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The National Center on Elder Abuse
The Source for Information and Assistance on Elder Abuse

The National Center on Elder Abuse (NCEA) provides elder abuse information to professionals and the public; offers technical assistance and training to elder abuse agencies and related professionals; identifies promising practices; conducts short-term elder abuse research; and assists with elder abuse program and policy development. NCEA’s website and clearinghouse contain many resources and publications to help achieve these goals.

The Center is administered by the National Association of State Units on Aging as the lead agency and funded by grant No. 90-AP-2144 from the U.S. Administration on Aging. NCEA consists of a consortium of five partner organizations.

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## COURSE OUTLINE

<table>
<thead>
<tr>
<th>Content</th>
<th>Total Time</th>
<th>Activities</th>
<th>Slides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Overview</td>
<td>15 min</td>
<td>Lecture, discussion</td>
<td>Slides 1-12, Handout #2</td>
</tr>
<tr>
<td>Ethics Codes and Concepts</td>
<td>30 min</td>
<td>Lecture, discussion</td>
<td>Slides 13-28, Handout #4</td>
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<tr>
<td>Active Learning #1</td>
<td>15 min</td>
<td>Group brainstorming</td>
<td></td>
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<tr>
<td>Ethical Dilemmas</td>
<td>5 min</td>
<td>Lecture, discussion</td>
<td>Slides 29-31</td>
</tr>
<tr>
<td>Active Learning #2</td>
<td>25 min</td>
<td>Large group exercise</td>
<td>Slide 31, Worksheet #5</td>
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<tr>
<td>BREAK</td>
<td>15 min</td>
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<tr>
<td>Influences on Ethical Decision-making</td>
<td>60 min</td>
<td>Small group discussions, facilitated</td>
<td>Slides 32-33, Worksheet #6</td>
</tr>
<tr>
<td>Active Learning #3</td>
<td>60 min</td>
<td>Large group discussions</td>
<td></td>
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<tr>
<td>LUNCH</td>
<td>60 min</td>
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<td>Changes in the U.S.</td>
<td>15 min</td>
<td>Lecture</td>
<td>Slides 34-43</td>
</tr>
<tr>
<td>Developing Cultural Intelligence:</td>
<td>15 min</td>
<td>Lecture, discussion</td>
<td>Slides 44-55</td>
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<tr>
<td>Understanding Self</td>
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<tr>
<td>Active Learning #4</td>
<td>30 min</td>
<td>Reflection, small; large groups</td>
<td>Slides 51-55, Worksheet #7</td>
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<tr>
<td>Developing Cultural Intelligence:</td>
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<tr>
<td>Understanding Others</td>
<td>15 min</td>
<td>Lecture</td>
<td>Slides 56-59</td>
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<td>Ethical Multiculturalism</td>
<td>30 min</td>
<td>Lecture; group discussion</td>
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<tr>
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<td>15 min</td>
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<tr>
<td>Ethical and Culturally Competent</td>
<td>60 min</td>
<td>Lecture, small and large group discussions</td>
<td>Slides 70-81, Handout #8, Worksheets #9, 10</td>
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<td>Decision-making</td>
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<td>Active Learning #5</td>
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<tr>
<td>NAPSA Code of Ethics</td>
<td>15 min</td>
<td>Question &amp; answer, discussion, evaluation</td>
<td>Slide 82; Handouts #11</td>
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<tr>
<td>Closing</td>
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<td><strong>TOTAL TIME</strong></td>
<td><strong>7.0 hrs</strong></td>
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**Goals:** The purpose of this workshop is to “demystify” ethics and offer a practical framework for ethical decision-making on the front lines.

- It will also help APS professionals become more aware of their own value systems and their approach to decision-making.
- It will give them tools to analyze situations from a culturally competent standpoint.
- It will assist APS workers in labeling, organizing and understanding what they see and help them to analyze the consequences of the decisions facing them.

**Objectives:** Upon completion of this training session, participants will be better able to:

- Define the seven ethical concepts involved in APS work.
- Describe 5 ways population changes affect work with vulnerable adults.
- List four major influences on APS decision-making.
- Describe the cultural competence continuum.
- Provide one example of using ethical multiculturalism in working with vulnerable adults.
- List 5 components of an ethical and culturally competent decision-making framework.

HANDOUT #1
**APS Core Competency Training Module - Executive Summary**

**Course Title:** Ethics, Values and Cultural Competence in APS

**Outline of Training:**
In this interactive and engaging introductory training, participants learn the basic components of ethics and values as applied to APS social work practice. Trainees will be able to apply a practical framework for ethical decision-making as well as become aware of their own value systems and how they may affect decision-making in the field. Participants will have the tools needed to analyze situations from a culturally competent standpoint. At the conclusion of the training, trainees will be better able to label, organize and understand what they observe and to analyze the consequences of the decisions facing them.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods; PowerPoint slides; participant guide (encourages self-questioning and interaction with the content information); embedded evaluation to assess training content and process; and transfer of learning activity to access knowledge and skill acquisition and how these translate into practice in the field.

**Course Requirements:**
Please note that training participants are expected to participate in a variety of in-class and post-training evaluation activities. These activities are designed to enhance the learning experience and reinforce the skill acquisition of training participants as well as determine the overall effectiveness of the trainings.

An executive summary of each training and directions for post-training evaluation activities will be provided to training participants and their supervisors. Certificates of course completion will be awarded upon completion of ALL course activities.

**Target Audience:**
This course is designed for new APS social workers as well as Vulnerable Adult Abuse partners (e.g. conservatorship investigators, workers in the aging and disability networks, law enforcement). This training is also appropriate for senior staff that require knowledge and/or skills review.

**Outcome Objectives for Participants:**
Learning goals – Upon completion of this training session, participants will be better able to:

- Define the seven ethical concepts involved in APS work.
- Describe five ways population changes affect work with vulnerable adults.
- List four major influences on APS decision-making.
• Describe the cultural competence continuum.
• Provide one example of using ethical multiculturalism in working with vulnerable adults.
• List five components of an ethical and culturally competent decision-making framework.

Transfer of Learning: Ways supervisors can support the transfer of learning from the training room to on the job.

BEFORE the training
Supervisors can encourage line staff to attend the training and help them identify ethical dilemmas that they have faced in the past or anticipate facing in the future. Training participants can share these experiences during training.

