS		TOTAL: 50 minutes
<ul style="list-style-type: none"> • Safety and Risk • Living Environment • Physical/Medical Impairments • Financial and Social Situation 		
<ul style="list-style-type: none"> • Decision-Making Ability and Capacity • Client's Right to Self Determination 		
<ul style="list-style-type: none"> • Activity #7: Enid's Case Example (<i>Breakout Groups</i>) 	<ul style="list-style-type: none"> • Handout #6B 	25-30 minutes
INTERVIEWING BEST PRACTICES		TOTAL: 60-65 minutes
<ul style="list-style-type: none"> • Interviewing Best Practices • Activity #8: Video Demonstration (<i>Individual and Large Group</i>) • When Alleged Perpetrator Begins to Talk • Activity #9- Follow Up Questions (<i>Individual and Large Group</i>) 	<ul style="list-style-type: none"> • Handout #7 • Video Clip • Handout #8B 	10-15 min 10 minutes
Other considerations <ul style="list-style-type: none"> • Activity #10: Interviewing Jacob (<i>Pairs</i>) 	<ul style="list-style-type: none"> • Handout #9 • Handout #10 	25 minutes
SERVICE PLANNING		50 minutes


Developing a Service Plan: <ul style="list-style-type: none"> • Five Domains • Services for Caregivers • Activity #11: The Service Plan (<i>Breakout Groups</i>) 	<ul style="list-style-type: none"> • Handout #11 	30-40 minutes
LESSONS LEARNED AND EVALUATIONS		15 minutes
<ul style="list-style-type: none"> • Key takeaways • Evaluations 		
<u>TOTAL (EXCLUDING BREAKS)</u>		5.5 hours



Caregiver Neglect




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




About the Academy & APSWI

The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.




APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.

ACADEMY PROGRAMS



Housekeeping and Introductions

- Course Overview
- Breaks, Restrooms, etc.
- Trainer Introductions
- Participant Introductions
 - What has been your biggest challenge in assessing for neglect by others?
 - What is your biggest concern about interviewing alleged perpetrators of neglect?



Training Goal

- Two examples
 - Are both of these instances of caregiver neglect?
 - Would your finding(s) differ on either?
 - How do the dynamics of each scenario impact service planning?



Activity #1: Case Scenarios

Case Scenario 1: APS responds to a report of caregiver neglect and interviews the partner and caregiver of Miles Framer, who is living with Alzheimer's. They explain that they have been tying Miles to the bed, around his waist at night because he gets up and wanders away from the house. APS explains that this is dangerous due to many safety concerns and can be a form of caregiver neglect. They burst into tears and say, "I don't know what to do. I can't afford any help and I'm afraid that he will wander off and get hurt." APS discusses the possibilities for installing door chimes, IHSS for caregiving services, and medical alert button and/or GPS tracking device to put on Miles so that police can identify where he lives if he wanders off. They agree to try all of these suggestions and are grateful for the support and options.

Case Scenario 2: APS responds to a report of caregiver neglect and interviews the adult child and caregiver of Bodie Neex, who is living with Alzheimer's. The caregiver admits to tying their father to the bed, around his waist at night, because "when I was a kid, he used to lock me up when I was acting out and now it's his turn. He deserves it!" APS explains that this is dangerous for many safety concerns and can be a form of caregiver neglect. They reply, "Well, then I wouldn't have to take care of him anymore."

Learning Objectives

- Identify physical and behavioral indicators of neglect.
- Identify factors that contribute to the client’s risk of neglect.
- Assess allegations of caregiver neglect using five domains of assessment.
- Explain how dynamics of caregiver neglect impact service planning and describe barriers to service planning.
- Identify useful interviewing techniques when interviewing alleged perpetrators.
- Define components of service planning.

What is Neglect?

- Neglect is defined as the **refusal or failure to fulfill any part of a person’s obligations or duties** to an elder {or dependent adult}. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder {or dependent adult}. *(NCEA)*
- Self-neglect involves older adults or adults with disabilities who cannot meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter, and health care for one’s own needs. *(NAPSA)*

Types of Neglect

- Lack of medical treatment
- Inadequate nutrition and/or hydration
- Lack of assistive devices
- Hazardous environment
- Lack of appropriate clothing or hygiene
- Abandonment (*)

Who is a Caregiver?

- An individual who has the responsibility for the care of an elder, either
 - voluntarily,
 - by contract,
 - by receipt of payment for care,
 - or as a result of the operation of law, and
- means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an elder who needs supportive services in any setting. (*Elder Justice Act, Sec. 2011. [42 U.S.C. 1397j]*)



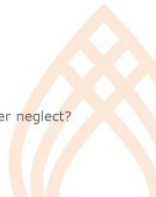
Case Example



Leonard:

- Lived alone except when relatives periodically moved in
- Had diabetes and lower leg was amputated
- House was unmaintained
- Depended on others for grocery shopping

Is Leonard being neglected?
Who is/are Leonard's caregivers?
Does Leonard meet the definition of caregiver neglect?




Activity #2- Leonard Case Example


Scenario: Leonard was widowed and lived alone. He had one daughter, Marcella, who lived 50 miles away and seldom visited him. However, he had a number of relatives – nieces, nephews, cousins, and in-laws who periodically moved in with him when it suited their needs. However, once they found jobs, worked through their relationship breakups and/or started their recovery process or relapsed, they moved out. Due to diabetes, Leonard’s left leg had been amputated at the knee, so he used a wheelchair to get around the house. There was no shower in the house, only a bathtub, which he could not use by himself. He washed himself in the bathroom sink and was generally fairly clean. But the house itself was filthy. There were trash and dirty clothes scattered everywhere. The kitchen sink was always full of dirty dishes, and all the surfaces were coated with dust and grime. The yard was littered with machine parts and broken appliances.

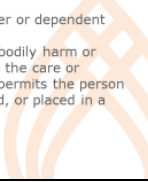
Leonard was unable to drive so he depended on his housemates to buy groceries, run errands, take him to the clinic, and pick up his prescriptions. The few friends he once had stopped visiting him, due to the general chaos at his home. He had a phone, but it was always tied up by others in the house. He said that he was not lonely, yet there was no one who really listened to him.

Someone in the household usually brought groceries, as meals were shared by everyone who lived there. But depending on who did the shopping, Leonard did not always get the food he needed to maintain a diabetic diet. There was not one reliable person on whom he could depend on. As a result, his weight and glucose scores increased, and he became more inactive and lethargic.



<p>Formal vs. Informal Caregivers</p> <p>Formal</p> <ul style="list-style-type: none"> • Individuals who are paid or volunteer to provide care services. • Some agreement (verbal or written) has been made. • Often is from a Social Service Agency and has some training on providing care. <i>Can be a family member or friend.</i> • Personal Assistance Services (PAS) refers to paid care providers. <ul style="list-style-type: none"> ◦ Depending on the funding sources, various terms are used for PAS employees: Home Health Aides, Personal Assistants, Personal Care Attendants, etc. 	<p>Informal</p> <ul style="list-style-type: none"> • Family members, relatives, partners or friends who provide the care giving responsibilities. • Neighbors, members of a congregation • Not usually set, clear instructions 
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<p>Benefits and Possible Negative Outcomes</p> <p>Possible benefits of having informal caregiving:</p> <ul style="list-style-type: none"> • Familiarity and trust • Can provide care during "off hours"- live in home • Might fulfil cultural expectations • Less expensive <p>Possible negative outcomes of having informal caregiving:</p> <ul style="list-style-type: none"> • Lack of formal training can be harmful • Might provide inadequate care • Resentment 	
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<p>State Statutory Definitions</p> <p>An important element for establishing caregiver neglect is care and custody over the person(s) being neglected, whether the caregiver is a formal or informal caregiver.</p> <p>Terms for "neglect" and "caregiver" are determined by state law.</p> <ul style="list-style-type: none"> • In California: <ul style="list-style-type: none"> ◦ Care Custodian means administrator or an employee of a public or private facility or agency, or persons providing care of services for elders or dependent adults (<i>W&I Code 15610.17</i>) ◦ A person who knows or reasonably knows that a person is an elder or dependent adult and who: (<i>CA Penal Code 368</i>) <ul style="list-style-type: none"> • Under circumstances and conditions likely to produce great bodily harm or death, willfully causes or permits person to suffer, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the of the elder or dependent adult to be injured, or placed in a situation in which their health is endangered 	
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Handout: #01: State Statutory Definition for California

