

# Video Discussion Guide: Caregiver Neglect- *Interviewing an Alleged Perpetrator*

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## Video Discussion Guide: Caregiver Neglect- Interviewing an Alleged Perpetrator

### Objective:

This video discussion guide is designed to facilitate learning and enhance interviewing and assessment skills using the Adult Protective Services Workforce Innovations (APSWI) training video: [Caregiver Neglect Allegation, Home Visit: Alleged Perpetrator Interview](#).

### How to Use:

Facilitators or Supervisors can use this video discussion guide in a variety of ways.

It can be facilitated during a unit meeting, staff training such as induction or continuing education, or during supervision as:

- A standalone training experience using the [Caregiver Neglect Allegation, Home Visit: Alleged Perpetrator Interview](#) video
- To complement the learning experience from the [Caregiver Neglect core competency instructor-led curriculum](#)
  - Concepts from the instructor-led curriculum such as: Neglect Dynamics, Risk Factors and Risk Indicators, Interviewing Best Practices, and Service Planning are reinforced within this video discussion guide.
- To complement the learning experience from the various [Enhancing Your Interviewing Skills: Interviewing Alleged Perpetrators](#) curricula
  - Many tips from the [Interviewing Alleged Perpetrators Tip Sheet](#) are reinforced within this video discussion guide.

In addition to general questions to guide discussion, the following areas of skill development are included:

- [Investigative Skills/Identifying Abuse](#)
- [Cultural Humility](#)
- [Risk Factors](#)
- [Contributing Factors](#)
- [Impact of Interview](#)

There is mention of California specific statutes. An \* will que when to insert your state, county or territory specific statutes.

## Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Questions and discussion may activate feelings based on personal or professional experiences, including vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in the discussion.

## General Questions to Start the Discussion

- What are your main concerns when it comes to interviewing alleged perpetrators (A/Ps)? Did the video highlight any of your concerns?
- What did you like about the APS professional's approach in this interview? What would you do differently?

## Investigative Skills/Identifying Abuse

- What effective interview techniques did the APS professional (Erin) display/utilize in the video?
  - **Possible answers:** *She maintained a neutral, non-accusatory tone throughout the interview. She asked the A/P (Carlos) open-ended questions and spoke in a conversational manner as opposed to interrogating him; when he provided answers, she followed up with clarifying questions. She practiced active listening and at times, validated his feelings: "That sounds like a lot", "You're right, I'm not in your shoes", etc.*
  - **Trainer note:** The [Interviewing Alleged Perpetrator Tip Sheet](#), companion to the various [Enhancing Your Investigative Skills: Interviewing Alleged Perpetrator curricula](#) is another resource to support this necessary skill.  
<https://theacademy.sdsu.edu/programs/apswi/advanced-training/>

- The A/P started to speak about his college experience during the interview. How did the APS professional redirect him? Why do you think he brought this up?
  - **Possible answer:** *The APS professional answered a few of the A/P's questions, then acknowledged that the topic of school was something interesting and important to him (validate, building rapport and redirecting). She then asked his permission to continue discussing the client and her care. It is possible that the A/P was trying to distract the APS professional from obtaining more details regarding the client's care. However, given that he mentioned what a positive experience college was for him, he may have been very excited to discuss this topic with someone who also pursued higher education.*
  - **Trainer note:** *Use this time to give learners examples of how you've been able to redirect a client or A/P that became tangential during an interview. Ask learners to share their experiences with this.*
  
- What two main categories (or instances) of neglect did the APS professional discover in the video?
  - **Possible answers:** *Medical, and possibly inadequate food/water*
  - **\*Trainer note-** *if training outside of California, discuss your state or territories specific statutes.*
  
- What makes this situation caregiver neglect?
  - **Possible answers:** *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", the A/P says he is the caregiver, which makes him responsible for his grandmother's needs (according to California Penal Code 368\*) and now he is failing to meet her needs which is evidenced by her hospitalization.*
  - **\*Trainer note-** *if training outside of California, discuss your state or territories specific statutes.*
  
- How did Carlos (the A/P) acknowledge that he is the client's caregiver (care and custody\*)?
  - **Possible answers:** *He states that he takes care of her, and that this is the reason he moved into her home—to assume full*

responsibility for her care. He also says that he spoke with her doctors upon her discharge from the hospital and reviewed her discharge paperwork.