AFTER the training
Supervisors can read the training executive summary and instructions for out-of-class transfer of learning activity. Supervisor and training participant will then schedule a time to complete the activity together – at this point trainee can share what specific skills they obtained from the training. If further staff involvement is available, trainee may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.
ETHICS, VALUES AND CULTURAL COMPETENCE IN ADULT PROTECTIVE SERVICES

NCEA/NAPSA
Core Competencies Curriculum
MODULE # 2
Module 2: Ethics and Values

For more information:
Kathleen Quinn
National Adult Protective Services Association
Phone: 720.565.0906
Email: kathleen.quinn@apsnetwork.org
WELCOME AND OVERVIEW

TIME ALLOTTED: 15 minutes

SLIDE 2

SLIDE 3
SLIDE 4

NAPSA NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

- NAPSA is the only national organization which represents APS professionals, programs and clients
- NAPSA is the National Voice of APS
- NAPSA is a partner in the National Center on Elder Abuse
- NAPSA has members in 49 states and DC

SLIDE 5

HOUSEKEEPING AND INTRODUCTIONS

- Schedule for the day
- CEU instructions
- Location of restrooms
- Set cell phones to vibrate
- Introductions

SLIDE 6

DEVELOPING AN ID CODE

- What are the first three letters of your mother’s maiden name? Alice Smith
- What are the first three letters of your mother’s first name? Alice Smith
- What are the numerals for the DAY you were born? Nov 29th

Trainee ID Code: SMIAL129
HANDOUT #2 - Letter of Consent to Participants

Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities.

These training evaluation activities have two main purposes:

1. To improve trainings’ effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

Our goal is to evaluate training, NOT the individuals participating in the training. In order to evaluate how well the training is working, we need to link each person’s assessment data using a code. You will generate the code number using the first three letters of your mother’s maiden name, the first three letters of your mother’s first name, and the numerals for the day you were born. Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time. ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy’s training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.
There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants.

If you have any questions about the evaluation or how the data you provide will be used, please contact:

James Coloma, MSW
Training & Evaluation Specialist
Academy for Professional Excellence
San Diego State University – School of Social Work
6505 Alvarado Road, Suite 107
San Diego, CA 92120
(619) 594-3219
jcoloma@projects.sdsu.edu
**HANDOUT #3**

Trainee ID Code

Date

**MASTER Identification Code Assignment**

**YOUR IDENTIFICATION CODE:**

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an identification code. We would like you to create your own identification code by answering the following questions:

1. What are the first three letters of your mother’s maiden name?
   Example: If your mother’s maiden name was Alice Smith, the first three letters would be: S M I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

   ___ ___ ___

2. What are the first three letters of your mother’s First name?
   Example: If your mother’s maiden name was Alice Smith, the first three letters would be: A L I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

   ___ ___ ___

3. What are the numerals for the DAY you were born?
   Example: If you were born on November 29, 1970, the numerals would be 2 9. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example 0 9).

   ___ ___

Combine these parts to create your own identification code (example: S M I A L I 2 9). Please write your identification code in the space at the top right corner of all evaluation materials you receive.

*Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.*
SLIDE 7

EVALUATION PROCESS

Transfer of
Learning Activity

Satisfaction
Survey

Embedded
Evaluation

SLIDE 8

APS CORE COMPETENCIES

There are twenty-three modules in the Adult Protective Services (APS) Core Competencies identified by NAPSA.

This module, Ethics, Values and Cultural Competence in Adult Protective Services, is

SLIDE 9

ETHICS AND VALUES IN APS PRACTICE


SLIDE 10

TRAINING GOALS

- Provide a culturally competent ethical decision-making framework.
- Increase ethical self-knowledge.
- Increase knowledge and use of ethical multiculturalism principles.

SLIDE 11

LEARNING OBJECTIVES

- Define 7 ethical concepts in APS work.
- Describe 5 population changes that influence work with vulnerable adults.
- List 4 major influences on APS decision-making.

SLIDE 12

LEARNING OBJECTIVES

- Describe the cultural competence continuum.
- Provide an example of using ethical multiculturalism principles.
- List 5 parts of an ethical and culturally competent decision-making framework.
ETHICS CODES AND CONCEPTS: ACTIVE LEARNING #1

TIME ALLOCATED: 45 minutes

SLIDE 13

SLIDE 14

Brainstorming:
What are some ethical issues you confront in your daily practice?
**SLIDE 15**

**ETHICS: DEFINED**

- "Good" or "right" conduct
- Branch of philosophy dealing with values of human conduct
- Useful in assessing the rightness of decisions and the fairness of the decision-making process

**SLIDE 16**

**ETHICS: CODE OF ETHICS**

- Why do we need them?
- How do they guide us professionally?

**SLIDE 17**

**NASW Code of Ethics**

- Service
- Social Justice
- Individual Dignity
- Human Relationships
- Integrity
- Competence
Value: **Service**

- **Ethical Principle**: Social workers' primary goal is to help people in need and to address social problems.

Value: **Social Justice**

- **Ethical Principle**: Social workers challenge social injustice.

Value: **Dignity and Worth of the Person**

- **Ethical Principle**: Social workers respect the inherent dignity and worth of the person.

Value: **Importance of Human Relationships**

- **Ethical Principle**: Social workers recognize the central importance of human relationships.

Value: **Integrity**

- **Ethical Principle**: Social workers behave in a trustworthy manner.

Value: **Competence**

- **Ethical Principle**: Social workers practice within their areas of competence and develop and enhance their professional expertise.

**Source:** For the complete *NASW Code of Ethics*, see [www.socialworkers.org/pubs/code](http://www.socialworkers.org/pubs/code)
SLIDE 18

APS GUIDING VALUES

- Every action taken by APS must balance the duty to protect with the right to self determination.
- Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

SLIDE 19

NAPSA: APS ETHICAL PRINCIPLES

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- Adults have the right to accept or refuse services.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.

SLIDE 20

ETHICAL CONCEPTS

- Autonomy
- Beneficence
- Nonmaleficence
- Privacy
- Fidelity
- Accountability
- Justice
SLIDE 21

ETHICAL CONCEPTS: AUTONOMY

- Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence.
- APS Workers: Respect the client's self-determination.

SLIDE 22

ETHICAL CONCEPTS: BENEFICENCE

- Right to receive care by others that maintains and/or enhances the client's welfare.
- APS Workers: Do good for others. Promote the welfare of others.

SLIDE 23

ETHICAL CONCEPTS: NONMALEFICENCE

- Right to expect others to "do no harm" in the maintenance or enhancement of the client's welfare.
- APS Workers: Do not act in a way that will inflict harm on others. Weigh out all the possible consequences of your actions.
SLIDE 24

**ETHICAL CONCEPTS: PRIVACY**

- Right to maintain privacy regarding personal information, interpersonal relationships, physical environment, and lifestyle, as long as it does not infringe on the rights of others.
- APS Workers: Respect client’s right to control information about him/herself.

SLIDE 25

**ETHICAL CONCEPTS: FIDELITY**

- Right to have others show loyalty or commitment to the client when they need help.
- Right and responsibility of family members to care for and assist one another (e.g., filial piety).
- APS Workers: Include and respect ideas of family members and significant others.

