This training was developed by the Adult Protective Services (APS) Training Project a program of the Bay Area Academy, San Francisco State University School of Social Work. The APS Training Project is funded by the California Department of Social Services, Adult Services Branch with additional funding for this training provided by California State University Sacramento IHSS Training Project.

Curriculum Developer
Susan Castano, LCSW

Curriculum Revisions 2015
Krista Brown

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Revised 2015. Central California Adult Services Training Academy, California State University Fresno, Social Welfare Evaluation, Research, and Training Center with funds from the APS Training Contract, California Department of Social Services (CDSS).

MODULE 15 – NAPSA Core Competencies

Version 3
INTRODUCTION

We are pleased to welcome you to the APS Documentation Skills and Report Writing training for new APS workers.

The Adult Protective Services (APS) Training Project, a program of the Bay Area Academy/San Francisco State University, works to identify training needs, priorities and emerging issues among county Aging & Adult Services staff - with an emphasis on APS and In-Home Support Services (IHSS) training priorities. The project works in numerous partnerships to develop APS training curriculum and deliver core and specialized training to enhance the skills and knowledge of county social workers who serve vulnerable seniors and adults with disabilities within the State of California.

APS Training Project's overarching goal is to develop and deliver statewide, standardized core curricula for new APS/IHSS social workers and to share these trainings on a national scale through our partnership with the National Adult Protective Services Association (NAPSA). Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their clients.

The Project is a founding member of the APS Regional Training Academy Consortium (RTAC) and the National APS Training Partnership. Our partners include:

- Academy for Professional Excellence/Project MASTER, Central California Child Welfare Training Academy and the Northern California Training Academy
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
- National Adult Protective Services Association Education Committee (NAPSA)

MODULE 15 – NAPSA Core Competencies
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MODULE 15 – NAPSA Core Competencies

Version 3
ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and Bay Area Academy staff members. The APS Training Project would like to thank the following individuals and agencies:

Agencies
Academy for Professional Excellence/Project MASTER
Alameda County Social Service Agency
California Department of Social Services, Adult Services Branch
California State University Sacramento IHSS Training Project
California Social Work Education Center Aging Initiative
Contra Costa County Adult and Aging Services
Napa County Health and Human Services
San Francisco County Department of Adult and Aging Services
San Mateo County Adult and Aging Services
Solano County Elderly and Disabled Adult Services

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Curriculum Revisions 2015
Krista Brown

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Version 3
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HOW TO USE THIS TRAINING MANUAL

The course outline, provided in the next section of this manual, is the class schedule used during the piloting of this training. It can be used to help you determine how much time you might need to present each section. However, times will vary based on the experience and engagement of your audience.

Customizing the PowerPoint:
Once you decided on how you want to divide up your time in presenting this material, you may want to customize your PowerPoint. The Microsoft Office PowerPoint software allows you to hide any slides you don’t want to use.

Hide a slide instructions

1. On the Slides tab in normal view, select the slide you want to hide.
2. On the Slide Show menu, click Hide Slide.

The hidden slide icon appears with the slide number inside, next to the slide you have hidden.

Note: The slide remains in your file, even though it is hidden when you run the presentation.

Please note that this manual is set up so that the trainer script/background material is on the same page as the accompanying PowerPoint slide making it easy to also customize your manual to match the slides you have decided to use, Just remove the unneeded pages.

You may also decide to add slides showing specific program information, policies or procedures for your agency or jurisdiction. This will increase the applicability of the training but care must be taken not to try and pack too much additional content into the training.

Trainer Note: in this module we will use the terms client and victim interchangeably. Although the individual may be a victim of elder abuse, the individual also has many positive qualities that workers have the opportunity to examine and strengthen. It is important to see the victim of elder abuse as a viable, strong person with much to offer. In that way, the victim is also a client.

MODULE 15 – NAPSA Core Competencies
## COURSE OUTLINE

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<th>Content</th>
<th>Total Time</th>
<th>Activities</th>
<th>Slides/Handouts</th>
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<tr>
<td>Introductions, Overview &amp; Icebreaker</td>
<td>30 min</td>
<td>Introductions, Evaluation, Warm-up Activity</td>
<td>Slides 1-8</td>
</tr>
<tr>
<td>Documentation Overview</td>
<td>45 min</td>
<td>Lecture/Discussion Individual Activity</td>
<td>Slides 9-19 Handout 1-3</td>
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<tr>
<td><strong>BREAK</strong></td>
<td><strong>15 min.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear, Factual, Objective &amp; Concise Documentation</td>
<td>90 min.</td>
<td>Lecture/Discussion Small/Large Group Activities</td>
<td>Slides 20-30 Handout 4-8</td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td><strong>60 min.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory Tips and Documentation Equipment</td>
<td>30 min</td>
<td>Lecture/Discussion Group Activity</td>
<td>Slide 31-33 Handout 9-12</td>
</tr>
<tr>
<td>Ethical Considerations and Confidentiality Related to Documentation</td>
<td>30 min</td>
<td>Lecture/Discussion</td>
<td>Slide 34-36 Handouts 13-14</td>
</tr>
<tr>
<td>Report Writing for Court</td>
<td>30 min</td>
<td>Lecture/Discussion Large Group Activity</td>
<td>Slides 37-40</td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td><strong>15 min</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conservatorship Documentation and Report Writing Activity</td>
<td>60min</td>
<td>Lecture &amp; hand outs</td>
<td>Slides 41-43 Handouts 15-16</td>
</tr>
<tr>
<td>Closing &amp; Evaluations</td>
<td>15 min</td>
<td>Q &amp; A &amp; evaluations</td>
<td>Slide 44 Evaluations</td>
</tr>
<tr>
<td><strong>TOTAL TIME</strong></td>
<td><strong>7 hrs</strong></td>
<td>(including 1 hour lunch)</td>
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**MODULE 15 – NAPSA Core Competencies**

**Version 3**
TRAINING GOALS AND OBJECTIVES

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

1. Describe the purpose of accurate, complete and timely documentation.

2. Demonstrate the use of clear, concise, and objective language.

3. Identify four types of equipment and their uses.

4. Discuss the importance of accurate recall and identify at least three memory improvement techniques.

5. Discuss confidentiality as it relates to documentation.

6. Discuss documentation needed for court including statements, evidence, and language.

7. Analyze and rewrite an APS report.

MODULE 15 – NAPSA Core Competencies

Version 3
## Teaching Strategies

The following instructional strategies are used:

- Lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods
- PowerPoint Slides
- Video clip – YouTube “Going Home” (A short film on Dementia)(2009) – [https://www.youtube.com/watch?v=9iXPHhfk_7E](https://www.youtube.com/watch?v=9iXPHhfk_7E)
- Participant guide (encourages self-questioning and interaction with the content information)
- Training evaluation to assess training process.
- Pre/Post Self-Assessment of Learning evaluation
- Transfer of Learning activity

## Materials and Equipment

The following materials are provided and/or recommended:

- Computer with LCD (digital projector)
- CD-ROM or other storage device with the slide presentation
- DVD for the video and audio clips
- Easel/paper/markers
- Small items which can be found in an APS client home and blanket/sheet to wrap them in (for memory exercise)
- Trainer's Guide: This guide includes the course overview, introductory and instructional activities and an appendix with reference materials.
- Participant Guides: This guide includes a table of contents, course introduction, all training activities/handouts and transfer of learning materials.
- Evaluation Guide: contains all post training and transfer of learning evaluation tools.
- Nametags/names tents.
- Water access/snacks/rest room access/lunch plans

**NOTE:** This training covers the basic theories, techniques and skills needed to document APS cases and draft necessary reports related to these cases. It does not answer agency specific questions. You may need to collect agency specific information before delivering this training. Segments written in **BLUE** indicate areas where you may need to research the policies/procedures specific to your agency or jurisdiction.

---

**MODULE 15 – NAPSA Core Competencies**

Version 3
RECOMMENDED COURSE AGENDA

9:00   Welcome, Overview & Icebreaker
9:30   Documentation Overview
10:15  Break
10:30  Clear, Factual, Objective and Concise Documentation
12:00  Lunch
1:00   Memory Tips and Documentation Equipment
1:30   Ethical Considerations and Confidentiality Related to Documentation
2:00   Report Writing for Court
2:30   Break
2:45   Conservatorship Documentation and Report Activity
3:45   Closing & Evaluations
4:00   Adjourn
EXECUTIVE SUMMARY

Course Title: APS Case Documentation & Report Writing

Outline of Training:
In this engaging and highly interactive introductory training, participants learn the necessary and essential components of effective documentation and report writing. Trainees will understand the purpose of competent documentation; demonstrate the use of clear, concise, and objective language; learn memory improvement techniques; understand confidentiality as it relates to documentation; and demonstrate written case documentation skills through an interactive skills practice exercise.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods; PowerPoint slides; video clip; 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 Aging & Adult Service partners (e.g. APS/IHSS, IHSS). This training is also appropriate for senior staff that require knowledge and/or skills review.

Outcome Objectives for Participants:
Learning goals – Upon completion of the training, participants will be able to:

1. Describe the purpose of accurate, complete and timely documentation.
2. Demonstrate the use of clear, concise, and objective language.
3. Identify four types of equipment and their uses.
4. Discuss the importance of accurate recall and identify at least three memory improvement techniques.
5. Discuss confidentiality as it relates to documentation.

MODULE 15 – NAPSA Core Competencies

Version 3
6. Discuss documentation needed for court including statements, evidence, and language.
7. Analyze and rewrite an APS report.

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 particular strengths and/or challenges that they have had with documentation in the past. 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.
WELCOME, OVERVIEW & ICE BREAKER

TIME ALLOTTED: 30 minutes

Slide #1: Welcome

**Script** – Welcome to APS Case Documentation and Report Writing.
The Adult Protective Services (APS) Training Project, comprised of the California Regional Training Academies, worked to identify training needs, priorities and emerging issues among county Aging & Adult Services staff - with an emphasis on APS and In-Home Support Services (IHSS) training priorities. The Project worked in numerous partnerships to develop APS training curriculum and deliver core and specialized training to enhance the skills and knowledge of county social workers who serve vulnerable seniors and adults with disabilities within the State of California.

The APS Training Project’s overarching goal was to develop and deliver statewide, standardized core curricula for new APS/IHSS social workers and to share these trainings on a national scale through partnerships with the National Adult Protective Services Association (NAPSA). Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their clients.

To date, there are 23 APS Core Modules recognized as a national standard. These modules are available in a variety of modalities (in-class, eLearning, Supervisor Workbooks, Webinar, etc.) and can be accessed at http://theacademy.sdsu.edu/programs/master/core-curriculum/.

The Project is a founding member of the National APS Training Partnership with NAPSA.
Introduce yourself – background, position within APS, etc.

It is also a time to go around the room and have people introduce themselves – name, county, how long they've been in APS, and their favorite class in grade school (K-12) or some other question to get a sense of subjects/activities participants gravitate to.

After introductions, please remind everyone to silence electronic devices and take the time to be present in these trainings. Announce restroom location, emergency exit info and to please return from breaks on time.

Briefly review the agenda – breaks, lunch, etc. which is located in the participant binders. Take a moment to orient training participants to their binders – PowerPoint, handouts, resources.
For this training, you will be completing a training satisfaction survey, a self-assessment of learning (completed in class) and a post-training transfer of learning exercise (to be turned in at a date to be determined). All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. The goal of this curriculum is for APS training to become an evidence-based practice that truly provides the knowledge and skills we believe it provides. The purpose of the evaluation process is more fully explained in your “Letter to Participants” on page 13 of the participant manual.

**Participant Letter of Consent**
- 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
- 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 aim to: (1) improve trainings’ effectiveness and relevance to your needs, and help you better serve older adults and their families; and (2) see if the training has been effective in meeting course objectives.
- If you agree to participate, you will fill out a questionnaire administered before and after the training.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential

**MODULE 15 – NAPSA Core Competencies**
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 meeting course objectives.

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.

CONTINUED

MODULE 15 – NAPSA Core Competencies

Version 3
If you agree to participate, you will fill out questionnaires administered before and after the training. The questionnaires 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 help us assess the effectiveness of Adult Protective Services 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 older adults and their 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 questionnaires, 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:

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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

MODULE 15 – NAPSA Core Competencies
We are NOT evaluating you and no one from your agency will see your individual responses. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout on page 15 of the participant manual and write in your ID code on the Handout:

**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?
HANDOUT #3: MASTER Identification Code Assignment

- In order to track each of your evaluation responses while maintaining your anonymity, we need to assign you an identification 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.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential. Only you will know your ID code refers to you.
- Aggregate data may be used for future research to improve training for Adult Protective Service workers.
Review the learning objectives. Explain that we will be building up from the basics of documentation in the morning to the more complex issues relating to confidentiality, ethics, and writing activities in the afternoon. Tell them that this will be a day of experiencing, learning, taking chances, and building confidence.
Slide #7: Icebreaker

This slide can be used as an icebreaker to playfully remind participants why we are here today. These are a few humorous documentation boo boo’s taken from actual medical records as dictated by physicians.
As APS workers you will find that there is a lot of documentation required, forms for this, forms for that, forms go to different entities, sometimes they are used at the moment, sometime they show up years later.