California Penal Code, Section 368

(https://leginfo.legislature.ca.gov/faces/printCodeSectionWindow.xhtml?lawCode=PEN§ionNum=368.&op_status=2018&op_chapter=70&op_section=3) **PART 1. OF CRIMES AND PUNISHMENTS [25 - 680.4]** (*Part 1 enacted 1872.*) **TITLE 9. OF CRIMES AGAINST THE PERSON INVOLVING SEXUAL ASSAULT, AND CRIMES AGAINST PUBLIC DECENCY AND GOOD MORALS [261 - 368.7]** (*Heading of Title 9 amended by Stats. 1982, Ch. 1111, Sec. 2.*) **CHAPTER 13. Crimes Against Elders, Dependent Adults, and Persons with Disabilities [368 - 368.7]** (*Chapter 13 heading added by Stats. 2010, Ch. 617, Sec. 2.*)

(a) The Legislature finds and declares that elders, adults whose physical or mental disabilities or other limitations restrict their ability to carry out normal activities or to protect their rights, and adults admitted as inpatients to a 24-hour health facility deserve special consideration and protection.

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

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

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

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

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

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

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

(c) A person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.

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

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

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

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

(1) By a fine not exceeding two thousand five hundred dollars (\$2,500), or by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, or by a fine not exceeding ten thousand dollars (\$10,000), or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years, or by both that fine and imprisonment, when

the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding nine hundred fifty dollars (\$950).

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

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

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

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

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

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

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

(l) Upon conviction for a violation of subdivision (b), (c), (d), (e), or (f), the sentencing court shall also consider issuing an order restraining the defendant from any contact with the victim, which may be valid for up to 10

years, as determined by the court. It is the intent of the Legislature that the length of any restraining order be based upon the seriousness of the facts before the court, the probability of future violations, and the safety of the victim and his or her immediate family. This protective order may be issued by the court whether the defendant is sentenced to state prison or county jail, or if imposition of sentence is suspended and the defendant is placed on probation.

California Penal Code, section 368.5

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=368.5.&lawCode=PEN **PART 1. OF CRIMES AND PUNISHMENTS [25 - 680.4]** *(Part 1 enacted 1872.)* **TITLE 9. OF CRIMES AGAINST THE PERSON INVOLVING SEXUAL ASSAULT, AND CRIMES AGAINST PUBLIC DECENCY AND GOOD MORALS [261 - 368.7]** *(Heading of Title 9 amended by Stats. 1982, Ch. 1111, Sec. 2.)* **CHAPTER 13. Crimes Against Elders, Dependent Adults, and Persons with Disabilities [368 - 368.7]** *(Chapter 13 heading added by Stats. 2010, Ch. 617, Sec. 2.)*

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

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

(c) (1) Every local law enforcement agency shall, when the agency next undertakes the policy revision process, revise or include in the portion of its policy manual relating to elder and dependent adult abuse, if that policy manual exists, the following information:

(A) The elements of the offense specified in subdivision (c) of Section 368.

(B) The elements of the offense specified in subdivision (f) of Section 368.

(C) The requirement, pursuant to subdivisions (a) and (b), that law enforcement agencies have the responsibility for criminal investigations of elder and dependent adult abuse and criminal neglect; however, adult protective services agencies and long-term care ombudsman programs have

authority to investigate incidents of elder and dependent adult abuse and neglect and may, if requested and consistent with federal law, assist law enforcement agencies with criminal investigations.

(D) As a guideline to investigators and first responders, the definition of elder and dependent adult abuse provided by the Department of Justice in its policy and procedures manual, dated March 2015, which defines elder and dependent adult abuse as “physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.”

(2) As used in this subdivision, the following terms have the following meanings:

(A) “Local law enforcement agency” means every municipal police department and county sheriffs’ department.

(B) “Policy manual” means any general orders, patrol manual, duty manual, or other written document or collection of documents that provides field or investigative personnel with policies, procedures, or guidelines for responding to or investigating crimes, complaints, or incidents.

(Amended by Stats. 2019, Ch. 641, Sec. 2. (SB 338) Effective January 1, 2020.)

California – Welfare & Institutions Code § 15610-15610.65

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=15001-16000&file=15610-15610.70>

15610.05- “Abandonment” means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

15610.07.-(a) “Abuse of an elder or a dependent adult” means any of the following:

(1) Physical abuse, neglect, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.

(2) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

(3) Financial abuse, as defined in Section 15610.30.

(b) This section shall become operative on July 1, 2016.

15610.39- "Imminent danger" means a substantial probability that an elder or dependent adult is in imminent or immediate risk of death or serious physical harm, through either his or her own action or inaction, or as a result of the action or inaction of another person.

15610.43- (a) "Isolation" means any of the following:

(1) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.

(2) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.

(3) False imprisonment, as defined in Section 236 of the Penal Code.

(4) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.

(b) The acts set forth in subdivision (a) shall be subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician and surgeon licensed to practice medicine in the state, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.

(c) The acts set forth in subdivision (a) shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.

15610.57. -(a) "Neglect" means either of the following:

(1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

(2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise.

(b) Neglect includes, but is not limited to, all of the following:

- (1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.
- (2) Failure to provide medical care for physical and mental health needs. A person shall not be deemed neglected or abused for the sole reason that the person voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- (3) Failure to protect from health and safety hazards.
- (4) Failure to prevent malnutrition or dehydration.
- (5) Substantial inability or failure of an elder or dependent adult to manage their own finances
- (6) Failure of an elder or dependent adult to satisfy any of the needs specified in paragraphs (1) to (5), inclusive, for themselves as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

(c) Neglect includes being homeless if the elder or dependent adult is also unable to meet any of the needs specified in paragraphs (1) to (5), inclusive, of subdivision (b).

15610.67.-“Serious bodily injury” means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

Criminal Neglect = Serious Bodily Injury

- Social Service professionals assess for the necessary services that need to be put in place.
- Criminal Justice System assesses the possibility of a crime and prosecutes criminal actions.
- Most state **criminal statutes** do not include penalties for caregiver neglect.
- All state criminal statutes include penalties for some form of serious bodily injury or assault.
- Neglect that results in serious harm or death to the victim may be chargeable under criminal law.
- A conviction of a charge of serious bodily injury may result in criminal penalties.
- Be familiar with your state’s criminal laws regarding serious bodily injury and/or assault.

Caregiver Neglect May Be Life Threatening

CONTENT WARNING

- 2001:
 - Due to stroke, paralyzed on left side
 - Communication with biological children cut off
 - Uses a wheelchair and 24- hour care is needed
 - APS services provided multiple times
- 2005:
 - Cyanotic, temperature of 96.7 degrees, 59 lbs.
 - Bedsores to the bone
 - Stained sheets with insects in bed
 - Expired Rx bottles

Activity #3- Case of the 59-pound Victim- Part 1

Case Scenario: CONTENT WARNING

In 2001, a woman, living with her husband and two adult stepchildren, had a stroke and was paralyzed on her left side. She had two biological children, but after her paralysis, communication with them was soon cut off.

The woman was the primary source of income for her family. As a result of the stroke, she required the use of a wheelchair, and 24-hour care. Many outpatient services were provided after her discharge from the rehabilitation hospital.

In the next four years, Adult Protective Services (APS) received numerous reports concerning the care that the woman was receiving from her family. Each allegation was investigated, and services were offered by APS. Each time services were put in place they were then discontinued by the husband or the victim, who was found to be competent at the time.

In 2005, the woman was taken to a local emergency department by her stepdaughter. She was slumped in her wheelchair, cyanotic, her temperature was 96.7 and she weighed 59 pounds. She had bedsores, one to the bone. She was foul-smelling and had excrement under her nails, in her mouth, on her torso, and on her lower extremities. Her husband had her health care proxy but refused to provide financial information so that she could qualify for benefits.

In the home where the victim had been living, investigators found stained sheets and insects in her bed. The husband was asked what the victim ate on a daily basis; none of the items he named were found in the home. He said that the victim "did not like to eat." He was asked what was being used to treat the bedsores and asked to produce these supplies, but none were located in the home. None of the victim's prescribed medications were current; there were only expired bottles.