SLIDE 26

**ETHICAL CONCEPTS: ACCOUNTABILITY**

- Right to expect others to tell the truth and be responsible for their actions.
- Right to expect others to expose the deception and irresponsibility of others.
- APS Workers: Be accountable and responsible for your actions and expect others to do the same.
SLIDE 27

ETHICAL CONCEPTS: JUSTICE

- Right to be treated equitably whether they are a caregiver or care receiver.
- APS Workers: Fairly distribute benefits (or costs or harms) among individuals.

SLIDE 28

ETHICAL CONCEPTS: IMPACT

- Typical problems begin with specific situations:
  - Limited, specific, individual focus, requiring...
  - Limited, specific, individual answers.
- At the same time, we use a set of standards in order to analyze situations.
ETHICAL DILEMMAS:
ACTIVE LEARNING #2

TIME ALLOTTED: 30 minutes

SLIDE 29

SLIDE 30

An ethical dilemma presents a choice between two relevant sets of values, two good things.

Example: Time or Money.
ACTIVE LEARNING #2

Large Group Exercise

- Individually read scenarios on handout.
- Share ethical issues and dilemmas found with large group.
HANDOUT #5: Ethics and Values in APS Work

Name the Ethical Issue/Dilemma

1. Mrs. D. is 76 years old and has just been diagnosed with diabetes. The illness has been explained to her. She has adequate mental capacity to understand the role of medication in her illness. She expresses an unwillingness to take insulin.

2. Mr. F., age 82, lives with his son John who is mentally ill and unemployed. Mr. F. relies on John to pay the bills and shop for food. The utilities are about to be shut off and there is no food in the house. Mr. F. wants John to remain in the home and John says he is caring for his father very well.

3. Mrs. S, age 79, was hospitalized due to a fall. She is ready for discharge. She has lived in her own home for 50 years. She has 3 cats that she loves very much and she is very worried about them. The home is in disrepair and is very cluttered, but she states she wants to go home. The social worker is concerned that Mrs. S. won’t be able to manage at home and feels she would do better in an assisted living or long-term care facility. A nephew in California is contacted and he said that he would sell her home and take her with him to California.

4. Mrs. C. is in need of services but refuses to divulge her income to the social worker. She says this is none of the government’s business, and she should be entitled to services for free.

5. Mrs. B, age 95, is frail and needs assistance with all activities of daily living. She is cared for by her 72 year old daughter Ruth who lives a half hour away. Ruth is undergoing chemotherapy and also has a problem with her back. Mrs. B refuses a home health aide care because she doesn’t want a stranger in her house who might steal from her; she says that Ruth has always cared for her and Ruth should continue to do so.
INFLUENCES ON ETHICAL DECISION MAKING: ACTIVE LEARNING #3

TIME ALLOTTED: 60 minutes

SLIDE 32

- Small groups discuss one influence
- Report shared with large group
- Large group brainstorming of strategies
Handout #6: Influences on Decision-Making

7.1 Influences on Decision-making Process: Client Wishes

Client Wishes

There are times when a client who has capacity is making a decision that you feel is harmful.

In your small group, choose a recorder and a spokesperson. Discuss the following:

♦ How do you determine if your client understands the consequences of his/her choice?

♦ What techniques might be helpful to engage a client who is making a choice, which puts him/her at risk?
Professional Obligations

There may be times when your ethical assessment and plan of action comes into conflict with that of your supervisor, administrator, or legal directive.

In your small group, choose a recorder and a spokesperson. Discuss the following:

♦ What strategies can you use to deal with the differences between your view and that of your supervisor or administrator?

♦ How do you support your assessment? When/how do you compromise?
8.3 Influences on Decision-making Process: Personal Values and Boundaries

**Personal Values and Boundaries**

*There are times when certain clients, family members, or situations push your buttons and may interfere with your ability to make ethical judgments regarding the situation at hand. There also may be times when your boundaries become too loose or too rigid.*

In your small group, choose a recorder and a spokesperson. Discuss the following:

♦ How do you know when your values (cultural, religious, ethnic) or gut reactions are getting in the way of your work with/on behalf of your client?

♦ What strategies can you use to maintain objectivity and clear boundaries?
8.4 Influences on Decision-making Process: Community Pressure

Community Pressure

Oftentimes outsiders, community agencies, and family members feel that they know the best decision to be made for your client.

In your small group, choose a recorder and a spokesperson. Discuss the following:

♦ What positive strategies can you use to deal with other agencies?

♦ What strategies can you use to deal with family members? What action can you take when family members disagree with each other regarding the plan of action for your client?
CHANGES IN THE U.S.

TIME ALLOTTED: 15 minutes

SLIDE 34

SLIDE 35
SLIDE 36

POPULATION IS CHANGING
- More elders as Baby Boomers age
- More racially and ethnically diverse elders
- More elders who were born in other countries
- More vulnerable adults

SLIDE 37

POPULATION CHANGES

<table>
<thead>
<tr>
<th>Baby Boomers (65+)</th>
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SLIDE 38

POPULATION CHANGES

<table>
<thead>
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<th>Population Ethnicity (65+)</th>
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35
SLIDE 39

POPULATION CHANGES

- More Diverse Immigrants
  - Chart showing percentage of US-born and foreign-born individuals over time.

SLIDE 40

POPULATION: IMPACTS OF CHANGES

- Greater cultural differences among our vulnerable adults and the differences already created by:
  - Age
  - Disabilities
  - Race
  - Ethnicity
  - Religion
  - Social class
  - Gender
  - Sexual orientation

SLIDE 41

POPULATION: IMPACTS OF CHANGES

- The U.S. is no longer a "melting pot" but a dynamic multicultural nation.
- There are cultural groups that are keeping their identity and others that are blended.
- All contribute to the rich strength of this nation.
SLIDE 42

**CHANGES IN CONTEXT**

- Funding is changing.
- Service demands are changing.
- Accountability is changing.

SLIDE 43

**CONTEXT: IMPACTS OF CHANGE**

It will be harder to find “standard responses” to the ethical dilemmas APS workers will face.
DEVELOPING CULTURAL INTELLIGENCE

TIME ALLOCATED: 15 minutes

SLIDE 44

SLIDE 45

UNDERSTANDING SELF

Become culturally competent in your use of ethical multiculturalism!
SLIDE 46

WHAT DOES CULTURE HAVE TO DO WITH THIS?

» CULTURE is “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits than can only be acquired by [an individual] as a member of society.”


» We are ALL socialized (e.g., raised by our parents/caregivers) into our respective cultures.

SLIDE 47

CULTURAL INTELLIGENCE: DEFINED

» Cultural intelligence is the ability to successfully function in environments where individuals have experienced different [cultural training].


SLIDE 48

CULTURAL INTELLIGENCE: CHARACTERISTICS

» Uses the knowledge and skills APS workers already have.

» Understands one’s own learned values and biases.

» Understands others.

» Matches appropriate behaviors and expectations to the situation.
SLIDE 49

CULTURAL INTELLIGENCE: UNDERSTANDING SELF

Culture hides much more than it reveals, and, strangely, it hides itself most effectively from its own participants. The real job is not to understand [other] cultures, but to understand one’s own.

