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

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

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

**Supervisor Activities:**

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

**Suggested Reading:**

http://www.napsa-now.org/about-napsa/history/history-of-adult-protective-services/ - This article gives the history of APS and puts the local/state APS programs into perspective.
On the Job Training:
Describe APS clients, including their vulnerabilities and needs.

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

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

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

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

4. What does the law say about a client’s right to refuse help?
Written Activity with Discussion Questions:

Explain APS workers’ roles and responsibilities under their state and federal mandates and the conflicts that might arise from them.

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

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

## APS Client/Abuser Profile

**APS Clients may be victims of:**
- Physical Abuse [ ]
- Neglect by Others [ ]
- Self Neglect [ ]
- Sexual Abuse [ ]
- Financial Exploitation [ ]
- Abandonment [ ]

**Abusers may be:**
- Family Members [ ]
- Family Caregivers [ ]
- Paid Caregivers [ ]
- Powers of Attorney [ ]
- Attorneys [ ]
- Financial Advisors [ ]
- Friends/Neighbors [ ]
- Scam Artists [ ]
- LTC Staff [ ]
- LTC Residents [ ]

## APS Jurisdiction

**APS Covers:**
- Community Residents [ ]
- Long Term Care Residents [ ]
- Mentally Ill Adults [ ]
- Victims of Domestic Violence [ ]
- Developmentally Disabled Adults [ ]
- Homeless Adults [ ]

## Reporting to APS

**Is Reporting Mandatory:** [ ] (yes/no)

**Who is Required to Report:**
- Medical Personnel [ ]
- Clergy [ ]
- Financial Institution [ ]
- Attorney [ ]
- Public Official [ ]
- Neighbor [ ]
- Family Member [ ]
- Human Services Agency [ ]
APS: What I Need to Know Checklist

Can reporters remain anonymous? ______ (yes/no)

Who receives reports:____________________________________________________

APS Response

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

APS Intervention

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

What is the goal of intervention: _______________________________________

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

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

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

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

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

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

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

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

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

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

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

APS case? Why?
Do you need more information? If so, what kind?
Mentoring Activity:
Develop a basic care plan that reflects APS goals and practice principles.

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

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

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

What is the presenting problem?
How does client see the problem?
Are basic needs being met? (ADL and IADLs)
What is lacking?
What are the risks involved?
Does client have capacity to make decisions about her/his well-being?
How was the capacity assessment done?
What does the client want to happen?
What kind of care plan would you develop?

Note: an excellent addition or alternative would be to use the case studies in the eLearning module. To register for the course, visit the APS Overview eLearning webpage at http://theacademy.sdsu.edu/programs/Project_Master/aps_overview.html
NAPSA (or APS) Code of Ethics
Dedicated to the memory of Rosalie Wolf

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value
Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult’s right to self-determination.

Secondary Value
Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

Principles
- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

NAPSA (or APS) Practice Guidelines
APS worker practice responsibilities include:
- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult’s right to keep personal information confidential.
- Recognize individual differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of one’s ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult’s independence and choice to the extent possible based on the adult’s capacity.
• Use the least restrictive services first whenever possible—community-based services rather than institutionally-based services.
• Use family and informal support systems first as long as this is in the best interest of the adult.
• Maintain clear and appropriate professional boundaries.
• In the absence of an adult’s expressed wishes, support casework actions that are in the adult’s best interest.
• Use substituted judgment in case planning when historical knowledge of the adult’s values is available.
• Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

Source: http://www.napsa-now.org/about-napsa/code-of-ethics/
Analysis Activity:
Explain the core competencies for APS practice.