So you will be writing… and writing. Some of you may not like that. Some may not have experience doing it. For some of you English may be your second language. Some will think that their time is more valuably spent in direct service to clients. To give you a chance to share some of your ideas about this, here is a question for discussion.

Activity - As a large group shout out, ask participants for their feelings about writing… What they like? What they don’t like?

Using the flip chart, write down answers and keep them posted throughout the training, typically answers correlate to sections of the training.

Tell participants that this is their opportunity to get the dislikes out in the open- and that the goal for the day is to help them gain knowledge and skills to document well and with more confidence.
Documentation Overview

Slide #9: APS Case Documentation Framework

“...The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.”

Review the slide and explain this quote provides the framework for our training today.
Slide #10: Policy and Practice

Trainer Note: For trainings outside of California, you will need to modify the slide and documentation mandates for your jurisdiction.

Refer participants to Handout #1- Guiding Principles for APS Case Documentation and the California APS Standards for Consistency in Case Documentation on page 78 of their participant manuals.

Introduce participants to the Guiding Principles for APS Case Documentation and the California APS Standards for Consistency in Case Documentation developed by the County Welfare Directors Association (CWDA) Protective Services Operations Committee (PSOC) Consistency Workgroup.

These documents act as a great review of the training concepts and will be referred to throughout the training. They also serve as tools for participants in the field.

Review the section of the handout – APS Case Record Requirements – CA W & I Code and CDSS MPP Case Record Requirements. Excerpt below and also on page 18 of the participant manual:

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MODULE 15 – NAPSA Core Competencies

Version 3

-27-
APS Case Record Requirements:

- CA Welfare and Institutions Code 15630-15632 – Requires any mandated reporter to document any incident that appears to be physical abuse (including sexual abuse), abandonment, isolation, abduction, financial abuse, or neglect (including self-neglect, which is defined under Neglect). See definitions under W&IC 15610 to 15610.70.

- CDSS Manual of Policies and Procedures 33-805 – Case Record Requirements:
  - SOC 341 Form – Report of Suspected Dependent Adult/Elder Abuse
  - All written assessments and reassessments.
  - The written service plan.
  - Any written visitation plan.
  - The chronological narrative of contacts made with, or on behalf of, the elder/dependent adult.
  - Documentation of any refusal of services including, if known, the reasons for refusal.
  - Copies of all documents, relating to the client, which have been received or sent by the adult protective services agency.
  - Case closure summary. Documentation of all supervisory approvals.
  - Any other information or documents that APS believes necessary to maintain proper record of client’s case.

ASK participants why it’s necessary to document in APS work. Use answers to support and augment the discussion of the next slide.
Workers often complain that they spend more time documenting than providing services to their clients. In our hearts, we know that there is a good reason to document and document well. Here are some of the reasons:

Establish a detailed and reliable case history and baseline data: Why is this important? This allows you to mark improvement or deterioration.

Evidence for involvement – APS and/or legal: Both justification for being involved and documents created during the assessment process can be the most damaging evidence in court. Documentary evidence is better than personal testimony. Worker testimony based on records is more strategic than eye witness testimony without records.

Accountability and liability - Shows case handled appropriately. Legal attacks on documentation are weak because an attorney would have to prove that the entire record was false. Legal experts indicate that good records presume good services are being provided, and bad records presume bad service.

Professionalism: A level of professional competence can be demonstrated by the written work.

Consistency: Demonstrates that the case was handled efficiently and all relevant leads were followed up.
Justify the need for staff/funding: Numbers alone don’t tell the story and numbers don’t assure quality. Records serve to determine the complexity of the task as well as the quality of the services provided.

Other?

ASK: what other purposes does good documentation serve? Some examples include: Communication within the agency; to assist with substantiation decision; identify service gaps; improve the quality of services to people in the community. Good documentation also helps when you are out of the office, whether in the field, out sick, or on vacation. If your coworkers and supervisor know what has been done on a case, it may prevent duplication of efforts when you are not in.
The bottom line is that you went into this field to help clients. Many of us complained that documentation takes time away from the work we can do with clients. But in order to really help clients, we not only engage them, develop trusting relationships, do the “social workie” thing… but to really service them, we need to build their case. Those details that are recorded will help you help them get what they need. And that’s what we want.
Slide #14: Things to Consider

Things to consider...

- Who will read it?
- Where will it end up?
- How long will it take?
- Who benefits?

The important things to remember when considering the time and effort that you put into documentation:

- You never know who will read it… it could be your agency director, attorney, a prosecutor, a judge.
- You don’t know where it will end up and how long it may take before it winds up in court – maybe 2 years?
- Your documentation helps you refresh your memory as a witness, helps you remember the details.
- The bottom line: yes, documentation helps you, your agency, the legal system… but it helps your client most.

The better job you do in documenting the situation, the better chance you have in getting your client the services and the justice she/he deserves. And that is what our jobs are about: helping and protecting vulnerable people.

**Trainer Note:** – Share other general resources to assist with writing –
Online – Purdue University Online Writing Lab (OWL) – great writing, grammar and citation resource - [https://owl.english.purdue.edu/owl/](https://owl.english.purdue.edu/owl/)

Good to have at your desk or a copy to share with the office:

**MODULE 15 – NAPSA Core Competencies**

**Version 3**
When we document we need to make sure that we are documenting accurately and factually, completely, and in a timely fashion.

Let’s discuss why we include these in our standards for documentation in APS and look at some examples.
Slide #16: Accurate Documentation

It cannot be emphasized enough how important it is to make sure that your facts are accurate. Including these elements:

- **Dates & Time**: These include all dates and times related to the case and the dates and times of any action taken on the case.
  - When did you visit?
  - Of course you need to include where the visit took place as well – in the home, at a senior center, in the police station, at the home of a neighbor or relative.
  - All phone calls made by you (and to whom) or received by you (from whom) should be included, as well as identifying the caller, his/her title/agency or relationship to client.
  - You also need to record dates of any contact you had with anyone involved with the case as well as the dates of all referrals you make on behalf of the clients.