Source: Offerman and Phan 2002

SLIDE 50

CULTURAL INTELLIGENCE

The Cultural Iceberg
UNDERSTANDING SELF: ACTIVE LEARNING #4

TIME ALLOTTED: 30 minutes

SLIDE 51

ACTIVE LEARNING # 4

- Self reflection on social groups
- Small group sharing
- Guided activity
- Self-reflection
- Large group debriefing

SLIDE 52
HANDOUT #7: WHO AM I?

SELF:

<table>
<thead>
<tr>
<th>Important Social Groups</th>
<th>Rank Order</th>
<th>WHY Important?</th>
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**Objective:** To become more aware of how we identify ourselves and how we make decisions about others' social identities.

**INSTRUCTIONS**

**Individually:**
1. List the most important social groups that you belong to.
2. Rank the groups in order of importance to you with the most important one ranked #1 and the least important, #7.
3. Find 2-3 other people in the workshop that you don’t know very well.

**In 2-3 member groups:**
4. Introduce yourselves.
5. Take turns sharing what your top choices are and WHY you ranked them at the top.

**In large group/individually:**
6. Look at each picture and quickly jot down your guess about their social groups.
7. Compare the social groups that you listed for yourself with those listed for the pictures.

**In 2-3 member groups:**
Discuss similarities and differences between your social groups and those of the persons in the pictures.

Large group debriefing.

**PHOTOGRAPHS:**

<table>
<thead>
<tr>
<th></th>
<th>Important Social Groups</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
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<tr>
<td>Person 2</td>
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<tr>
<td>Person 3</td>
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</tbody>
</table>
UNDERSTANDING OTHERS

TIME ALLOCATED: 15 minutes

SLIDE 56

CULTURAL INTELLIGENCE: UNDERSTANDING OTHERS

This process:

- Often starts with cultural blindness.
- Develops cultural awareness, appreciation of diversity.
- Develops cultural knowledge about cultural differences and their impacts on attitudes and behaviors.

SLIDE 57

CULTURAL INTELLIGENCE: UNDERSTANDING OTHERS

This process continues:

- Develop cultural sensitivity by showing understanding, and non-judgmental respect for and acceptance of different viewpoints.
- Develop cultural competence by showing empathy in understanding more fully how others perceive and experience the world.
SLIDE 58

CULTURAL COMPETENCE CONTINUUM

- Cultural Proficiency
- Cultural Competence
- Cultural Sensitivity
- Cultural Knowledge
- Cultural Awareness
- Cultural Blindness

SLIDE 59

CULTURAL COMPETENCE MEANS

- The APS worker flexibly and skillfully responds and adapts when in a different cultural situation than his or her own.
- The APS worker understands and uses his or her own skills and knowledge in culturally congruent ways.
ETHICAL MULTICULTURALISM

TIME ALLOTTED: 30 minutes

SLIDE 60

SLIDE 61
SLIDE 65

ETHICAL MULTICULTURALISM: IN PRACTICE

Skills needed:

- Understanding the underlying intent of an ethical principle
- Ability to analyze how the underlying intent can occur in a specific cultural situation

SLIDE 66

ETHICAL MULTICULTURALISM: IN PRACTICE

Autonomy analysis:
Who is the fundamental decision-making unit in the culture? To whom are they accountable?

Beneficence analysis:
Whose welfare is being promoted in this cultural situation?

SLIDE 67

ETHICAL MULTICULTURALISM: IN PRACTICE

Justice analysis: What is a “fair” distribution of benefits and negatives of the services in this cultural situation?
SLIDE 68

ETHICAL MULTICULTURALISM: IN PRACTICE

- Caring analysis. What is experienced as caring in this cultural situation? What norms guide interpersonal interactions?

SLIDE 69

CULTURAL COMPETENCE

- Being culturally competent is essential in order to apply ethical multiculturalism in APS Practice!
ETHICAL AND CULTURALLY COMPETENT DECISION-MAKING:
ACTIVE LEARNING #5

TIME ALLOTTED: 60 minutes

SLIDE 70

SLIDE 71

ACTIVE LEARNING # 5

- Making ethical and culturally competent decisions in APS Practice
- Case Study
  - Small group and large group discussions and sharing
HANDOUT #8:  
Framework for Ethical and Culturally Competent Decision-making

1. Define the problem
   ♦ Get all information and facts needed.
   ♦ Evaluate all sources of information and make sure they are credible.
   ♦ Separate facts from opinion, beliefs, theories.
   ♦ Identify cultural interpretation of facts.

2. Identify the key parties/stakeholders involved
   ♦ Assess factual and perceived consequences to them

3. Identify relevant ethical standards involved
   ♦ Identify those likely to be promoted by stakeholders.

4. Brainstorm possible options and actions
   ♦ Determine consequences (benefits/burdens) of each.
   ♦ Eliminate impractical, illegal or improper alternatives.
   ♦ Relate possible actions to interests of stakeholders.
   ♦ Obtain consultation when necessary.

5. Select the most appropriate action which:
   ♦ Avoids or reduces harm.
   ♦ Produces the greatest balance of good for the greatest number over the longest term.

6. Evaluate your selected solution
   ♦ Examine value and cultural issues.
   ♦ Plan for various community or media responses.

7. Document your plan of action
   ♦ Monitor your plan.
   ♦ Be prepared and willing to revise your plan, or take a different course of action, based on new information.

Compiled by Susan Castaño, LCSW
SLIDE 72

FRAMEWORK FOR DECISION-MAKING
1. Define the problem.
2. Identify stakeholders and their cultural backgrounds.
3. Identify relevant ethical and cultural principles involved in case.
4. Brainstorm possible options and actions.

SLIDE 73

FRAMEWORK FOR DECISION-MAKING
5. Select the most appropriate action(s).
6. Evaluate your selected solution.
8. Be open and flexible to revision when appropriate

SLIDE 74

FRAMEWORK: DEFINING THE PROBLEM
- Examine it from all sides.
- Obtain as much information as possible.
- Evaluate your sources of information.
- Identify different cultural interpretations of facts.
- Separate facts from opinions, beliefs, theories held by all.
SLIDE 75

FRAMEWORK: IDENTIFY STAKEHOLDERS

- Take into account the individuals, families, communities and agencies that are involved in the situation.
- Understand their relationship to the client, including their motivation and influence on the client.
- Assess how the decision(s) may affect them all.

SLIDE 76

FRAMEWORK: IDENTIFY CONCEPTS AND STANDARDS

- Determine the conflicts and dilemmas presented.
- Be aware of your own personal values.
- Remember your professional values.
- Consider the values of the stakeholders and how they may perceive the situation.