Surprisingly, she survived and later we will revisit the final outcome.

Serious Bodily Injury

CA W&IC 15610.67

- Extreme physical pain
- Substantial risk of death
- Protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or
- Requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.



Working with Law Enforcement

CONTENT WARNING- IMAGE

- Use the language from your state criminal code in all reporting.
- Emphasize the urgency of the situation.
- Describe the physical harm to the victim.



Possible benefits when APS Professionals Involves the CJS

- Fulfills any mandated reporting requirements
 - Identifying/reporting other forms of mistreatment,
- May provide the only way to protect the client (e.g. arrest of perpetrator, emergency temporary restraining orders)
- Preserving legal evidentiary chain
- Might be motivating the perpetrator to stop the abuse
- Provides evidence and documentation for potential prosecution
- Emphasizing the serious result to client



How Common is Caregiver Neglect in ages 60+?

- Over 1/3 of Elder Abuse Reports involve neglect (NAMRS 2018)
- A 2010 study found that 47% of participants w/ dementia had been mistreated by their caregivers.
 - 29.7% of them experienced **neglect**.



Impact on Findings

- Findings are based on evidence
- Reasons for neglect are secondary and may impact service planning

APS Guidelines to Supplement Regulations

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
Neglect (WIC 15610.17 (b)(3))	Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.	1. Neglect? Failure to take action, whether intentional or unintentional. 2. Could be: • Caregiver • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. ...)	Examples include, but are not limited to: • General Considerations • What are the indications, if any, that the client is being or has been neglected because: ◦ A person who has a fiduciary responsibility to the client has failed to insure the client is receiving adequate care ◦ An in-home service provider has failed to provide the client with necessary care. ◦ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety and other essentials by an individual who has assumed or an agreed-upon responsibility to the client.	Examples include, but are not limited to: • Client has lost hygiene and control of foul odor. • Client has long, dirty, and unkempt fingernails and hair. • The suspected abuser is creating a risk to the client's health by: ◦ not providing the prescribed medication properly (e.g. diabetes or high blood pressure) ◦ not providing transportation to medical/mental health visits.



Theories-Situational

- Caregiver is juggling own needs/crisis with needs of person needing care

APS can:

- Assess if caregiver was "default" due to cultural expectations or other influences
- Explore the other demands and any solutions to minimize
- Assistance to caregiver- education on resources available



Theories- Exchange

- All social behavior involves the exchange of positive and negative interactions.
 - Not receiving sufficient rewards so they punish (consciously or unconsciously) by withholding care
 - What's in it for me?

APS can consider:

- Client's eligibility for IHSS
- Assist client in creating financial arrangement that is more rewarding/equitable for caregiver
- Explore alternative caregiving support/supplemental care
- Provide support groups for caregiver



Theories-Social Learning

- A perpetrator may have been raised in an environment where older adults and adults with disabilities were ignored and neglected.
- General American public's perception on aging and people with disabilities can contribute

APS can:

- Listen for ageist or ableist comments and discuss how they might be contributing for care
 - Identify ways to provide care that meets the needs of the client
- Discuss care alternatives including supplemental care

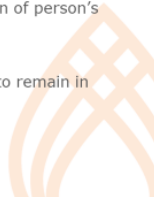


Theories- Political/Economic

- **Political/economic:** A victim's impairment may have result in the loss of their role as contributing member of society.
 - Not seen as a priority to care for
- **Sociopolitical Factors:** People from certain cultures and ethnic backgrounds may be targeted based on political blame, ethnic bias, or other discrimination due to events that come to the public's attention.
 - Failure to provide adequate care is due to discrimination of person's identities

APS can:

- (With input from client) Determine if person is appropriate to remain in caregiving role
- Cross report to Law Enforcement when necessary
- Seek Order of Protection

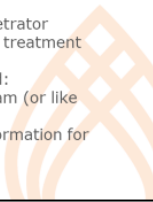


Theories-Psychopathology

- **Psychopathology:** A perpetrator may have mental health and/or substance use disorder. Experiencing symptoms of a disorder may hinder the ability to care for another, including failure to provide care recipient with their medication and using it themselves or selling it for money.

APS can:

- Provide mental health/SUD resources/referrals to the perpetrator
- Arrange for alternative care, especially if perpetrator seeks treatment opportunities
- If perpetrator is a danger to self, others or gravely disabled:
 - Consult with local Psychiatric Emergency Response Team (or like team)
- Explore concerns with client and provide education and information for informed decision-making




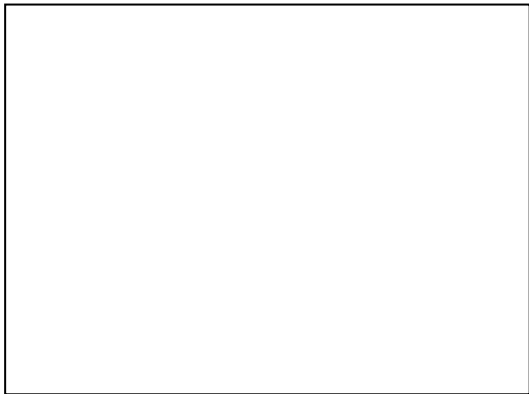

Additional Neglect Dynamics

Inability to fulfill caregiving role due to:

- Physical or cognitive impairment (could be temporary)
- Necessary care is beyond caregiver's abilities
- History of power dynamics
- No longer physically meets care recipient's needs

APS can:

- Provide resources on caregiver resource centers or respite care
- Consult with client's medical provider(s) re: home healthcare
- Explore alternative caregiving options
- Explore Adult Day Healthcare Centers for respite

Additional Neglect Dynamics (continued)

Caregiver does not understand caregiving needs:

- May be due to differences in upbringing or culture
- Lack of education or training
- Not understanding full scope or expectation of care needs

APS can:


- Connect the caregiver to outside support and education or training opportunities
- Consult with client's medical provider re: options for home healthcare

Monetary or resources are not available:

- Includes social support
- Caregiver cannot afford to provide the care that is needed

APS can:

- Consider if care recipient is entitled or eligible for new benefits
 - Assist with enrollment




<p>Additional Neglect Dynamics (continued)</p> <div data-bbox="129 262 406 514"><p>Caregiver is prior victim of the care recipient's abuse</p><ul style="list-style-type: none">• May be retaliatory, learned or demonstrated<p>APS can:</p><ul style="list-style-type: none">• If appropriate, suggest family counseling and provide resources/referrals• Explore alternative caregiver arrangements• Explore if an order of protection is desired or needed</div> <div data-bbox="454 262 730 514"><p>Self-Fulfilling reasons</p><ul style="list-style-type: none">• Harm being done to cause pain/suffering, hasten death for financial gain, revenge<p>APS can:</p><ul style="list-style-type: none">• Explore options of restraining orders• Explore supportive decision-maker opportunities• Explore alternative care</div>	
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<p>Additional Neglect Dynamics (continued)</p> <p>Role Reversals</p> <ul style="list-style-type: none">• Person providing care, now also needs care<ul style="list-style-type: none">◦ Caregiver has mental health condition◦ Physical or developmental disability◦ SUD and symptoms now require care <p>Cultural and Social Factors:</p> <ul style="list-style-type: none">• Interest of individual vs. community• Demographics• Language barriers <p>APS can:</p> <ul style="list-style-type: none">• Use cultural responsiveness in assessments and interviews• Explore if client qualifies for additional services• Explore respite care	
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Identifying the Dynamics

- Read each case individually and determine if it meets caregiver neglect and which theories or dynamics might be occurring.



A large, empty rectangular box with a black border, intended for participant notes or answers.

HANDOUT #2- Case Scenarios

Case Scenario 1: Samira

- You investigate alleged abuse of Samira A. by her daughter, Minna. Samira lives with brittle diabetes (meaning her blood sugars vary dangerously on short notice). When you talk with Samira, her daughter is not home, and initially she describes her daughter as an excellent caregiver. Samira's doctor has stressed that her blood sugars must be checked and recorded daily and her insulin adjusted per a sliding scale or she could end up in the hospital again. You look at the recording sheet and it is blank for the last several days. When you ask how much insulin she got this morning she cannot tell you the dose. When you ask further about her diabetes and the care she gets from her daughter, she bursts into tears and tells you that her daughter has not checked her blood sugar for several days and that she has been guessing how much insulin to give herself. Samira sobs: "it's just that she and her boyfriend broke up and she has been out drinking with her friends a lot and sometimes does not come home to help me...but she's really a good girl, just having a hard time, please don't say anything."