**ASK**: How can dates of referrals help you?
It is easy to lose track of time when you make referrals, so having the dates will help you with follow up. Knowing how long programs take to respond will help you in the future when serving other clients.

- **Names, Relationships, Titles, and Ranks**: Again, make sure that the names are spelled correctly and keep an accurate listing of phone numbers of people related to the case. This will save you time in the future and help when you are out of the office and someone else needs to follow up on the case. When you list medical professionals, make sure you put their specialty and for legal/law enforcement professionals, the title/rank of the individual.
Language: Be careful of your word usage. We have professional slang and acronyms that we use on a daily basis. Some are unique to APS, some are medical, some are legal, and some refer to programs and services. Not everybody understands what they mean, so be careful that what you abbreviate can be understood by coworkers, managers, and attorneys.

There are many other issues involving language… but we will cover that when we get to clear and objective documentation.

Tip - Time Saving Tool - share with the group that the “Auto Correct” function in Microsoft Word can be set to change commonly used acronyms/abbreviations into written out names.

Spelling

Please check your spelling… and remember, you can’t always rely on spell-check.

Refer participants to Handout #2 and #3 on pages 21-22 of their participant manual. Handout #2 is a list of commonly confused words and Handout #3 are common APS and Adult Service abbreviations and acronyms. Briefly review a few examples from each handout. These are tools for participants to use in the field.
# Handout #2

## Commonly Confused Words

<table>
<thead>
<tr>
<th>Confused Word</th>
<th>Correct Word</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device (contrivance)</td>
<td>Design (invent)</td>
</tr>
<tr>
<td>Devise (invent)</td>
<td></td>
</tr>
<tr>
<td>Precedence (priority)</td>
<td>Precedents (examples)</td>
</tr>
<tr>
<td>Disburse (pay)</td>
<td>Disperse (scatter)</td>
</tr>
<tr>
<td>Emersion (act of appearing)</td>
<td>Emersion (act of appearing)</td>
</tr>
<tr>
<td>Immersion (act of dipping)</td>
<td>Immersion (act of dipping)</td>
</tr>
<tr>
<td>Eminent (distinguished)</td>
<td>Eminent (distinguished)</td>
</tr>
<tr>
<td>Imminent (about to happen)</td>
<td>Imminent (about to happen)</td>
</tr>
<tr>
<td>Some time (period of time)</td>
<td>Some time (period of time)</td>
</tr>
<tr>
<td>Sometime (point of time)</td>
<td>Sometime (point of time)</td>
</tr>
<tr>
<td>Sometimes (at times)</td>
<td>Sometimes (at times)</td>
</tr>
<tr>
<td>Stationary (not moving)</td>
<td>Stationary (not moving)</td>
</tr>
<tr>
<td>Stationery (writing paper)</td>
<td>Stationery (writing paper)</td>
</tr>
<tr>
<td>New (recent)</td>
<td>New (recent)</td>
</tr>
<tr>
<td>Novel (unusual)</td>
<td>Novel (unusual)</td>
</tr>
<tr>
<td>Leave (go away)</td>
<td>Leave (go away)</td>
</tr>
<tr>
<td>Let (permit)</td>
<td>Let (permit)</td>
</tr>
<tr>
<td>Flaunt (display boastfully)</td>
<td>Flaunt (display boastfully)</td>
</tr>
<tr>
<td>Flout (scoff at)</td>
<td>Flout (scoff at)</td>
</tr>
<tr>
<td>Perquisite (privilege)</td>
<td>Perquisite (privilege)</td>
</tr>
<tr>
<td>Prerequisite (requirement)</td>
<td>Prerequisite (requirement)</td>
</tr>
<tr>
<td>Practical (useful)</td>
<td>Practical (useful)</td>
</tr>
<tr>
<td>Practicable (able to be used)</td>
<td>Practicable (able to be used)</td>
</tr>
<tr>
<td>Complacent (self-satisfied)</td>
<td>Complacent (self-satisfied)</td>
</tr>
<tr>
<td>Complaisant (eager to please)</td>
<td>Complaisant (eager to please)</td>
</tr>
</tbody>
</table>

## MODULE 15 – NAPSA Core Competencies

Version 3
Handout 3 - COMMON APS ABBREVIATIONS and ACRONYMS

Keep this hand out in your field book – there is room to add additional words.

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
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA</td>
<td>District Attorney</td>
</tr>
<tr>
<td>d/c</td>
<td>Discontinued</td>
</tr>
<tr>
<td>DD</td>
<td>Developmentally Disabled</td>
</tr>
<tr>
<td>DIL</td>
<td>Daughter-in-law</td>
</tr>
<tr>
<td>DJD</td>
<td>Degenerative Joint Disease</td>
</tr>
<tr>
<td>DM</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>DPOA/HC</td>
<td>Durable Power of Attorney/Health Care</td>
</tr>
<tr>
<td>DSG</td>
<td>Dressing</td>
</tr>
<tr>
<td>DTR</td>
<td>Daughter</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>DX or dx</td>
<td>Diagnosed/Diagnosis</td>
</tr>
<tr>
<td>EDRT</td>
<td>Elder Death Review Team</td>
</tr>
<tr>
<td>EMT</td>
<td>Emergency Medical Team</td>
</tr>
<tr>
<td>ESRD/ERD</td>
<td>Endstage Renal disease</td>
</tr>
<tr>
<td>ETOH</td>
<td>Alcohol</td>
</tr>
<tr>
<td>FA</td>
<td>Father</td>
</tr>
<tr>
<td>F.A.S.T.</td>
<td>Financial Abuse Specialist Team</td>
</tr>
<tr>
<td>FD</td>
<td>Fire Department</td>
</tr>
<tr>
<td>f/f</td>
<td>Face to Face</td>
</tr>
<tr>
<td>f/u</td>
<td>Follow Up</td>
</tr>
<tr>
<td>GDS</td>
<td>Geriatric Depression Scale</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GSW</td>
<td>Gun Shot Wound</td>
</tr>
<tr>
<td>GRDDTR</td>
<td>Granddaughter</td>
</tr>
<tr>
<td>GRDS</td>
<td>Grandson</td>
</tr>
<tr>
<td>GYN</td>
<td>Gynecology</td>
</tr>
<tr>
<td>HA</td>
<td>Housing Authority</td>
</tr>
<tr>
<td>HBP</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>HH</td>
<td>Home Health</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
</tr>
<tr>
<td>HUSB</td>
<td>Husband</td>
</tr>
</tbody>
</table>

**MODULE 15 – NAPSA Core Competencies**

Version 3
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

MODULE 15 – NAPSA Core Competencies
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

MODULE 15 – NAPSA Core Competencies

Version 3
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

W:)
w/ - With
w/out – Without

Y:)
yo – Year Old

This document was created by the APS Training Project - Bay Area Academy/SFSU for the APS Case Documentation & Report Writing training – June 2008.