SLIDE 77

FRAMEWORK: BRAINSTORM OPTIONS

- Determine benefits and burdens of each possible action for all involved.
- Eliminate the impractical, inappropriate, illegal.
- Obtain stakeholders' input.
- Ask for consultation.
SLIDE 78

FRAMEWORK: SELECT MOST APPROPRIATE ACTION

* Find an acceptable balance that meets the challenge.
* Look at the long term as well as the immediate fix.
* Reduce as much harm as possible to all involved.

SLIDE 79

FRAMEWORK: EVALUATE YOUR SOLUTION

* Put yourself in the situation and see how it feels.
* Run it by your supervisor.
* Imagine the media getting a hold of the story; plan your response.

SLIDE 80

FRAMEWORK: DOCUMENT ACTION PLAN

* Make a systematic step by step outline.
* Plan how you will deal with those who disagree with you.
* Follow up and monitor your plan.
* Be willing to accept new credible information and change your course of action.
CASE STUDY
MAKING ETHICAL AND CULTURALLY COMPETENT DECISIONS

- Choose a recorder.
- Use the framework to develop a plan of action.
- Listen to and respect ideas of all group members (brainstorm).
- Document your plan in writing.
- Be prepared to defend it.
HANDOUT #9:
Case Study: Ethical and Culturally Competent Decision-making

DIRECTIONS
♦ Review Handout #8: Framework for Ethical Decision-Making and use it as your guide.
♦ Read and discuss the case, answering the questions below. Your goal is to develop a plan of action which is ethical and culturally competent.
  ▪ Make sure that all members of the small group are heard. Brainstorm freely. Be sure to discuss the consequences of each option and be able to justify the choices you have made.
♦ Choose a recorder/reporter who will share your answers with the large group.

1. What is the problem in factual terms?

2. Who are the stakeholders? What are the consequences to them?

3. What are the ethical issues and dilemmas in this case? What are the cultural issues involved?

4. What were the options you discussed and consequences of each one? How did you take into account value and cultural issues?

5. What plan of action was agreed upon?
Marie-Joana Paul is an 87-year-old Haitian widow who lives in a two-bedroom apartment in an enclave in East Hollywood, Florida. Mrs. Paul completed a sixth grade education in Haiti. Although she understands English, since her retirement she sees no need to communicate in English. She primarily communicates in Creole.

She has five children, one girl and four boys. According to Mrs. Paul, her youngest son died at the age of 23 in New York, from a policeman's bullet. Her daughter, Marie-Nicole Joseph, and her two children, ages 2 and 6, live with Mrs. Paul. The oldest child shares the bedroom with Mrs. Paul and often has her toys scattered around the floor of their room.

The other children live nearby in the neighborhood. All but her oldest son, who lives 100 miles away, visit their mother monthly. Often the apartment is crowded with family members and her daughter's friends on weekends.

Mrs. Paul is a legal resident. Because she worked for 11 years as a hotel maid, she receives a monthly Social Security check for $450.00. She also receives Medicaid and food stamps. Her apartment costs $455.00.

Marie-Joana says that her children take good care of her. She claims her children help her with the apartment rental, medications, and other basic necessities. Her daughter provides the meals and takes her to her medical appointments.

The daughter has recently bought a used car saying that she needed it to take her mother to medical appointments. However, since then she does not seem to be present as much as before, leaving the children to be cared by grand-maman.

Her daughter does not have a regular job. Her daughter is struggling with her Haitian culture, and wants to be part of the young adult life of the mainstream culture. She is very impatient with the “old ways” of her mother and sees child care as an appropriate task for Mrs. Paul.

Recently Mrs. Paul has taken a turn for the worse. She has less energy and her cleanliness/hygiene has deteriorated. During the past year, Mrs. Paul has been in the hospital three times. She has been a diabetic for the last 25 years, and is very unstable. She is legally blind because of her diabetes.

She insists on taking herbal tea two times per week, and lok weekly. This often creates disagreements with her daughter. Mrs. Paul is also hypertensive with periods of instability. She is lucid on most days, but does have periods when she “lives in the past” remembering her days in Haiti, and even tries to communicate with her dead son. Occasionally, she seems to be in dreamland where everything is great.

Upon hospital discharge, she has had a visiting nurse. She only likes Haitian foods and has refused Meals on Wheels. She tells the nurse that she takes tea and other herbal products for her diabetes and hypertension. She experiences periods of depression,
especially when it's her deceased son’s birthday or around the date of his death. She says he was her most supportive son and her soul mate.

The visiting nurse has called you because conditions at Mrs. Paul's home have deteriorated. She has encountered Mrs. Paul in trances clutching her amulet. When the nurse tries to talk to her, she "snaps out of it" and acts like nothing has happened. The nurse thinks that somehow voodoo might be involved.

This case study was inspired by *Jessie M. Colin and Ghislaine Paperwalla*.  
[http://www-unix.oit.umass.edu/~efhayes/haitian.htm](http://www-unix.oit.umass.edu/~efhayes/haitian.htm)
CLOSING

TIME ALLOCATED: 15 minutes

SLIDE 82

Thank You

For more information:
Kathleen Quinn
National Adult Protective Services Association
Phone: 720-965-0996
Email: kquinn@adultprotectionservices.org

NAPSA

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Adult Protective Services are those services provided to older people and people with disabilities who are, or are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them.

Interventions provided by Adult Protective Services include, but are not limited to, receiving reports of adult abuse, exploitation or neglect, investigating these reports, case planning, monitoring and evaluation. In addition to casework services, Adult Protection may provide or arrange for the provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency or supportive services.

Values

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 people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

Principles

♦ Adults have the right to be safe.
♦ Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
♦ Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
♦ Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
♦ Adults have the right to accept or refuse services.
Practice Guidelines

♦ 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 your 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—community based services rather than institutionally based services whenever possible.
♦ 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: www.apsnetwork.org/About/ethics.htm
APPENDIX
CORE COMPETENCIES FOR APS WORKERS

November 2005

MODULE 1: APS OVERVIEW

Background Information

- History of APS
- National issues in APS
- Federal legislation
- Federal and state funding
- Grants
- Training opportunities
- History and role of NAPSA

APS Worker Satisfaction

- Care and support for APS workers
- Professional development

APS Clients

- APS client target populations
- Essential needs of dependent adults
- APS eligibility criteria
- Client benefits and entitlements

APS Legal Framework

- Federal Statutes
- State statutes and legal definitions
- State policies and standards
- Roles and responsibilities of APS workers

MODULE 2: APS VALUES AND ETHICS

Guiding APS Principles and Values

- Balance safety concerns and right to self-determination
- Treat people with honesty, care and respect
- Retention of civil and constitutional rights
- Assumed decision-making capacity unless a court adjudicates otherwise
- The right to be safe
- The right to accept or refuse services
APS Promising Practices Guidelines