Case Scenario 2: Joseph

- You investigate an allegation of neglect of Joseph M. whose doctor called in a report because Joseph has not been taking the heart medications required for their condition of Congestive Heart Failure. Joseph's son, Jules, is his caregiver. When you arrive to interview Joseph, Jules does not want to leave the room, eventually, on your persuasive suggestion, he does leave you alone with Joseph. When asked about not taking the heart medications Joseph says that he decided not to take them. Initially he is insistent that he has decided this, but when you continue to probe for answers, he finally blurts out: "we just don't have the money!". You discuss his income, his Medicare, and health insurance he receives from her previous employer, and it seems that he should be able to afford his medications. When you point this out he becomes defensive and says that he and his son have 'other expenses'. Discussing further, he discloses that his son is unable to find a job, and has no car insurance. He recently had an automobile accident "after having had a little too much to drink" and the man whose car he hit agreed not to report it if they paid him the balance over several months, the cost of repairs was over \$3000. Joseph explains that Jules has just "always had bad luck" and "can't hold a job" so they both have to live on his income. The co-pay for his heart medications are just too much to pay after making payments toward his son's accident. "He needs me" Joseph says, "and it's my decision".

Continued

Case Scenario 3- Joan

- Bob is Joan J's caregiver and her husband. A neighbor called in a report that he is not caring for her adequately. Joan had a leg amputated due to her diabetes six months ago and needs help with shopping, cooking, and bathing. When you arrive at home Joan is alone and she proceeds to tell you that her husband is not doing enough for her. She complains that the meals he makes do not taste good, that he does not bathe her well, requiring that she must bathe parts of herself, and that he does not talk with her enough leaving her lonely. During your interview with Joan, Bob comes home loaded down with groceries. He is a quiet man and seems surprised and embarrassed that you are there. Joan begins to berate him loudly asking, "Did you get the right kind of apples this time? Why did you take so long? Are you avoiding me again?" Bob answers her patiently, and apologizes profusely at her complaints. You speak to Bob alone and he tells you that he has been trying to learn what to do as a caregiver, but that according to his wife he just keeps failing. At your request he shows you what he has purchased and it appears appropriate. Asked about the care he gives Joan, he describes in detail his routine with her, and seems to be taking appropriate care with her. You go back to talk with Joan and verify all that Bob has been doing. She agrees with each caregiving step he has mentioned, but also finds some reason to criticize him.

Risk Factors vs. Risk Indicators

Risk **F**actors

- Conditions that put a person at risk of harm. These increase the likelihood that abuse or neglect has or will occur.

Risk **I**ndicators

- Observable signs that you can see or hear that indicate risk of abuse may be present.



Client Risk Factors

- Isolated
- Limited mobility
- Difficulty communicating
- Memory impairments
- Distant or estranged family members
- Dependent on others for their basic needs
 - Challenges with ADLs or IADLs
- Untreated disease and/or chronic illness
- Disoriented
- Use of assistive device




Risk Factors: Client's History

- Previous APS History
- Previous interactions with law enforcement
- History of suspicious injuries
- Recent decline in care or financial status
- History of family disputes
- Recent divorce
- Recent change in Power of Attorney
- History of poly victimization (experiencing multiple forms of mistreatment or abuse)



Risk Factors: Client's History (continued)

- Physical or cognitive disabilities
- History of oppression
- Learned helplessness
- Depression
- Feelings of
 - Guilt, personal inadequacy, hopelessness, being a burden
- Difficulties establishing boundaries



Risk Indicators at a Glance

<p>Physical indicators are:</p> <ul style="list-style-type: none">• clues or signs that can be observed, collected, photographed and/or recorded.	<p>Behavioral Indicators include:</p> <ul style="list-style-type: none">• behaviors of the client or the perpetrator.	<p>Environmental Indicators are:</p> <ul style="list-style-type: none">• clues found in the client's physical environment.
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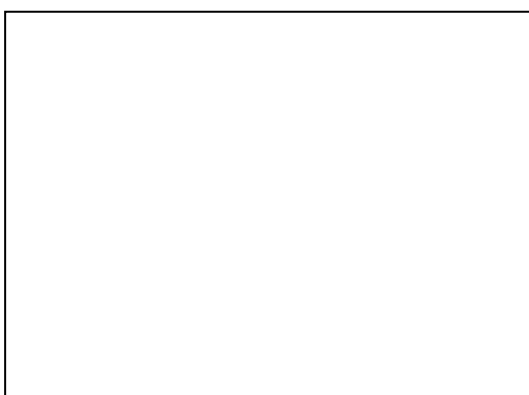



Indicators of Caregiver Neglect (Physical)

- Untreated disease or medical problem
- Inadequate/soiled clothing
- Poor hygiene
- Skin breakdown
- Diarrhea or urine burns to skin
- Over or under medicated
- Abandonment

Physical indicators that require immediate attention:

- Decubitus Ulcers
- Dehydration

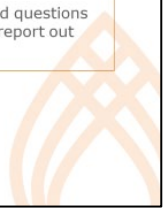


Indicators of Neglect (Behavioral)

- Fearful
- Anxious
- Agitated
- Angry
- Isolated/Withdrawn
- Depressed
- Ambivalent
- Confused/Disoriented
- Perceives self as helpless/powerless
- Reluctant to criticize perpetrator
- Ashamed

Activity #5:

- In groups, develop questions for each behavioral indicator on Handout
 - Seek open-ended questions
- Choose someone to report out



Handout #3- Responses to Behavioral Indicators

- The client appears fearful and reluctant to talk openly about the situation.

Possible responses:

- The client’s demeanor changed when the caregiver enters the room (after caregiver leaves ask following questions)

Possible responses:

- The client seems isolated and withdrawn – turning away from contact.

Possible responses:

- The client appears hopeless – exhibiting flat affect.

Possible responses:

- The client acts indecisive, ambivalent – makes contradictory statements and decisions.

Possible responses:

- The client appears confused or disoriented.

Possible answers:

The client is reluctant to criticize the perpetrator or complain about lack of care.

What are ADLs and IADLs?



Handout #04: ADLS and IADLs Checklist

Client: _____

ADLs	Independent	Needs Assistance	Cannot Perform
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IADLs	Independent	Needs Assistance	Cannot Perform
Grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping / Errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Meds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caregiver: _____

ADLs	<i>Independent</i>	<i>Needs Assistance</i>	<i>Cannot Perform</i>
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IADLs	<i>Independent</i>	<i>Needs Assistance</i>	<i>Cannot Perform</i>
Grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping / Errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Meds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Risk Factors (Perpetrators)

- Trusted person
- Angry and resentful
- Depression
- Substance use
- Untreated mental illness
- History of family violence and/or abuse/neglect as a child
- Isolated, lacks social support
- Lacks impulse control
- Emotionally and or financially dependent on the care recipient
- Neurocognitive Disorders



Risk Factors (Type of Caregiver)

- Voluntary or Involuntary can be a risk factor due to:
- Expectations of family members
 - Spoken and unspoken agreements
 - Roles and expectations (temporary vs. permanent.)
 - Level of care needed is likely to increase.



Indicators (Behavioral) of Alleged Perpetrators

- Isolates client
- Angry, aggressive behavior
- Indifferent
- Unrealistic expectations
- Does not show affection/empathy towards the client
- Perceives client as incompetent or demanding
- Acts burdened
- Won't commit to medical care or additional services
- Conflicting accounts
- Blames the client



Identifying Risk Factors and Indicators

Using Barbara Case Example:

- Work in groups to:
 - Identify decisions that created risks or should have raised "red flags"
 - How might Barbara's health and safety improved if different decisions were made?



Handout #5- Barbara Case Example

Barbara, who was living with Alzheimer's, had been in a nursing home as a private pay patient for four years when her children, Ray and Bethany decided to bring her home in November because they felt that it was costing too much. Initially, Bethany cared for her mother, but because she herself has multiple sclerosis, she asked Ray to take over as the care provider.