MODULE 15 – NAPSA Core Competencies

Version 3
Activity: Refer participants to page 27, the case documentation sample, in their participant manual. Read the sample documentation out loud to the class. Have them work individually to answer the following questions

- Is it accurate?
- Did the worker capture the necessary elements?
- What is missing or could be changed?

In a large group format, ask them for their feedback on this sample and chart answers on flip chart.

5/15/08 – Initial Assessment/Home Visit
Conducted visit at hospital. Client’s daughter, M, was with client when SW arrived. Client is being treated for a heel ulcer and she reportedly had an operation yesterday. SW attempted to speak with client but she did not respond. Client was curled-up in the fetal position. She reportedly has pulled out her IV, so something is wrapped on both her hands to keep this from happening. Daughter also reported brother medicated client’s sores with over the counter medication after consulting with her primary physician. Primary physician reportedly told brother that he can’t treat something he hasn’t seen. Daughter indicated that son was being stubborn and insisted on treating sores himself.

MODULE 15 – NAPSA Core Competencies
Version 3
What should be included in a case record:

- **Required Forms** as per your jurisdiction
- **Progress notes** should be well written and clear, including what we discussed before – dates, times, places, phone numbers, stakeholders, other agencies.
- **Medical information**, including documents received from physicians, nurses, hospitals… and any evaluations and affidavits should also be included.
- **Legal Information** - Records from law enforcement are important. If you don’t have the documents, make sure you have the dates of restraining orders, protective orders, etc with all the information included.
- **Financial Information** - Banking information is especially important when investigating financial exploitation, but can also be helpful evidence when dealing with a self-neglecting client who has begun sending their money to charities seen on TV.

**ASK:** What other banking info should be in the record? Possible answers: monthly statements, unpaid bills, cancelled checks, etc
What should not be included in a case record:

Note: If case records are all electronic, then some of the following will not be appropriate. You might want to ask the group if they use paper files.

- **Personal notes** - if there is a paper file, these items do not belong in it (Personal notes, scraps of paper). If you take notes during an interview, they should be transcribed into progress notes and carefully written, documenting what you observed and what people said to you. We’ll get to the specifics of that later.

- **Alterations** - Also be careful about changes you make into a paper case record…any alteration may be questioned in court.

- **Irrelevant information** - Also information in the case record should be relevant to the allegations and the investigation in question. We’ll also talk more in depth about that later.

- **Judgmental or inflammatory statements** these type of statements do not belong in your case documentation. We will discuss this more in depth later as well.
We already talked about the importance of including the date and time for all your entries. This helps trace the chronology of the case, what happened and when.

Also, all reports should be signed by the author.

It may also help to enter the start and end time of a visit; this can help establish that the visit, observation, or interview was long enough for the worker to understand what was happening.

Remember, if it is NOT documented in your case record, it is fiction… it did not happen.

**ASK:** how soon do you document what you have seen? How do you do it?

The issue is the longer you wait, the more likely it is that you will forget an important detail. Some workers take notes in front of the client. Some workers don’t feel comfortable; others ask permission and explain that writing things down will help them to get the client needed services. Others may wait until they get into their car, away from the client’s home. Ask what strategies they use.

*Best practice tip – Document quotes and observations immediately – you don’t have to use them all in your documentation but you have them if you need them.*

Related to this - excited utterances/spontaneous statements will be covered after lunch.

**BREAK**
Clear, Factual, Objective & Concise Documentation

TIME ALLOCATED: 90 minutes

Slide #20: Essential Components for Effective Documentation

Now we get into the heart of this morning’s discussion. What are the necessary and essential components of effective documentation?

We’ll be talking in depth about how to make documentation clear and factual, how to make sure you are using objective language, and how you can make sure you have included the most essential information without being too wordy.

We will discuss these components and you will have the opportunity to practice them as well.
Review the slide and let participants know that in the upcoming activities they will get to practice these points.
TIME ALLOCATED: 20-25 min

As they say on police show, just the facts, ma’am. Refer participants to page 31 **Handout #4 - Rat Feces** exercise in their manuals. This exercise was adapted by Paul Needham, an APS trainer colleague from the Oklahoma Department of Human Services (who probably borrowed it from another APS program… we all share good things with each other, and what better thing to share with APS workers than rat feces?).

**Activity:** This exercise is done in 3 stages. Read the instructions and clarify the meaning of T (true), F (false) and Q (questionable).

- Ask participants to read the narrative and answer the questions individually. Give them about 5 minutes for this.

- Then break the class into small groups and ask them to come to a consensus as to the correct answer and tell them they must be ready or able to justify that answer as a group. Give them 8-10 minutes to do this.

- Then have a shout out session and brief discussion about each question. This should be very lively, bringing out worker’s assumptions, conclusions and opinions about the situation presented.

Try to limit the discussion to 10-15 minutes.
Handout #4 – Rat Feces Exercise

Read the following narrative information carefully:

*The worker walked into the kitchen and observed rats scurrying under the cabinets when the light was turned on. Feces were all over the floor. The client’s daughter said her mother liked rats but she didn’t like people. Mrs. Jones said she was surprised that the rats stayed around with so little food in the house, then she walked out of the room.*

Now read the following statements about the narrative. Circle “T” if the statement is true, “F” if the statement is false, and “Q” if you do not know if it’s true or false.

1. Rat feces covered the kitchen floor. 
2. The client’s daughter didn’t provide her mother with enough food. 
3. It was reported that the client liked people. 
4. The worker turned on the kitchen light. 
5. Mrs. Jones liked rats. 
7. Mrs. Jones doesn’t like people. 
8. There was not very much food in the kitchen. 
9. The client is ambulatory. 
10. Mrs. Jones went to another room after she talked to the worker. 
11. Rats went under the cabinets when the light was turned on. 
12. The worker interviewed the client and her daughter. 
13. The client’s house was not very clean. 
14. The worker walked into the kitchen. 
15. The age of the client was not revealed in this part of the narrative. 
16. Mrs. Jones was hungry. 
17. The narrative mentions three people: the worker, the client, and the client’s daughter.