- Practice self awareness and professional use of self
- Understand importance and support appropriate casework relationship
- Act as client advocate
- Avoid imposing personal values
- Seek informed consent
- Respect confidentiality
- Recognize individual differences
- Focus on client strengths and empowerment
- Involve the vulnerable adult in the service plan
- Maximizes the vulnerable adult's independence and self-determination
- Use the least restrictive services first
- Use family and informal support systems as possible
- Maintain clear and appropriate professional boundaries
- Avoid inadequate or inappropriate intervention
- Practice conflict resolution vs. confrontation
- Seek supervision and expert collaboration
- Provide integrated care management
- Don’t abandon clients who are difficult or unlikable
- Prevent further abuse, exploitation and neglect

Understanding Diversity

- Cultural competence
- Communicating cultural values
- Ageism awareness
- Disabilities awareness

MODULE 3: AGENCY STANDARDS and PROCEDURES

Agency Organizational and Administrative Structure

- Organizational/institutional environment or culture
- APS services/duties
  - Specialized APS units, e.g. for homeless, after-hours, hospital liaison

Regulations and Policies

- Protocols for client emergency needs
- Protocols and procedures for facility investigations
- Protocols for translation, signing for the hearing impaired, communication services
- Arrangements for culturally appropriate services
- What to do when the client can’t be located
Managing APS Caseloads
- Workload standards
- Timeframes for response
- Caseload size
- Time management
- Effects of secondary trauma
- Burnout and stress management
- Coping strategies and staying resilient

Financial Management
- Fiduciary responsibility
- Agency forms and instructions

MODULE 4: THE AGING PROCESS

Facts on Aging
- Demographics
- Healthy aging
- Life expectancy
- Social issues and aging
- Health care (AIDS and other communicable/infectious diseases)
- Role of family support for the elderly

Stages of Adult Development
- Impact of loss of independence
- Impact of poor health, illness, mental illness on client’s well-being
- Social/psychological/behavioral changes
- Effects of aging process on client’s ability to care for self
- Public perception of the elderly and ageism

MODULE 5: PHYSICAL AND DEVELOPMENTAL DISABILITIES

Overview of Disabilities
- Types of disabilities
- Definitions – federal/state
- Common misconceptions

Effects of Disabilities
- Effects of disabilities on client’s functioning
- Impacts of disability on caregiver and/or family
MODULE 6: MENTAL HEALTH ISSUES

Common Emotional Difficulties
- Coping with one’s own aging process
- Issues of separation/loss/grieving

Types of Mental Illness
- Depression/manic depression (bipolar disorder)
- Delirium/dementia
- Schizophrenia, hallucinations and delusions
- Personality disorder
- Obsessive compulsive disorder
- Suicidal ideations/suicide

MODULE 7: SUBSTANCE ABUSE

Types of Substance Abuse Issues
- Alcoholism
- Drugs
- Pharmacology
- Injuries and illness resulting from substance abuse

Medications
- Misuse of medications
- Medication side effects
- Medication drug dependency

MODULE 8: DYNAMICS OF ABUSIVE RELATIONSHIPS

Predominant Types of Abuse/Neglect/Exploitation (ANE)
- Self-neglect
- Neglect by caregiver
- Financial exploitation
- Physical abuse
- Sexual abuse

Theories of Abuse
- Power and control
- Cycle of violence
- Victim/perpetrator dependency
- Exchange theory
- Caregiver stress
- Neglect due to pathologies of aging
- Emotional and verbal abuse dynamics
Characteristics of Victims and Perpetrators

- Victim/perpetrator dependency
- Victim/perpetrator mental health issues
- Abusive, neglectful, or exploitive caregivers
- Undue influence
- Psychology of perpetrators
- Dysfunctional families
- Abuse of elders living in domestic situations
- Abuse of elders living in institutions

Domestic Violence

- Domestic violence and elder/adult abuse
- Dynamics of power and control
- Why victims don’t leave their abusers

MODULE 9: PROFESSIONAL COMMUNICATION SKILLS

Types of Interviews

- With victims
- With perpetrators
- With collateral contacts
- With family/groups

Interviewing Skills

- Trust and relationship building
- Engagement techniques
- Open-ended questioning
- Listening/reflection of content and feeling
- Responding to disclosures
- Showing empathy/compassion
- Acknowledging religious/cultural beliefs

Handling Special Situations

- Dealing with resistance and hostility
- Mediation, negotiation, conflict management

Working with Special Populations

- Cultural dynamics
- People with mental illness
- People with physical disabilities
- People with developmental disabilities
Communicating with Special Populations

- Cognitively, hearing, or visually impaired people
- Non-verbal clients
- Limited-English speaking clients
- Use of interpreters

Communicating with Other Professionals

- Health care professionals
- Law enforcement
- Legal professionals
- Victim advocates

MODULE 10: SELF-NEGLECT

Overview of Self-Neglect

- Types of self-neglect
- Statistics on self-neglect
- Indicators of self-neglect
- Assessing level of risk
- Environmental safety assessment

Theories of Self-Neglect

- Cultural/social aspects of self-neglect
- Capacity evaluation
- Hoarding behavior
- Community attitudes towards self-neglect

Causes of Self-Neglect

- Societal causes for self-neglect
- Individual causes for self-neglect

Preventing Self-Neglect

MODULE 11: CAREGIVER OR PERPETRATOR NEGLECT

Overview of Caregiver or Perpetrator Neglect

- Types of caregiver neglect (unintended, intended, criminal)
- Statistics on caregiver neglect
- Indicators of caregiver neglect
- Assessing level of victim risk
Theories of Caregiver Neglect

- Caregiver role: voluntary or involuntary
- Exchange theory
- Personality/behavior of the caregiver
- Personality/behavior of the patient

Causes of Caregiver Neglect

- Cultural/social aspects of caregiver neglect
- Individual causes of caregiver neglect (burden of care, co-dependency, caregivers with mental illness, physical impairments or substance abuse)

Preventing Caregiver Neglect

MODULE 12: FINANCIAL EXPLOITATION

Overview of Financial Exploitation

- Types of financial exploitation
- Statistics on financial exploitation
- Indicators of financial exploitation
- Assessing client’s financial situation
- Assessing level of risk
- Assessing undue influence

Theories of Financial Exploitation

- Cultural/social aspects of financial exploitation

Causes of Financial Exploitation

- Societal causes of financial exploitation
- Individual causes of financial exploitation

Preventing Financial Exploitation

MODULE 13: PHYSICAL ABUSE

Overview of Physical Abuse

- Types of physical abuse
- Statistics on physical abuse
- Domestic violence indicators
- Medical indicators of abuse and neglect
- Assessing level of risk
- Lethality indicators
Theories of Physical Abuse
- Dynamics of physical abuse
- Cultural/social aspects of physical abuse
- Homicide/suicide

Causes of Physical Abuse
- Societal causes of physical abuse
- Individual causes of physical abuse

Preventing Physical Abuse

MODULE 14: SEXUAL ABUSE

Overview of Sexual Abuse
- Types of sexual abuse
- Statistics on sexual abuse
- Indicators of sexual abuse
- Assessing level of risk