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

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

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

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

Here are some examples you may look for:

**APS Values and Ethics**

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

**Professional Communications Skills**

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

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

Topic Areas

MODULE 1: APS OVERVIEW

MODULE 2: APS VALUES AND ETHICS

MODULE 3: AGENCY STANDARDS and PROCEDURES

MODULE 4: THE AGING PROCESS

MODULE 5: PHYSICAL AND DEVELOPMENTAL DISABILITIES

MODULE 6: MENTAL HEALTH ISSUES

MODULE 7: SUBSTANCE ABUSE

MODULE 8: DYNAMICS OF ABUSIVE RELATIONSHIPS

MODULE 9: PROFESSIONAL COMMUNICATION SKILLS

MODULE 10: SELF-NEGLECT

MODULE 11: CAREGIVER OR PERPETRATOR NEGLECT
MODULE 12: FINANCIAL EXPLOITATION

MODULE 13: PHYSICAL ABUSE

MODULE 14: SEXUAL ABUSE

MODULE 15: APS CASE DOCUMENTATION/REPORT WRITING

MODULE 16: INTAKE PROCESS

MODULE 17: INVESTIGATION: CLIENT CAPACITY

MODULE 18: INVESTIGATION: RISK ASSESSMENT

MODULE 19: VOLUNTARY CASE PLANNING and INTERVENTION PROCESS

MODULE 20: INVOLUNTARY CASE PLANNING and INTERVENTION PROCESS

MODULE 21: COLLABORATION and RESOURCES

MODULE 22: LEGAL ISSUES and LAW ENFORCEMENT

MODULE 23: CASE CLOSURE
Written Activity: Understand Key Terminology used in APS.

Give the following list of common APS terms to new workers and ask them to write the definitions. They should search in your statute and regulations first. They may also check in your assessment tools, discuss with more experienced workers, or do a Google search if appropriate.
Below is a list of common terms used in APS practice. It is important that you understand the meaning of these terms, especially how the term is defined in the APS Statute. Please write the definitions next to the term. First look for any legal definition because your interventions will be based on those definitions.

1. Physical Abuse

2. Psychological Abuse

3. Sexual Abuse

4. Neglect by Others

5. Self-Neglect

6. Financial Exploitation

7. Vulnerable

8. Capacity

9. Competency

10. Affidavit

11. Guardianship

12. Conservatorship

13. Power of Attorney
On the Job Training:
Understand key terminology used in APS.

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

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

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

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

A:)
AAA – Area Agency on Aging
AD – Alzheimer’s disease
ADD – Attention deficit disorder
ADA – Americans with Disabilities Act
ADC – Adult Day Care
ADHC – Adult Day Health Care
ADL – Activities of Daily Living
AIDS – Acquired Immune Deficiency Syndrome
ALANON – Alcoholics Anonymous Support for Families/Friends
ALS – Amyotrophic Lateral Sclerosis
AMA – Against medical advice
AP – Alleged perpetrator
Approx. – Approximately
APS – Adult Protective Services
ASHD – Arteriosclerotic Heart Disease

B:)
B&C – Board & Care
BDI – Beck Depression Instrument
BP – Blood pressure
BRO – Brother
bid/b.i.d – twice daily/two times a day
bx - behavior

C:)
CA – Cancer
CAD – Coronary Artery Disease
CAN – Certified Nursing Assistant
CCL – Community Care Licensing
CG – Care Giver
CHF – Congestive Heart Failure
CI – Court Investigator
COPD – Chronic Obstructive Pulmonary Disease
CVA – Cerebrovascular Accident (stroke)
CL – client
CM – case manager/case management

D:)
DA – District Attorney
d/c – discontinued
DD – Developmentally Disabled
DIL – Daughter-in-law
DJD – Degenerative Joint Disease
DM – Diabetes Mellitus
DNR – Do Not Resuscitate
DOB – Date of Birth
DPOA/HC – Durable Power of Attorney/Health Care
DSG – Dressing
DTR – Daughter
DV – Domestic Violence
DX or dx – diagnosed/diagnosis

E:) 
EDRT – Elder Death Review Team
EMT – Emergency Medical Team
ESRD/ERD – Endstage Renal disease
ETOH – Alcohol

F:) 
FA – Father
F.A.S.T. – Financial Abuse Specialist Team
FD – Fire Department
f/f – face to face
f/u – follow up

G:) 
GDS – Geriatric Depression Scale
GI – Gastrointestinal
GP – General Practitioner
GSW – Gun Shot Wound
GRDDTR – granddaughter
GRDS – grandson
GYN – Gynecology
H:

HA – Housing Authority
HBP – High Blood Pressure
HH – Home Health
HIPAA – Health Insurance Portability and Accountability Act
HIV – Human Immune Virus
HUSB – Husband
HOH – Hard of Hearing
HTN – Hypertension (High Blood Pressure)
HV – Home Visit
H&W – Health & Welfare
Hx – History

I:

IADL – Instrumental Activity of Daily Living
IDDM – Insulin Dependent Diabetes Mellitus
IHSS – In-home Supportive Services
ILP – Independent Living Program
IM – Intramuscular
IV – Intravenous
IR – Incident Report
I&R – Information and Referral
IQ- Intelligence Quotient
INCL – Include/Including/Inclusive
INEL – Ineligible
INFO – Information
INIT – Initial

L:) 
L – Left 
LPS – Lanterman, Petris, Short 
LTC – Long-term Care

M:) 
MC – MediCal 
MCT – Mobil Crisis Team 
MDT – Multi Disciplinary Team 
meds – medications 
MH – Mental Health 
MI – Myocardial Infarction 
MMSE – Mini Mental Status Exam 
MO – Mother 
MOCA – Montreal Cognitive Assessment 
MOW – Meals-on-Wheels 
MR – Mentally Retarded 
MS – Multiple Sclerosis 
MSSP – Multi-purpose Senior Services Program 
MVA – Motor Vehicle Accident

N:) 
n/a – not applicable
NIDDM – Non-Insulin Dependent Diabetes Mellitus
NIFFI – No Initial Face-to-Face Investigation
NOS – Not otherwise specified
nv – non-verbal

O:)
O2 – Oxygen
OT – Occupational Therapy/Occupational Therapist

P:)
PA – Physician’s Assistant
Para – Paraplegia
PCP – Primary Care Provider
PD – Police Department
PG – Public Guardian
PH – Public Health
PHN – Public Health Nurse
POA – Power of Attorney
PT – Physical Therapy/Physical Therapist
PTSD – Post Traumatic Stress Disorder
Psy – Psychiatric
PUD – Peptic Ulcer Disease
PVD – Peripheral Vascular Disease

Q:)
Q – Every
QD – Everyday

QH – Every Hour

QHS – Every Night

QID – Four times a day

QOD – Every other day

Quad – Quadriplegia

R:

R – Right

RC – Regional Center

RCF – Residential Care Facility

RCH – Residential Care Home

RCU – Restorative Care Unit

RN – Registered Nurse

Rx – Prescription

RO – Restraining Order

ROM – Range of Motion

RP – Reporting Party

r/o – rule out

S:

SA – Substance Abuse

SC – Subcutaneous

SED – Severely Emotionally Disturbed

SI – Suicidal Ideation
SIS - Sister
SNF - Skilled Nursing Facility
SOB - Shortness of Breath
SOC - Share of Cost
SRO - Single Room Occupancy (Hotel)
SSA - Social Security Administration
SSI - Social Security Supplement Income
SSNR - Social Security Number
ST - Speech Therapy/Speech Therapist
SW - Social Worker

T:)
t/c - Telephone call
TIA - Transient Ischemic Attack
Thx - Therapy/Therapist
Tx - Treatment

U:)
UTI - Urinary Tract Infection
unk - unknown

V:)
VA - Veterans Administration
VNA - Visiting Nurses Association
VW - Victim Witness Program
On the Job Training Scavenger Hunt:
Identify State and National Resources

It is so important for new APS workers to realize that they are part of a large national (and international) system. It helps them feel that they are not alone and that other workers in other counties,
states, and even countries are struggling with similar situation and similar issues. It also is reassuring for them to realize that there are state programs that address some of the populations they are serving and these programs can offer them valuable resources.

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

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

**It Takes a Village**

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

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

**Legal Resources**

**Developmental Disability Resources**

**Resources for Specific Physical Disabilities**

**Resources for the Mentally Ill**

**Resources in Aging**

**Resources for People with Dementia**

**Resources for the Visually Impaired or Hearing Impaired**

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

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