Ray brought Barbara home to live with him in a remote area far from any resources. When he first brought her to his home in December, he took her to the nearest clinic, where it was noted that she was clean, well-nourished and ambulatory, but very confused. In February, the clinic called Ray several times to schedule a follow up appointment for his mother, but the calls were not returned.

In March, Ray filed a Medicare application on behalf of his mother. In April, he was sent a notice saying that his mother's application was denied because he filed incorrect paperwork. He did not follow-up with a corrected application.

In May, Ray called emergency services for an ambulance. When the EMT's arrived and attempted to lift Barbara from the urine-soaked foam mattress, they discovered that she was stuck to it, so they put her in the ambulance on the mattress. She was taken to the emergency room, where nurses found that she had 32 pressure sores; some bone deep, with severe contractures on her leg muscles, dehydration, and feces caked all over her body, in her hair, and under her finger and toenails.

Hospital staff called Adult Protective Services. An APS professional came to the hospital to interview Ray who claimed that his mother had been clean when she left his house to ride in the ambulance. He said that he had been feeding her Ensure three times a day and changing her diaper "two or three times a day." When asked what he did for a living, Ray said that caring for his mother was his full-time job.

Barbara died three days after her admission to the hospital. The cause of death was listed as pneumonia. No autopsy was performed, and APS closed the case. Law enforcement was not involved.

1. Identify the decisions that created risks that should raise 'red flags' with regard to Barbara's care.
2. How might Barbara's health and safety have been improved if different decisions had been made at each of these critical points in her story?

Ageism and Ableism

Stereotyping:

- Lacking capability – “senile”
- As non-people, invisible
- Powerless, lacking agency
- Out of touch
- Rigid

Reality:

- Suspicious of formal systems & agency intervention
- Take longer to make decisions
- Take longer to engage than younger people because of cultural norms about sharing private matters
- Have difficulty communicating due to physical disabilities or cognitive impairments



Views on Death & Dying

- Avoiding
- Helplessness
- Ignorance
- Withholding



Five Domains of Assessment

- Safety & Risk
- Living Environment
- Physical & Medical Impairment
- Financial and Social Situation
- Decision-Making Ability and Capacity



Safety & Risk

- Safety issues for clients and professionals
- Notifying law enforcement
- Severity and duration of neglect
- Previous intervention history
- Client indicators of neglect
- Signs of other forms of mistreatment – physical, sexual, financial



Living Environment

- Dirty, chaotic living space
- Multiple animals and/or vermin
- In a high-crime area



Physical/Medical Impairments

- Need of immediate medical treatment
- Functional strengths & impairments
- Denial
- Immediate & long-term care unmet needs
- Barriers to providing appropriate care



Financial & Social Situation



- Previous intervention history
- Resources available
- Client's support network
- Alleged perpetrator's support network
- Alleged perpetrator's awareness / cooperation



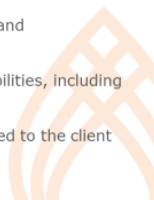
Decision-Making Ability and Capacity

- Ability to adequately process information in order to make a decision based on that information.
- Varies as result of:
 - **Physical or mental stress**
 - **Complexity of the decision**
 - **From morning to evening and day to day**
- May affect either the client and/or the caregiver



Client's Right to Self-Determination

- Does client have the ability to appreciate, understand and describe and expression reason for decisions?
- Clients who have been victimized and have the decisional ability to do so may refuse services
- Legal incapacity is the judgement about one's legal rights and responsibilities.
- Clinical incapacity is a judgement about one's functional abilities, including decision-making.
- Legal proceedings may change some of the options provided to the client or family members.



Assessing Neglect: Activity

- Review Enid's case and assess for each domain:
 - Safety/Risk
 - Living Environment
 - Physical/Medical Impairments
 - Financial/Social Situation
 - Capacity
- What are your concerns in each domain?
- What more information do you need for each domain?



HANDOUT #6- Enid Case Example

Eight years ago, when Marion's husband, Charles, left her and moved out of state, he gave her the deed to their home as part of the divorce agreement. The house was large, and elegant, with four bedrooms and three bathrooms. At the time of the divorce, Marion agreed that Charles' mother, Enid, who was then 83 years old and in good health, could live with Marion until she was ready to make other plans. He did send Marion a monthly check to cover his mother's expenses but never contacted his mother since moving out.

Marion lived alone and worked full-time as a realtor. Enid was living in a sunny bedroom on the second floor. Two years ago, after Enid turned 91, Marion moved her to the basement. By then, Enid had become blind and very frail. She spent most of her time in bed but was able to make her way to the shower, sink and toilet located in one corner of the basement. She had no telephone, radio or television, and never had any visitors.

Enid never left the basement. Enid's furniture consisted of a bed and a table. There was a sliding door leading to an outside patio but was inaccessible. The basement had several boxes and unusual furniture stored on one side of the room. There was a damp and musty smell throughout the basement and peeling paint. The cement flooring was uneven. There was evidence of rodent droppings throughout the basement.

Before going to work, Marion brought Enid a bowl of oatmeal and a glass of juice. She left a glass of water and a sandwich wrapped in plastic on the table for lunch. At night, she brought a bowl of soup and some crackers. She seldom spoke, except to ask Enid if she was "all right." According to Marion she stated that Enid was no longer able to carry on a coherent conversation, but she felt that Enid appeared to be fine with her living arrangements. She said that she had promised her ex-husband that she would care for his mother, and she was doing so, even though she felt that Enid belonged in a nursing home.

Enid had not been seen by a doctor for three years and was not taking any medications. When asked if she was satisfied with her current living situation, Enid said that Marion was very good to her. Enid avoided responding directly to questions regarding her meals, living arrangement, and her own perspective of the situation. Instead, Enid proudly displayed a tattered birthday card from Marion, as proof of her daughter-in-law's loving care. Enid appeared uncomfortable with the questions and wanted to end the conversation quickly.

Safety & Risk

- What concerns you?

- What more information do you need on this domain?

Living Environment

- What concerns you?

- What would you need more information about?

Client's Physical/Medical Impairments

- What concerns you?

- What would you need more information about?

Financial/Social Situation

- What concerns you?

- What would you need more information about?

Capacity

- What concerns you?

- What would you need more information about?

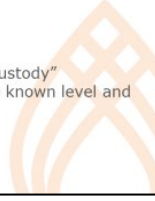
Interviewing Best Practices

General Tips:

- Review any history available
- Practice interviewing style with trusted colleagues
- Be aware of possible responses
- Avoid questions assuming guilt
- Avoid questions that prompt "Yes" or "No"

With Allegations of Caregiver Neglect:

- Questions that help determine if the person had "care or custody"
- Questions that help determine if they knew or should have known level and type of care needed



Interviewing with Open-Ended Questions

- Review handout
- [Video Demonstration Comparison](#)



Handout #7 – Interviewing Caregivers Who are Hesitant to Talk: Open Ended Questions

You may encounter a caregiver who does not share or would rather discuss other topics. Here are some questions you might use when meeting with a caregiver who does not want to provide you with information pertinent to the investigation.

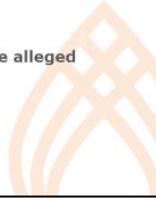
- “What is your day like as a caregiver? Tell me what you do.”
- “What does (the client) expect you to do for them?”
- “Tell me what they can do for themselves?”
- “Help me understand what has happened.”
- “What happens where there is more to get done than there is time for doing it?”
- “What happens when things are not going so well?”
- “What happens when the client doesn’t feel okay about what is 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 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 of the things you are going to try to do differently over the next few months?”

Adapted from the work of Dr. Jerald Shapiro, MSW, MPH, DSW, JD, Professor – San Francisco State University, School of Social Work

When the Alleged Perpetrator Begins to Talk

- Make it easy
- Identify with their needs
- Be empathetic
- Offer support
- What was their experience?
- Precursor or Activating event
- History
- Bottom line

Do not confuse building rapport with and respecting the alleged perpetrator with condoning their behavior.



Maintaining Neutrality

- Frame questions in neutral, objective language
- Use same tone for addressing both the client and alleged perpetrator
- Maintain a neutral facial expression
- Use active listening skills
- Be respectful
- Do not react to alleged perpetrator's testing behavior



Addressing Justifications or Defenses

- Individually, identify which three considerations or questions assess for caregiver neglect based off of each justification/defense provided.