Causes of Sexual Abuse
- Societal causes of sexual abuse
- Individual causes of sexual abuse

Preventing Sexual Abuse

MODULE 15: APS CASE DOCUMENTATION/REPORT WRITING

Importance of Case Documentation
- Proper case documentation for substantiation of ANE
- Identifying data to include in case records

Documentation Overview
- Gathering of facts/chains of evidence
- Clear, concise and objective documentation
- Updating chronological records to monitor client progress
- Required forms and instructions
- Tracking/recording guidelines
- Monitoring services by other agencies
- Best practice tips

Documentation Equipment Skills
- Cameras
- Videos
- Tape recorders
- Computers
- Body maps
Confidentiality of Records

- Client permission to share information
- Legal issues (e.g. subpoena of records)

Report Writing Skills

MODULE 16: INTAKE PROCESS

Preparing for the Initial Client Visit

- Does report meet statutory requirements?
- Being inclusive—screen in, not out
- Reporter’s expectations
- Reviewing prior client records
- Identifying collateral contacts

APS Worker Safety

- Safety planning for worker
- Assessing for violent or psychotic behavior
- Assessing for hazardous materials (drugs, communicable diseases, firearms)
- Neighborhood safety concerns
- Dangerous animals
- Location of interview
- Working with difficult people
- Non-violent crisis intervention
- De-escalating potentially dangerous situations
- When to contact law enforcement and how to request assistance
- Emergency communications—cell phones
- Communicable and Infectious Diseases

Investigation: Initial Client Contact

- Gaining access
- “Who sent you” issues
- Establishing rapport at the door
- Strategies for dealing with refusal of access by client or to client
- Interviewing the suspected abuser
- Assessing validity of reports of ANE
- Developing safety plans with/for clients

Intake Documentation
MODULE 17: INVESTIGATION: CLIENT CAPACITY

Initial Capacity Assessment
- Interviewing the suspected abuser
- Assessing validity of reports of ANE
- Developing safety plans with/for clients
- Intake documentation

Capacity Assessment
- When and how to refer client for professional capacity evaluation
- Interpreting and using assessment information
- Client’s strengths and social supports
- Ability to conduct activities of daily living
- Level and type of care needed

Client’s Ability to Make Informed Decisions
- Cultural influences on client’s decision-making
- Community standards
- Past history of making decisions
- Concept of “negotiated consent”

MODULE 18: INVESTIGATION: RISK ASSESSMENT

Overview of Risk Assessment
- Indicators of immediate risk of ANE
- Lethality indicators
- Emergency medical or psychiatric situations
- Impact of illness/disability on client’s ability to protect him/her self
- Environmental hazards
- What to do when client refuses services

Risk Assessment of Caregiver
- Mental Illness
- Substance Abuse
- Emotional/financial dependence on victim
- Suicidal ideation

MODULE 19: VOLUNTARY CASE PLANNING and INTERVENTION PROCESS

Overview of Voluntary Case Planning and Intervention
- Mutual assessment of needs/goal setting
- Supportive counseling
- Policies and procedures for response
Types of APS Service Provision

- Accessing benefits and entitlements
- Safety planning for client
- Assuring basic needs are met (e.g. food, heat, transportation)
- Arranging for shelter and transition housing as necessary
- Providing information/referrals
- Linking clients and families with respite services and support groups
- Assisting clients discharged from hospitals, psychiatric wards and disability centers
- Providing emergency services or finding/developing emergency resources
- Managing client finances as necessary
- Providing respite care
- Mediation
- Caregiver training

Case Planning and Intervention

- Goal setting with clients
- Defining intervention strategies/response timeframes
- Finding and procuring resources
- Promoting coordinated/joint case planning and service delivery
- Arranging for culturally appropriate services
- Case documentation
- Reassessment/follow-up

Preventing ANE

- Consumer education

MODULE 20: INVOLUNTARY CASE PLANNING and INTERVENTION PROCESS

Overview of Involuntary Case Planning and Intervention

- Policies and procedures for response
- Legal standards for involuntary intervention
- Promoting coordinated/joint case planning and service delivery

Case Planning for Involuntary Services

- Arranging for culturally appropriate services
- Goal setting with family/care provider
- Defining intervention strategies/response timeframes
- Finding and procuring resources
APS Interventions
- Providing services for caregiver
- Respite care
- Caregiver training
- Providing information/referrals
- Assuring basic client needs are met
- Accessing benefits and entitlements
- Safety planning for client
- Coordinating involuntary medical care
- Arranging for shelter and transition housing
- Coordinating involuntary mental health/substance abuse treatment
- Linking clients and families with respite services and support groups
- Providing emergency services
- Assisting clients discharged from hospitals, psychiatric and development centers
- Managing client finances as necessary
- Documentation
- Reassessment/follow-up

Guardianships and Conservatorships
- Statutory definitions
- Guardianship process
- Competency/incompetency criteria
- Probate conservatorship process
- Private conservatorship process

MODULE 21: COLLABORATION and RESOURCES

Overview of Collaboration and Resources
- Benefits of working as a team
- Roles of various professionals in resolution of ANE

Local and Regional Networks and Community-Based Services
- Roles and responsibilities of community resources
- Interagency protocols for referrals and service delivery
- Local resources contact information

Inter-Agency Relationships and Collaboration
- Multidisciplinary review teams
- Fatality review teams
- Community advisory groups
- State and local coalitions
- Public awareness campaigns
- Documentation of services and outcomes
- Abuse prevention activities
Community Outreach
- Public education
- Working with the media
- Abuse prevention activities

Service Integration with Related Agencies
- State Units on Aging
- Department of Children and Family Services/Social Services
- Domestic violence resources
- Victim advocates
- Regulatory agencies

Health and Mental Health
- Medical Clinics/Hospitals
- Department of Mental Health
- Mental Health/ Counseling Agencies
- Medicaid/Medicare
- Agency in charge of Developmental Disabilities

Law Enforcement
- Police/Sheriff’s Department
- State Patrol
- FBI
- Medicaid Fraud
- Office of Attorney General
- Probation/parole

Legal Resources
- Office of District Attorney
- Department of Consumer Affairs
- OAA legal service providers
- Private attorneys

Emergency Resources
- Homeless shelters
- Domestic Violence Shelters
- Group homes
- Residential Health Care Facilities
- Boarding Homes
- Food pantries
- Church organizations
- Developing emergency resources when none exist
Financial
- Social Security
- Banking institutions
- Securities firms
- Food stamps

Other Resources
- Long-term care ombudsmen
- Immigration Services
- Clergy
- Universities and community colleges
- National organizations

**MODULE 22: LEGAL ISSUES and LAW ENFORCEMENT**

**Overview of Legal Issues and Law Enforcement**
- Role of criminal justice system
- State criminal codes
- Regulations and policies