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MODULE 15 – NAPSA Core Competencies

Version 3
Rat Feces Exercise Answer Key

T  F  Q  1.  Rat feces covered the kitchen floor.
T  F  Q  2.  The client’s daughter didn’t provide her mother with enough food.
T  F  Q  3.  It was reported that the client liked people.
T  F  Q  4.  The worker turned on the kitchen light.
T  F  Q  5.  Mrs. Jones liked rats.
T  F  Q  6.  Someone turned on a light.
T  F  Q  7.  Mrs. Jones doesn’t like people.
T  F  Q  8.  There was not very much food in the kitchen.
T  F  Q  9.  The client is ambulatory.
T  F  Q  10.  Mrs. Jones went to another room after she talked to the worker.
T  F  Q  11.  Rats went under the cabinets when the light was turned on.
T  F  Q  12.  The worker interviewed the client and her daughter.
T  F  Q  13.  The client’s house was not very clean.
T  F  Q  14.  The worker walked into the kitchen.
T  F  Q  15.  The age of the client was not revealed in this part of the narrative.
T  F  Q  16.  Mrs. Jones was hungry.
T  F  Q  17.  The narrative mentions three people: the worker, the client, and the client’s daughter.

CONTINUE
Trainer Note: The narrative appears relatively straightforward when in reality it presents little if any clear information. Large group discussion may reveal how workers make assumptions, draw conclusions, and form opinions when they do not have sufficient clear information. For example, they may say that #13 is true… because many feel that feces on the floor mean that the house is dirty. This comes from their own value system and from an assumption they make. Nothing is indicated in the narrative about the rest of the house, just as it isn’t clear what kind of feces is on the floor. Processing this activity is an opportunity to discuss both clear and objective writing.

Lead into the next section by pointing out the only way to provide good supportive case documentation is to have a firm understanding of the rules governing good documentation.

Script - It is important that you document what you saw, heard, and smelled. Using quotes helps you state clearly what you heard, rather than your interpretation of what you heard. Also, remember that you are an APS worker not a physician or an attorney (unless you are), so that medical diagnoses, financial information, legal information such as POA – should be obtained by the professionals that have the authority to do it. That information can be quoted or copies of hospital, medical, legal, and bank records can and probably should be part of the case record whenever possible. Also make sure that your language is clear and can be understood by any reader (who is allowed access, of course). Every profession uses acronyms and has its own lingo.

*Best Practice Tip* – documenting client medications including name of drug, strength/dosage, and prescribing doctor, expiration date – it can’t be emphasized enough how important this is considering the issues many clients have with their medications.
Slide #25: Video Observation Activity

Video Observation Activity – Handout #5
• “Going Home”

TIME ALLOTTED: 20 minutes

Trainer Note: For this video observation activity you will be showing the first 3.07 minutes of “Going Home (A Short Film on Dementia) 2009 which can be streamed directly from YouTube - https://www.youtube.com/watch?v=9iXPHhfk_7E

You may also download the entire 9 minutes video in a MP4 or other file format using the software of your choice and embed into the PowerPoint video. It is recommended that you become familiar with the video prior to the training.

To practice writing what you observed, we will look at a small section of video. This means you must use your powers of observation only to document and describe what you saw. Remember to make sure you document only what you saw. Document your observations on handout #5.

Activity: Refer participants to page 33 Handout #5 – Video Observation Activity. Show participants the first 3.07 minutes of the video and have them note any facts and observations as they watch. Review the definitions for Facts, Observations, Inferences, and Observations and have participants share what they wrote.

Trainer Note: Workers may make inferences and interpretations here. Point out the difference in what they are saying about the situation and what they really observed. Different participants may observe different things and some will want to assess the case and get off track. It is important to remind them the important point is that whatever they write is direct observation. The same applies to what client says…. It is not their “spin” on it, but it is what he/she says.

MODULE 15 – NAPSA Core Competencies
Definitions

Facts – A piece of information presented as having objective reality (Merriam-Webster). Information that can be verified. Example – The client just had open heart-surgery.

Observations - The act of careful watching and listening; the activity of paying close attention to someone or something in order to get information (Merriam-Webster). Things the worker may see, hear, or smell.

Inferences – The act of passing from one proposition, statement or judgement. Considered true to another whose truth is believed to follow from that of the former (Merriam-Webster). Inferences beyond what is directly observed, conclusions which entail some degree of risk or uncertainty

Interpretations – The act or result of explaining or interpreting something; the way something is explained or understood (Merriam-Webster). Combination of facts, observations and inferences and what this means to the worker, i.e., a professional opinion.

Activity

While watching the video record the facts and observations you see. Do you find yourself wanting to jump to inferences and interpretations?

What are the facts?
Possible answers: client is ambulatory; client was wearing pants and shirt; the client took the bus to get food; etc.

What are your observations (appearance, behaviors, conversations, etc)?
Possible answers: client appeared female; client dressed in clothes without stains that appeared clean and well-fitted; client was unable to button shirt the first time; client was unable to operate the rice cooker, the house appeared tidy; client appeared to have trouble counting change, etc.
What can you infer from the video (of course, further investigation would be needed)?
- We may infer that the client is somewhat confused as evidenced by trouble with buttoning her shirt, using the rice cooker, counting change, and appearing to get lost.

Did you make any interpretations based on what you saw (of course, further investigation would be needed)?
Client is an individual with some intellectual deficits and provides some care to her family member (granddaughter).
Slide #26: Subjective vs. Objective Descriptions

Review the definitions then refer participants to **Handout #6 Objective vs. Subjective Language** on page 34 of their manual.

Briefly review the list asking if words are subjective or objective.

**Trainer Note:** There is also a very good section on Subjective/Objective/Judgmental/Inflammatory language in Handout #1 – Guiding Principles for Case Documentation.
Subjective description gives an interpretation of an observation. Two people seeing the same event might be likely to give different subjective descriptions.

Objective description tells what was observed. Two people observing the same thing would probably give very similar objective descriptions.

Are the following words objective or subjective?

- Depressed
- Hostile
- Frightened
- Would not open door
- Lonely
- Hit
- Acted crazy
- Thin
- Malnourished
- Drooled
- Nervous
- Bruised
- Abused
- Sick
- Sexually inappropriate
- Touches other’s genitals
- Smiled
- Disrespectful
- Hot tempered
- Developmentally delayed
How can we make sure that our descriptions and our language are objective?

- First we need to be aware of our own values and opinions. We must remember that every individual has a lifetime of experiences and relationships – that we are all different. This depends on our family structure, our cultural identity, and religious background, our parents’ own experiences and how they passed their own values on to us. It depends on our experience in society, relationship with peers, our ideas about different issues, such as substance abuse, homosexuality, smoking, swearing, and yelling. What is “right” for you may not be “right” for someone else. What is “inappropriate behavior” to you may seem very appropriate to others.