Handout #8: Follow Up Questions

For each statement/excuse, identify which three (3) considerations or questions that would assist in assessing an allegation of neglect.

- 1. "She is not a good housekeeper. She has always lived liked this."**
 - a. Do friends or family members support this statement?
 - b. Does the caregiver have a fiduciary responsibility to provide care?
 - c. Is there a medical history indicating how often the client was taken to the doctor and what was told to the caregiver about the client's condition?
 - d. Is the caregiver providing domestic services?
 - e. Are the client's needs for care obvious?
- 2. Caregiver states, "I'm doing the best I can. Taking care of him is very difficult."**
 - a. Does the caregiver need reassurance that he/she is doing a good job?
 - b. Are the client's needs for care obvious?
 - c. Does the caregiver have sufficient training to provide care?
 - d. Does the client have a history of refusing help?
 - e. Should the caregiver be told that he/she should be paid for providing care?
- 3. Caregiver states, "I am just doing what she (the client) wants. I am honoring her wishes."**
 - a. Are these historical statements of the wishes of the client?
 - b. Should the caregiver decide what the client needs?
 - c. Does the client have a history of refusing help?
 - d. What is the client's capacity to make informed decisions about care, including refusal to accept care?
 - e. Does the caregiver have any special training in providing care?
- 4. Caregiver states, "He refuses to eat."**
 - a. Has the caregiver been instructed on the client's condition, care needs, and how to provide them?
 - b. Should the caregiver withhold food until the client gets hungry?
 - c. Is there a medical history indicating how often the client was taken to the doctor and what was told to the caregiver about the client's condition?
 - d. Does the caregiver have any special training in providing care?
 - e. Does the caregiver need reassurance that he/she is doing a good job?
- 5. Caregiver states, "I didn't know how sick she was, or what she needed."**
 - a. Does the caregiver have any special training in providing care?
 - b. Does the caregiver appear tired and worn out?
 - c. What is the client's health history?
 - d. Are these sufficient resources to provide for the client's needs?

Are the client's needs for care obvious?

Other Considerations

- Take notes and document
- Interview each person alone, whenever possible
- Be professional and allow for rapport building
- Tell them the reason for your visit
- Give the alleged perpetrator a chance to cooperate
- Be clear about the process and purpose of investigation and interview



HANDOUT #9- Interviewing Alleged Perpetrator Tip Sheet

TIP SHEET

Interviewing Alleged Perpetrator



This tip sheet suggests a way to structure your interview with an alleged perpetrator (A/P). Examples are provided to spark ideas. However, it is important to take the examples and make them your own based on what is applicable, your interview style, and APS program policies.



Safety must be considered during intake, when first initiating interview and throughout the entire interview.

Pre-Interview	Examples
<p>Is it safe to conduct the interview?</p> <ul style="list-style-type: none"> Consider safety for yourself and your client. If unsafe (environment, infectious diseases, violence), do not enter. <p>Should you bring someone with you? Screen for anyone in home being ill, exposure to communicable diseases.</p> <p>If at any point you feel unsafe, EXIT, and call Supervisor.</p>	<p>Weapons—location, any in area of interview Animals—assume any can be dangerous</p> <p>“Does anyone in the home have or recently had a fever?” Who else is present at location? Identify safe exit should you need to leave quickly.</p>
<p>If conducting a phone or virtual interview, additional safety considerations:</p> <ul style="list-style-type: none"> Are you using a personal phone, computer or other device? Is your number blocked on A/P’s display or call back list? Can you be located by the A/P? Consider consulting with your IT department to ensure that your device is protected from malware. Is anyone other than the A/P listening? How do you know that you are speaking with the A/P? 	
Introductions	Examples
<ul style="list-style-type: none"> Title/Agency Cultural Considerations—e.g., is eye contact appropriate? Is shaking hands appropriate? Getting in the door. Wear or display badge/ID. 	<p>“Thanks for answering, I’m Jason with Adult Services.” “Could we talk about your (mom, dad, grandma, etc)?” “I’m a Social Worker with the County.” “I’m from Aging and Adult Services.”</p>
Spend time to build Rapport	
<p>Have a conversation, not an interrogation. Create an environment for disclosure. Demonstrate respect for their time.</p>	<p>Acknowledge décor, pictures, etc. in environment. “Thank you for taking time to talk to me.” “Tell me about yourself...” (job, military, interests) “What do you enjoy doing?”</p>
Explanation of Events: one allegation/subject at a time	
<p>Let A/P narrate. Open ended questions. Discuss one allegation at a time – ask directly. Make sure that your questions are answered and not deflected.</p>	<p>“We received a report about some concerns regarding your Mom’s health (safety, finances).” “I was hoping you could tell me more about...” “I would really like to hear from you and get your perspective on what has been happening.” “Help me understand how your dad got that bruise?” “Perhaps my question was not clear,” then repeat the question that was not answered. “Thank you for that information. Can you tell me...?” and repeat the question that was not answered.</p>

Clarifying Questions	
<p>Only after getting the explanation of events, go back to ask clarifying questions. By topic or events. Existence of collaterals or information/evidence supporting the account. Explore justifications and defenses.</p>	<p>“Do I correctly understand that (repeat what you have been told)?” “If I heard you correctly, you said that he called you a name, and you became angry. What is the next thing that you did?” “Do you have a copy of the POA/contract/form you described?” “Have you shared what happened with anyone else?”</p>
Educate if Appropriate	
<p>Describe relevant laws or rules/regulations. Remain objective and neutral as you educate-- do not label the person.</p>	<p>“What appears to have occurred/what you have told me may be considered elder abuse/neglect, exploitation.” “When you left your dad alone overnight instead of staying with him, that may be considered neglect.” “How else could you have responded to this situation?”</p>
Engage in Problem Solving as Appropriate	
<p>Resources for A/P “How could we prevent (bed sores, being delinquent in the rent payment, etc.)?” “Would you be interested in getting additional support caring for your mother?” “How would you feel about getting support for yourself around your substance use/gambling/mental health challenges?” “What are you comfortable doing?”</p>	
Wrapping Up the Interview	
<p>Ask if there is anything else the person wants to tell you. Thank the person for their time and for being willing to speak with you.</p> <ul style="list-style-type: none"> ● If you know what happens next, inform them if appropriate and safe to do so. ● Keep the door to further interaction open—consider if you may want to invite the person to contact you if additional information comes to mind. ● Attempt to end on a conversational note . 	<p>“What else would you like to tell me that we didn’t cover?” “Is there anything else you want me to know?” “Is there anything I did not know to ask you?” “Thank you for speaking with me today. I really value your perspective in helping me understand the situation better.” “Do you have any questions for me?” “If you remember anything else or have questions, please call me.” If asked, provide a brief summary of what happens next. “I’m going to go back to my office and mail you the resources we talked about.”</p>
Post Interview	
<p>Document the interview.</p>	<p>As close in time to interview as possible so memory is clear and fresh.</p>



Developed by Candace Heisler, JD in collaboration with Southern CA APS Curriculum Advisory Committee and NAPSA Education Committee- June 2020

For more information about APSWI and/or this tip sheet, contact us at apstraining@sdsu.edu

Or visit our website at: theacademy.sdsu.edu/apswi


Interviewing to Prevent Further Reoccurrences

"This is very serious"

"No one can continue like this. What's needed to ensure they get the care required?"