**Legal Tools**
- Legal rights of adult clients
- Court ordered mediation
- Restorative justice
- Writing affidavits and petitions
- Mandatory reporting
- Filing emergency protective/restraining orders
- Legal resources for dependent adults
- Victims/witness programs
- Substitute decision-making on behalf of client
- Living wills, health care proxies, do not resuscitate (DNR) orders
- Collecting, preserving and analyzing evidence

**Working with Law Enforcement and the Judicial System**
- Differences in APS, law enforcement, and legal institutional cultures
- Caseworkers’ role in the legal process
- Requesting law enforcement assistance
- Conducting joint investigations/interviews with law enforcement
- Subpoena of case records
Preparing for Court

- Case documentation
- Initiating court procedures
- Assisting victims with court procedures
- Legal representation for APS workers
- Guidelines for presenting testimony
- Responding to cross-examination
- Writing court reports

MODULE 23: CASE CLOSURE

Overview of Case Closure

- Reasons for case closure
- Issues of grief and loss for client and worker
- Client’s end of life decision-making process
- Carrying out client’s end of life wishes (funeral arrangements, client’s estate disposition)

Case Termination

- Closure for client and worker
- Service delivery evaluation
- Summary case recording and case documentation
- How could abuse, exploitation and neglect have been prevented?
SLIDE 37: Baby Boomers are the group of people born between 1946 and 1964. From 1945 to 1946, the U.S. had the largest one-year increase in births in its history: 3 million births. In 1964, the last year of the Boom, there were more than 4 million births. This group has been called a pivotal cohort (Hughes and O’Rand 2004, 1 and 3).

SLIDE 38: The race and ethnicity categories used by the authors are: non-Hispanic whites, non-Hispanic blacks, Hispanics, Asians and Others. To simplify, we are using white = non-Hispanic white, black = non-Hispanic black, Hispanics = Hispanic/Latino, Asians = Asians and Pacific Islanders, and Others. The data are based on Census 2000, which was the first census allowing persons to claim more than one racial or ethnic heritage (Hughes and O’Rand 2004, 5).

Although the Civil Rights Movement overlaps the Baby Boomer time frame, segregation and unequal opportunities are reflected in the racial and ethnic disparities that continue to exist in high school and college completion rates among U.S.-born elders (Hughes and O’Rand 2004, 9).

The movement of women into the work force, aided by the availability of modern contraception, led to major changes in marriage and family life. The consequence for American elders is tremendous variations in household patterns (Hughes and O’Rand 2004, 16-21).
**SLIDE 39:** Major diversity in the immigrant population resulted from the passage of 1965 amendments to the Immigration and Nationality Act, which abolished national origin quotas as a basis for immigrant visas and created preference for family members and skilled workers (Bean and Stevens 2003, 2).

In addition, the actual number of immigrants entering the U.S. increased dramatically, especially from the 1980s on (Bean and Stevens 2003, 18-19).

**SLIDE 40:** The cited examples of cultural differences were developed by Dora Lodwick based on her research, teaching and other experiences with various U.S. populations.

Some of the examples of immigrant group experiences are found in Lodwick and Mitchell (2002), Portes and Rumbant (2001), and Bean and Stevens (2003).

“Mainstream Americans” are generally U.S. – born, white Americans with at least a high school education. They often hold many of the values described in SLIDE 52 (Hoppe 1998).

**SLIDE 41:** Thanks to Bernice Hutchinson for her comments on the representation of the U.S. as a “dynamic multicultural nation.” Ms. Hutchinson has extensive experience training state and local aging professionals on diversity issues.

**SLIDE 46:** Edward Tyler first developed this definition of culture in 1871. It continues to be an all encompassing foundation for explaining actual behavior (Tylor 1988).

A simpler definition is:

“Culture generally refers to patterns of human activity and the symbolic structures that give such activities significance and importance.” (www.Wikipedia.com).
REFERENCES


**RESOURCES**

**Cultural Competence**


Colin, Jessie M. and Ghislaine Paperwalla. [http://www-unix.oit.umass.edu/~efhayes/haitian.htm](http://www-unix.oit.umass.edu/~efhayes/haitian.htm)


NASUA’s National Aging Information and Referral Support Center has excellent information on American Diversity. It includes self-assessment tests, tools, definitions, training modules, resources, etc. http://www.nasua.org/informationandreferral/diversity.cfm


Additional Resources

Other websites include:

- The National Center on Elder Abuse: www.elderabusecenter.org
- National Adult Protective Services Association: www.apsnetwork.org
- National Association of Social Workers: www.socialworkers.org
- NASUA’s National Aging Information and Referral Support Center: www.nasua.org
- www.wikipedia.com

Information on national issues relating to Adult Protective Services can be obtained from:
Kathleen Quinn, Executive Director
National Adult Protective Services Association (NAPSA)
920 South Spring Street, Suite 1200
Springfield, IL 62704.
Susan Castaño, LCSW, is a licensed clinical social worker in New Jersey and Pennsylvania. Her expertise in elder abuse and adult protective services is the result of over thirty years of direct service, supervision and administration with the Middlesex County Board of Social Services in New Brunswick, New Jersey, where she coordinated the Adult Protective Services program. Retired from APS administration since 2000, Susan now serves as Program Coordinator for social work relicensing workshops at the Rutgers School of Social Work, Continuing Education and Professional Development Program. Susan has been the principal curriculum developer and trainer for the New Jersey A.P.S. New Worker Training Certification Program through Rutgers School of Social Work for more than 15 years. She also provides workshops and trainings nationally on a variety of topics and has developed specialized curriculum on APS issues for several states as well as for NAPSA. Susan serves as the chairperson of the Education Committee of the National Adult Protective Services Association where the goal is to develop a national APS Training Institute.

Dora G. Lodwick, PhD, is a sociologist and Executive Director of the REFT Institute, Inc. She has taught courses on immigration population change, and issues of aging at the University of Denver and Miami University of Ohio for over 20 years. Her work as an evaluator, trainer and some of her writings have focused on issues of cross-cultural experiences. She grew up in Latin America, has done research in Central and South America, has taught in rural and urban Black communities, and has worked with many immigrant communities.

Kathleen Quinn, MSW, is the Executive Director of the National Adult Protective Services Association (NAPSA), a 600 member national organization representing adult protective services programs and clients. Previously, she served as Policy Advisor on Senior Issues to the Illinois Attorney General and as the Chief of the Bureau of Elder
Rights for the Illinois Department on Aging, where she was responsible for the statewide Elder Abuse and Neglect (APS) Program and the Long Term Care Ombudsman Programs. In the 1980’s Ms Quinn was a trainer and administrator with the Illinois Coalition Against Domestic Violence. She is the past President of NAPSA, a former board member of the National Committee for the Prevention of Elder Abuse, as well as a member of the Illinois Family Violence Coordinating Council, the Illinois State TRIAD Council, the Advisory Committee to the National Clearinghouse on Abuse in Later Life, and was a founding board member and secretary of the Illinois Center for Violence Prevention.