- **Trainer note:** Emphasize here the importance of documenting direct statements from an A/P, especially in a caregiver neglect case. In order for something to be confirmed as caregiver neglect in CA\*, an APS professional must be clear that the A/P is actually the caregiver. Clearly document any statements where the A/P confirms their role as caregiver. Point out to the learners that the APS professional in the video is taking copious notes throughout the video. Depending on skill level, ask learners to provide examples of how they would document Carlos' (A/P) statements.
- How do the dynamics behind caregiver neglect impact your assessments and service planning? How do they impact your findings?
  - **Trainer note:** Many APS professionals have a difficult time confirming abuse when it appears the abuse was unintentional and/or without malice. However, if something meets the legal definition of abuse then the appropriate finding would need to be documented. Dynamics can also impact service planning and assessments. Does the caregiver need education, respite care and resources, or is it appropriate and/or necessary to engage with law enforcement?
- Based on this interview, would you confirm the allegation of caregiver neglect? Why or why not?
  - **Possible answers:** In CA-Yes\*. The client's grandson clearly states that he has taken on the responsibility of client's care. However, client is not receiving adequate food or medication which has led to her hospitalization.
  - **Trainer note:** insert what your state, county or territory would likely determine as a finding and why if training outside of CA.

## Cultural Humility

- What, if any, missteps did the APS professional make while speaking with the alleged perpetrator? How did she recover from them?
  - **Possible answers:** *The APS professional made an assumption about the A/P's ethnicity (classifying them as Hispanic), she did not pick up the cue of how to properly refer to the A/P's grandmother in his culture (Avó) despite the A/P repeatedly referring to the client as such.*
  - **Trainer note:** *You can reiterate here the importance of observing and mirroring client's behavior when it comes to language and certain cultural practices.*
- It is taboo in many cultural/ethnic groups to place a family member in a licensed facility. Many people assume licensed facilities are all terrible places, and that you are a bad kid, sibling, etc. for placing a relative. How is this displayed in the video?
  - **Possible answers:** *The A/P tells the APS professional that no one in the family wanted the client to go to "one of those homes", because "it's just not who we are".*
- How would you have followed up after the A/P made that statement regarding licensed homes? As an APS professional, how would you introduce the idea of placement while being sensitive to these feelings?
  - **Possible answers:** *Tell the A/P that not all facilities are the same, and assure him that families and/or support people have the option to visit facilities as well as speak with staff in order to find one they are comfortable with and is best suited to the client. Let families and/or support people know out-of-home care is merely an option to explore. There is also in-home care through private agencies, programs such as IHSS, as well as adult day care programs. Also, a client's needs can sometimes become too intensive for a relative or friend to appropriately meet. Reassure the support person that it doesn't make anyone*

*a bad person to ensure their loved one receives the best care possible. It is quite the opposite!*

## Risk Factors

- The A/P said that he takes the client's needs "seriously", however there seems to be a disconnect. He states that he spoke to his grandmother's doctor about her medical condition and care needs and became informed, but he appeared to be surprised when the APS professional discussed how it could affect his grandmother if she didn't take her medicine as prescribed. What do you think are some causes of this disconnect for him?
  - **Possible answers:** *A/P was in denial about his grandmother's needs, A/P minimized her needs to himself to justify leaving her alone and/or not being consistent with her medication (defense mechanism), perhaps he didn't fully understand what the doctor told him and felt intimidated or afraid to ask for clarification.*
- What do you think are the possible risks of having a relative provide care to a client rather than a trained individual?
  - **Possible answers:** *Relatives may not always fully understand a client's care needs, they may not receive proper training on how to care for the client, a client's needs could surpass what a relative can reasonably provide, relatives may have their own obligations (going to work, caring for children and/or spouses) that make it difficult to be fully present for the client, resentment can build in a relative that feels overwhelmed by the responsibility of caregiving, there may be a history of unhealthy or abusive dynamics between the caregiver and care recipient.*
- What do you think the level of risk (low, moderate, high) is for the client if Carlos remains her sole caregiver without any intervention or support?
  - **Possible answers:** *Given the fact that the client's needs have distinct, almost immediate consequences if they are not met--*