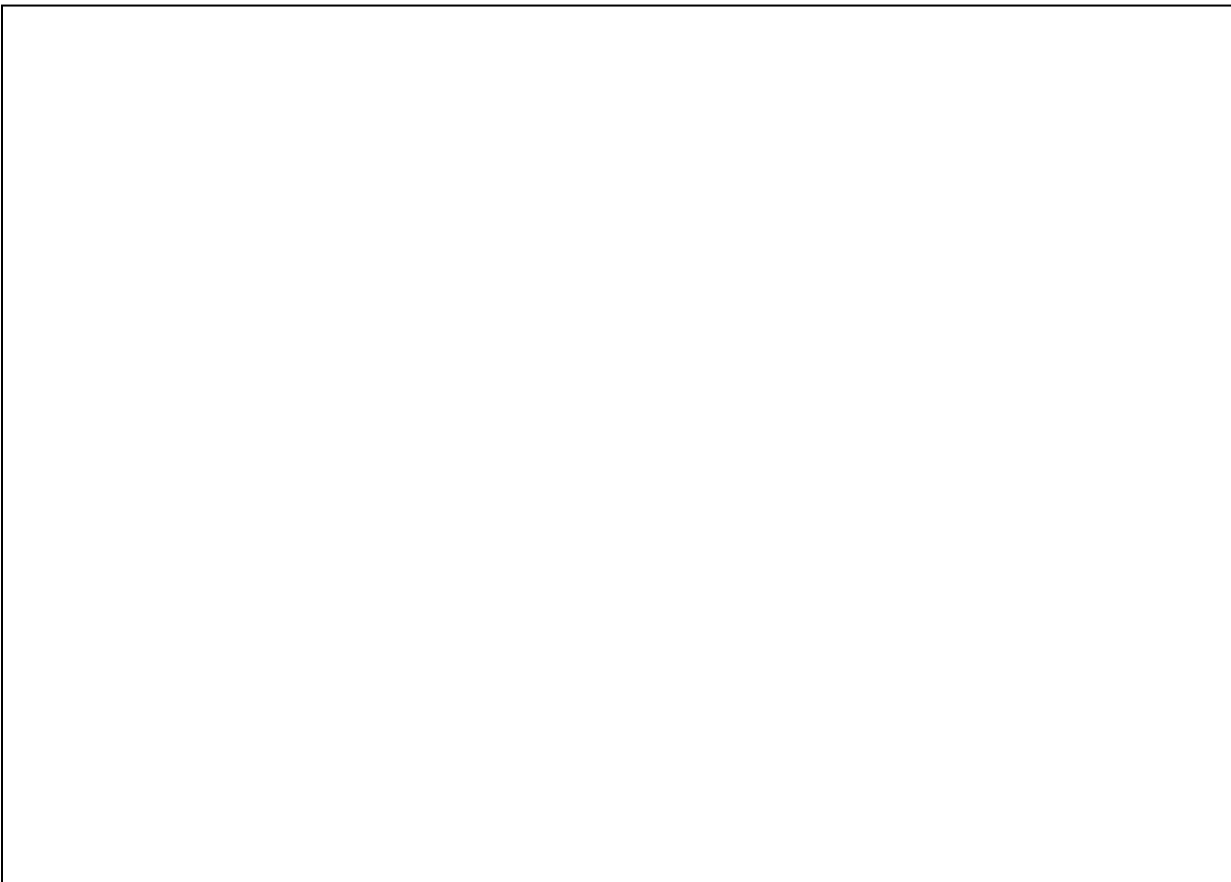
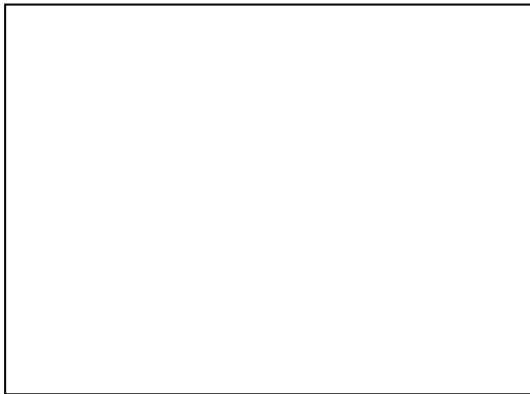


"Under our state's laws, this might be considered abuse (or a crime)".

"What would be a plan for providing good care?"



Interviewing Skills

- In pairs and using applicable handouts, practice interviewing Jacob.
 - The goal of this experiential activity is foster a learning environment that supports your ability to practice new skills throughout the exercise.



Handout #10– Erika Case Example


Erika, age 23, experienced a traumatic brain injury when she fell on her ship as a US Navy Service Member. After being medically discharged, she moved in with her mother as she experienced seizures and has some cognitive impairments. Nine months later, her mother passed away and Erika's older brother Jacob agreed to take care of Erika. When Jacob first agreed to take care of his sister, he was working full-time as a Child Development Professor at the University. Due to his open schedule, salary, benefits, and two-bedroom home, Jacob and his younger brother, Sam, determined that Erika would be more properly cared for with Jacob. Two years after Erika moved in with Jacob, he was let go due to budget cuts at the University. At the time, Jacob assured Sam that he would be able to find a job at a nearby community college or one of the other universities in the area, and that he would be able to continue caring for their sister, Erika.

After a year of being unemployed and having no luck in his job search, Jacob became increasingly withdrawn from his friends and family. The few times Sam actually saw Jacob he noticed a considerable change in Jacob's appearance. Jacob was disheveled, wearing clothes with stains and holes in them, and Sam could clearly detect alcohol on Jacob's breath. Becoming progressively more concerned about his sister's care, Sam decided to visit Jacob's home and check on Erika. When he knocked on the door, he could hear Jacob yelling inside. When Jacob finally came to the door, he was visibly drunk and enraged at Sam's surprise visit. After a few minutes of Sam trying to calm Jacob down, Jacob slammed the door in Sam's face. Sam walked alongside the house and peered into a window where he saw Jacob throwing objects, but Erika was nowhere to be seen.

Sam called Jacob the next week and demanded to know how Erika was doing. Jacob sounding intoxicated, rambled about how Erika was "just fine," and hung up on Sam. That was the last straw for Sam, and he decided to call APS to have someone check on his sister.

When the APS professional arrived to Jacob's home, they were greeted with the same treatment Sam had experienced. After half an hour, the APS professional was finally let into the home. The sink and kitchen were full of dirty dishes, expired food, and empty bottles of alcohol. The APS professional found Erika in her bedroom. She was malnourished, displayed signs of fearfulness, and her clothes were soiled. The APS professional now needed to interview Jacob.

Developing a Service Plan



Clearly Define Roles and Expectations

- Who will do what tasks?
- When and how often will they be performed?
- Where will they be performed?
- What rewards (financial or emotional) will be provided?
- How will quality of care be evaluated?
- Where and how will problems be reported?
- What are the penalties for failure to meet expectations?


Flexibility to accommodate change

Safety/Risk


- The APS professional's perception of the causes of the problem and level of risk
- Emergency services
- Voluntary separation
- Orders of Protection or Notifying Law Enforcement
- Least restrictive interventions
- Short and long term risk reduction

Living Environment

- Immediate environmental changes
- Animal care
- Cleaning
- Emergency repairs

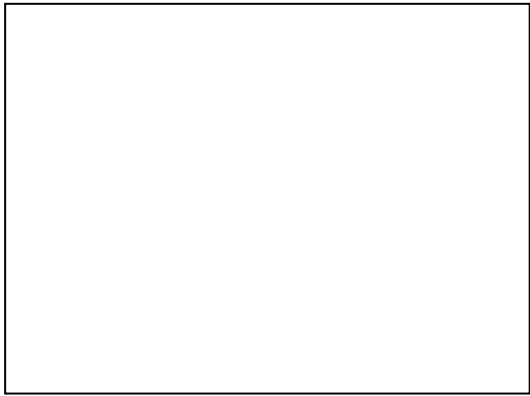


<p>Physical/Medical Impairments</p> <ul style="list-style-type: none">• Physical/Medical Impairments• Medications• Assistive devices• Rehabilitation Services 	
---	--

<p>Financial/Social Situation</p> <ul style="list-style-type: none">• Client's informal/formal resources• Client's service eligibility• Legal actions needed to protect and manage assets and/or obtain benefits• Sensitive to client's cultures 	
---	--