- We also must pay attention to situations that “push our buttons.” In psychological terms, we call this countertransference. Countertransference is defined as redirection of a worker’s feelings toward a client, or more generally as a worker’s emotional entanglement with a client. That can mean that we may interpret someone’s actions in a particular way, maybe even leading to not providing service or providing too much service, depending on our feelings. Does this client, caregiver, service provider remind us of someone in our lives that brings negative or positive feelings? We need to become attuned and aware of these feelings so they do not get in the way of our work. This issue of values is not only important in documentation but in all aspects of human services work.
o Watch your language; do not use judgmental, inflammatory or “loaded” words. Certain words like “charity,” “government”, “welfare”, “services” might be unclear and scary to clients and turn them off as well.

o Using the words “seems” and “appears” can be helpful… you are describing what “appears to be” – but at the same time you should describe what lead you to that “conclusion.” It is not correct to say “the client is depressed” because you cannot make that diagnosis. If you say “the client seemed depressed,” that is not enough, because depressed behavior means different things to different people. Therefore you need to describe what you observed to make you believe that client seemed depressed.
Slide #28: Clear & Objective Writing Activity

**Objective Writing Activity – Handout #7**

It’s time to practice objective writing!

This activity has two parts:

1. First identify why the statement given is NOT objective (is it judgmental or inflammatory?).
2. Then rewrite the description using clear, objective, and descriptive language.

TIME ALLOTTED: 20 minutes

**Activity:** Refer participants to Handout #7 – Clear and Objective Language Exercise on page 36 of their manual.

This exercise can be done individually or in pairs –

1. First they will identify what is wrong with the original statement.
2. Then they will rewrite the description using clear, objective, and descriptive language.

Have pairs share their answers, depending on time, a few samples can suffice.
Handout #7 - Clear and Objective Language Exercise

Please read the following statements and rewrite them so they will be clear and objective. Be able to explain what was wrong with the original statement.

Example:

Client was filthy and disheveled. → Client’s arms, legs, and face were caked with dirt. His shirt was stained and unbuttoned. His trousers hung down to his knees. There were urine stains on his pant legs. He had no socks on and only one shoe.

1. Visit to home of 86 year old double amputee, Mr. Williams. Neighbors complain that he has filled his home with trash which is attracting vermin. The client’s behavior was inappropriate during the visit.

2. Client states her daughter, who is her primary source of care, worries a lot about everything. After interviewing the daughter, she is paranoid.

3. Case closure summary submitted by APS Social Worker: Despite all I have done for her over the months, the client is manipulative and is never satisfied.

4. After APS report from physician, visit to home of 92 year old woman who lives alone in the country. Client was inappropriately dressed.

5. Client states he gives his son money since his son was laid off six months ago. The son appears to be a drunk.

6. Home visit with client, her adult son, and adult daughter. Both adult children reside with the client. This is a dysfunctional family.
Now we have arrived at concise recording.

We need to get to the point, by answering who, what, where, when, why and how questions that are pertinent to the assessment, investigation, substantiation, and termination of the case.

Many workers think that the more they write the better. We are not writing a novel, we are documenting what is necessary to explain our case plan.
Slide #30: Case Record Diet Activity

ACTIVITY:

Refer participants to **Handout #8 – Case Record Diet Activity** on page XX of their manuals.

Participants are to read the entry, cross-out non-relevant items and add appropriate items (if necessary) making sure that only pertinent information is included.

Depending on time, this exercise can be done individually and then discussed in small groups, or it can be done individually and then directly processed in the large group, asking for volunteers. The Case Record Diet is great practice.

**Trainer Note:** If time allows before lunch, review **Handout #1 – CA APS Standards for Consistency in Case Documentation matrix section “Response to Reports – Investigation”** on page 38 of the participant manual is a great summary of the morning’s salient information. If time is short, you can review after lunch prior to memory exercise.

*Congratulations for a very busy morning, learning about the purpose of documentation, the essential components, and how to be accurate, objective and concise. We will be building on this information in the afternoon.*

**LUNCH BREAK**

**MODULE 15 – NAPSA Core Competencies**

Version 3
Handout 8 - Case Record Diet Activity

Cut out excess! Leave in essential nutrients. Reduce/edit the following case documentation entry making sure it is clear, objective and complete.

Directions: Cross-out non-relevant information and make additions (if necessary) making sure only the most pertinent information is included.

9/4/08

Home visit: It was a rainy day and I had a hard time finding the place because some of the roads were closed. Besides that, I got a late start because my supervisor wanted to see me, so that threw me off my schedule. Client opened the door and let me in. She told me to sit down but all the chairs were covered with stuff. I really didn’t want to sit down, but I managed to find a spot where I was comfortable. Client was wearing a housedress that was a bit too long. It had a small stain on the right sleeve. She was eating a turkey sandwich on white bread with mayonnaise. It looked pretty good. She told me someone had brought it to her but she couldn’t remember who it was. I asked her how she was feeling since her discharge from the hospital. She said she was feeling okay except that the top of her head was on fire and it was probably because of the people next door who put a spell on her. I looked in the refrigerator (which made me feel like a snoop) and found moldy, orange juice, a 6 pack of beer, eggs, bread, twinkies, cheese, a jug of wine, apples, and some things with mold on them. While I was there, the phone rang. It was a friend, checking up on her. I asked her if she needed anything. She said no and left.
Memory Tips and Documentation Equipment

Slide #31: Memory Exercise – Post-Lunch Brain Energizer

Memory Exercise

Now it’s time for a post-lunch brain energizer!

• Step 1 – Take one minute to view items under the blanket – you may not use paper or pencil.

• Step 2 – Return to your seats and list everything you saw.

Trainer Note: Before the training select 15-20 small items that can be found in an APS household. These could include a prescription bottle (with name and dose written on it), an over the counter drug, a knife, a pet (stuffed, of course), an insect (cockroach?), mouse, doilies, broken eyeglasses, a piece of rotten/fresh food, playing cards, hearing aide, knitting needles, matches, dirty clothing, a plant, social security check, cash, a beer can, etc – just make sure there are a variety and some are significant and should be noticed.

Make a list of all the items for your reference.

Put all the items in a blanket or sheet, so they cannot be seen by the participants. After lunch, put the closed blanket on a table in the front of the room.