*the level of risk for her is high if this family chooses not to access any resources or provide any caregiver support for Carlos. Carlos is likely to burnout due to being overwhelmed by the client's care needs. It is clear that he is already having trouble fully understanding and providing what the client requires. He may also become resentful of his role as sole caregiver over time, which increases client's risk of receiving inadequate care.*

- **Trainer note:** *Discuss the importance of assessing risk at a home visit and informing clients (as well as their families/support systems) of the current risk as well as the risk of continuing on in their situation with no changes.*

## Contributing Factors

- There are many factors that can contribute to caregiver neglect, particularly with an informal caregiver (relative or friend). What are some of the contributing factors in this video?
  - **Possible answers:** *Caregiver burnout, lack of resources, lack of social support. The A/P needs to work and appears to be unaware that there are options he can explore to assist him and his grandmother.*
- Many times, caregivers accused of neglect are going through their own challenging situations that need to be addressed in order for them to provide adequate care and supervision to our clients. Sometimes relatives are forced into the role of caregiver unprepared and even unwanted. They often need empathy and support. What were some of the issues that the caregiver faced in the video? *When do you find it easy to show empathy or offer support towards alleged perpetrators and when do you find it more challenging? What are ways you work with and around the challenges?*
  - **Possible answers:** *The A/P was essentially pushed into the role of caregiver due to both financial and familial obligation. (His family offered to help pay his student loans in exchange for him*



*being the client's live-in caregiver.) He expresses some sadness and regret at having to drop out of college to provide care for his grandmother. He states that he was able to be his "own man" while living at school. He may be experiencing some feelings of depression and isolation.*

- **Trainer note:** *allow participants to self-reflect and offer some of your own experiences of when it easy to show empathy to an a/p and what made it easy. Also offer some examples when it was challenging and how you worked with those times. Encourage learners to share as well.*
- In the video, the APS professional did not address the A/P's statement that he is his grandmother's sole caregiver and that it is "hard". What are your thoughts on that? How would you have responded to that statement?
  - **Possible answers:** *The APS professional missed an opportunity to express empathy to the A/P and further build rapport with him. Validate his feelings by acknowledging that caregiving is very taxing, both emotionally and physically. You could discuss caregiver burnout and ask what would make him feel more supported. You could also ask the A/P what he does when he feels overwhelmed by his responsibilities and the client's needs.*

## Impact of Interview

- What impact on the overall situation and original protection issue do you feel this interview had? How do you feel about the potential outcome?
  - **Possible answers:** *The A/P now appears to understand the gravity of the situation with his grandmother, and the impact that proper care has on her health. He seems to have come to a realization when the APS professional discusses how the client not having food and medication on a set schedule has led to her hospitalization. He also is informed that there is help available to him and his grandmother.*

- **Trainer note:** Reinforce the idea that positive changes that increase a person's safety and well-being, even if just slight changes, are "small wins" for APS.
- The video ends with the APS professional beginning to make a service plan for the client and A/P. What resources would you offer the family?
  - **Possible answers:** adult day health care centers, IHSS, PACE/Cal Optima (if eligible for Medi-Cal), professional caregiving agencies.
  - **Trainer note:** ask participants for specific names or locations for community agencies often used in your APS program. Discuss any MOUs in place, criteria, etc.

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OUR WHY:

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



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