<p>Capacity</p> <ul style="list-style-type: none">• Client's perception of the problem• Client's capacity to consent to or refuse services• Client's strengths, needs, wishes, and motivation• Alleged Perpetrator's capacity 	
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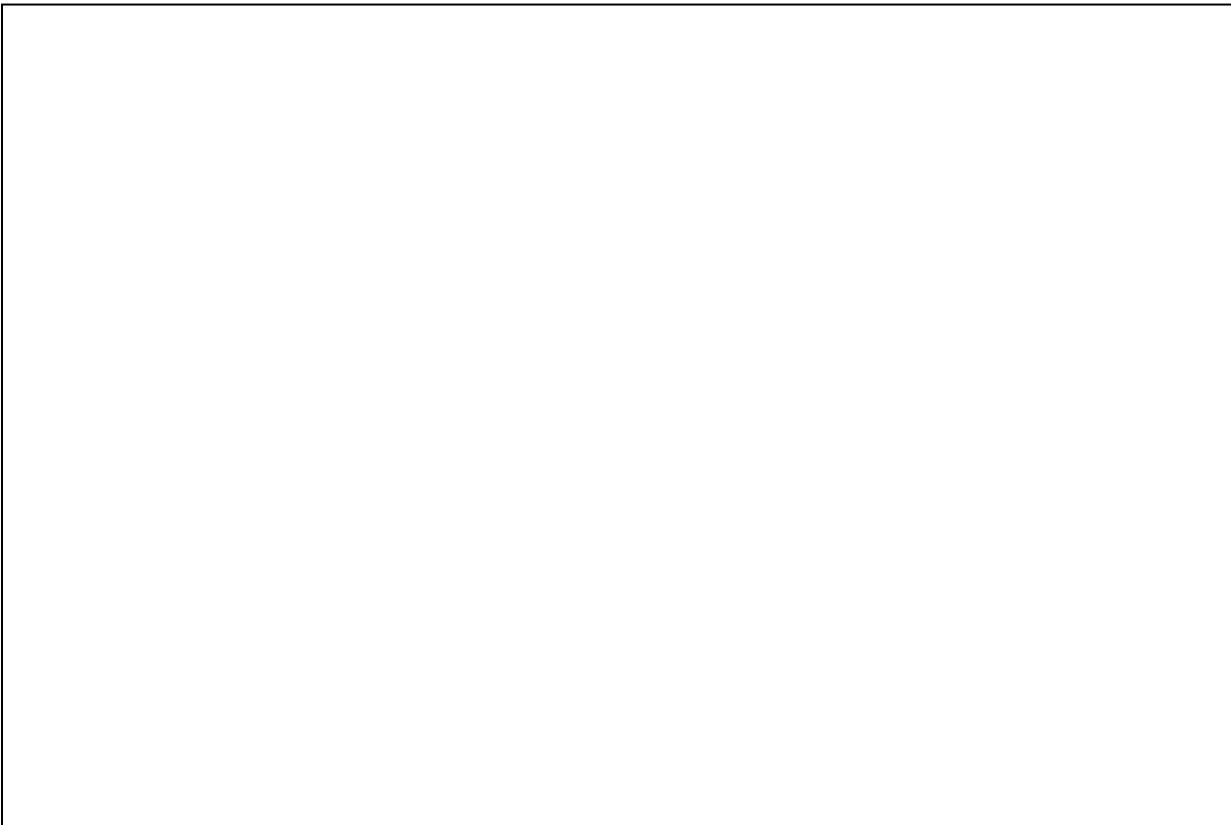

Services for Caregivers

- Take into account the Caregiver as a whole person-
 - Respite care and support
 - Health and functionality
- Caregiver training
- Social support
- Behavior management training
- Other resources?



Developing a Service Plan

- Use the previous case of the 591b. Woman and for each domain, identify:
 - The concern
 - The objective of the case plan
 - What services you would offer or initiate



Handout #11A – Developing a Service Plan

Instructions:

- Re-review the case, below, from Activity #3.
- This is your client and she has returned home.
- What are some things you should consider in regards to each of the five domains of assessment?
- Develop a service plan in your groups.

In 2001, a woman, living with her husband and two adult stepchildren, had a stroke and was paralyzed on her left side. She had two biological children, but after her paralysis, communication with them was soon cut off.

The woman was the primary source of income for her family. As a result of the stroke, she required the use of a wheelchair, and 24-hour care. Many outpatient services were provided after her discharge from the rehabilitation hospital.

In the next four years, Adult Protective Services (APS) received numerous reports concerning the care that the woman was receiving from her family. Each allegation was investigated, and services were offered by APS. Each time services were put in place they were then discontinued by the husband or the victim, who was found to be competent at the time.

In 2005, the woman was taken to a local emergency department by her stepdaughter. She was slumped in her wheelchair, cyanotic, her temperature was 96.7 and she weighed 59 pounds. She had bedsores, one to the bone. She was foul-smelling and had excrement under her nails, in her mouth, on her torso, and on her lower extremities. Her husband had her health care proxy but refused to provide financial information so that she could qualify for benefits.

In the home where the victim had been living, investigators found stained sheets and insects in her bed. The husband was asked what the victim ate on a daily basis; none of the items he named were found in the home. He said that the victim “did not like to eat.” He was asked what was being used to treat the bedsores and asked to produce these supplies, but none were located in the home. None of the victim’s prescribed medications were current; there were only expired bottles.

Service Plan

Safety/Risk: Actions needed to assure person's immediate safety. Long-term actions needed to reduce the possibility of further risk.

Concern:

Objective:

Services(s) and Goals:

Living Environment: Immediate actions needed to address environmental concerns. Long-term actions needed to improve person's living situation.

Concern:

Objective:

Services(s) and Goals:

Physical/Medical Impairments: Emergency medical care needed to treat person’s immediate condition. Long-term treatment needs.

Concern:

Objective:

Services(s) and Goals:

Financial/Social: Resources to provide for person’s immediate needs. Legal actions needed to protect and manage assets and/or obtain benefits. Resources needed to build social support.

Concern:

Objective:

Services(s) and Goals:

Decision-Making Ability and Capacity: Level of person’s ability to accept services.
Level of perpetrator’s cooperation.

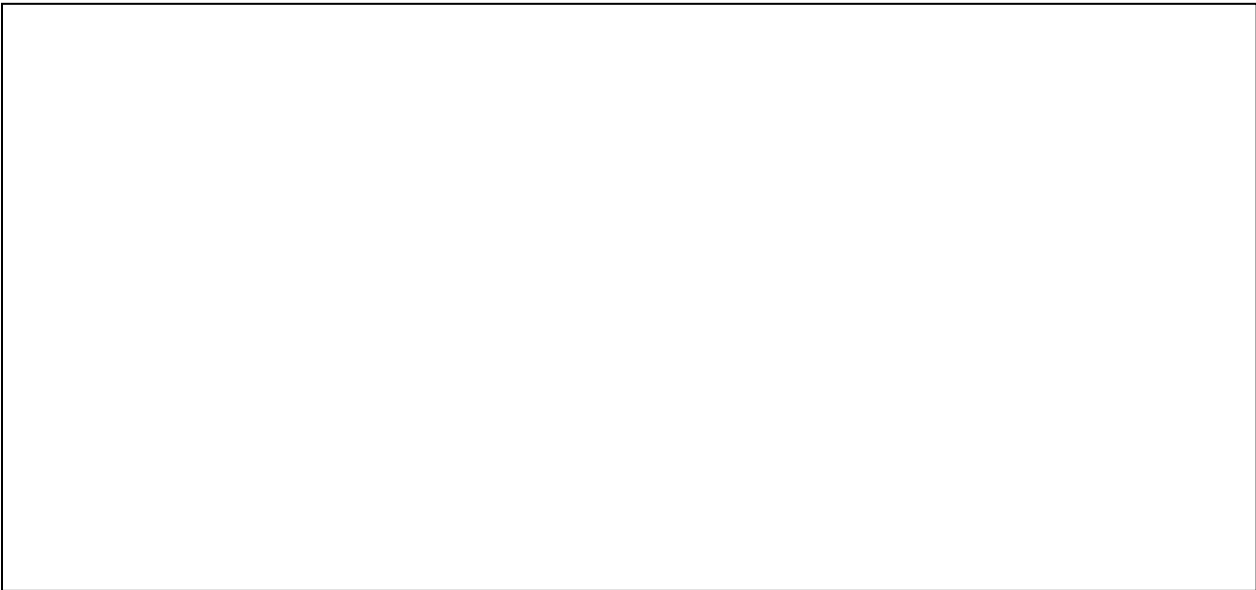

Concern:

Objective:

Services(s) and Goals:

Wrap & Evaluation

- Note two key takeaways from today's training
 - An "ah-ha" moment, a helpful resource, something you will use in your work, something you learned, etc.
- Thank you for what you do for our community
- Participate in active self-care today and this week



Thank You!

We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place

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