CONTINUE
Activity: Ask participants to come around the table. For groups over 20, have people come up in groups of 10-12 people. They cannot bring anything with them.

Tell participants that when they go into a client’s home, there will be a lot to notice other than the client. The cues in the environment may give them information which will help with their assessment. It is important for them to notice and remember what they observed.

Tell them that in the blanket are ____ number of items that they might see in a client’s home. Tell them you will open the blanket and give them one minute no more to observe the items in the blanket. After one minute, quickly close up the blanket and ask participants to take their seats. Then ask them to list everything they saw. Give them a few minutes.

Ask if anyone got all ____ (number) correct? Then ask them what they found and write all items on flip chart. Check against your master list to see if anything was missing. Discuss reasons for missing things, ask them which items stood out for them, comment how different items may have different meaning to different people.

Script - So you are in a client’s home and are bombarded with stimuli…the client, other people, hundreds of items in the environment. You are there for half an hour. How much of that do you remember after you leave? In this exercise you had 1 minute to concentrate, and even then not everyone remembered everything. If you had to wait half an hour and then get in your car, how much would you remember? Of course, you should jot down notes as soon as you get to your car or as soon as you get to your office, but how many details would you remember?
Refer participants to **Handouts #9 and #10** on pages 40-41 in their manual.

There are some tricks and tips to help stimulate your memory.

**Brain Exercises:**
Memory, like muscular strength, is a “use it or lose it” proposition. The more you work out your brain, the better you'll be able to process and remember information. Novelty and sensory stimulation are the foundation of brain exercise. If you break your routine in a challenging way, you’re using brain pathways you weren’t using before. This can involve something as simple as brushing your teeth with your nondominant hand, which activates little-used connections on the nondominant side of your brain. Or try a “neurobic” exercise – an aerobic exercise for your brain – that forces you to use your faculties in unusual ways, like showering and getting dressed with your eyes closed. Take a course in a subject you don’t know much about, learn a new game of strategy, or cook up some recipes in an unfamiliar cuisine. That’s the most effective way to keep your synapses firing.

**General Guidelines:** Briefly review Handout #9 and ask if participants have any special way they remember things and ask them to share.

**Mnemonics:** Mnemonic is another word for memory tool. Mnemonics are techniques for remembering information that is otherwise quite difficult to recall. The idea behind using mnemonics is to encode difficult-to-remember information in a way that is much easier to remember. Have participants review this handout on their own.
Healthy Habits:
Regular exercise
- Increases oxygen to your brain.
- Reduces the risk for disorders that lead to memory loss, such as diabetes and cardiovascular disease.
- May enhance the effects of helpful brain chemicals and protect brain cells.

Managing stress (especially important for APS Social Workers)
- Cortisol, the stress hormone, can damage the hippocampus if the stress is unrelieved.
- Stress makes it difficult to concentrate.

Good sleep habits
- Sleep is necessary for memory consolidation.
- Sleep disorders like insomnia and sleep apnea leave you tired and unable to concentrate during the day.

Nutrition
You probably know already that a diet based on fruits, vegetables, whole grains, and “healthy” fats will provide lots of health benefits, but such a diet can also improve memory. Research indicates that certain nutrients nurture and stimulate brain function. Make sure you get enough B vitamins, antioxidants, and omega-3 fatty acids. These all help getting oxygen to your brain and increase blood flow.

Not smoking
- Smoking heightens the risk of vascular disorders that can cause stroke and constrict arteries that deliver oxygen to the brain.
Handout 9 - General Guidelines to Improve Memory

In addition to exercising your brain, there are some basic things you can do to improve your ability to retain and retrieve memories:

1. **Pay attention.** You can’t remember something if you never learned it, and you can’t learn something — that is, encode it into your brain — if you don’t pay enough attention to it. It takes about eight seconds of intent focus to process a piece of information through your hippocampus and into the appropriate memory center. So, no multitasking when you need to concentrate! If you distract easily, try to receive information in a quiet place where you won’t be interrupted.

2. **Tailor information acquisition to your learning style and use as many senses as possible.** Most people are visual learners; they learn best by reading or otherwise seeing what it is they have to know. But some are auditory learners who learn better by listening. They might benefit by recording information they need and listening to it until they remember it. Even if you’re a visual learner, read out loud what you want to remember. If you can recite it rhythmically, even better. Try to relate information to colors, textures, smells and tastes. The physical act of rewriting information can help imprint it onto your brain.

3. **Relate information to what you already know.** Connect new data to information you already remember, whether it’s new material that builds on previous knowledge, or something as simple as an address of someone who lives on a street where you already know someone.

4. **Organize information.** Write things down in address books and datebooks and on calendars; take notes on more complex material and reorganize the notes into categories later. Use both words and pictures in learning information.

5. **Understand and be able to interpret complex material.** For more complex material, focus on understanding basic ideas rather than memorizing isolated details. Be able to explain it to someone else in your own words.

6. **Rehearse information frequently and “over-learn”.** Review what you’ve learned the same day you learn it, and at intervals thereafter. What researchers call “spaced rehearsal” is more effective than “cramming.” If you’re able to “over-learn” information so that recalling it becomes second nature, so much the better.

7. **Be motivated and keep a positive attitude.** Tell yourself that you want to learn what you need to remember, and that you can learn and remember it. Telling yourself you have a bad memory actually hampers the ability of your brain to remember, while positive mental feedback sets up an expectation of success.

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**MODULE 15 – NAPSA Core Competencies**

Version 3
Handout 10 - Mnemonic Devices to Improve Memory

The three fundamental principles underlying the use of mnemonics are imagination, association and location. Working together, you can use these principles to generate powerful mnemonic systems.

**Imagination:** is what you use to create and strengthen the associations needed to create effective mnemonics. Your imagination is what you use to create mnemonics that are potent for you. The more strongly you imagine and visualize a situation, the more effectively it will stick in your mind for later recall. The imagery you use in your mnemonics can be as violent, vivid, or sensual as you like, as long as it helps you to remember.

**Association:** this is the method by which you link a thing to be remembered to a way of remembering it. You can create associations by:
- Placing things on top of each other
- Crashing things together
- Merging images together
- Wrapping them around each other
- Rotating them around each other or having them dancing together
- Linking them using the same color, smell, shape, or feeling

As an example, you might link the number 1 with a goldfish by visualizing a 1-shaped spear being used to spear it.

**Location:** gives you two things – first, a coherent context into which you can place information so that it hangs together. Second, a way of separating one mnemonic from another. By setting one mnemonic in a particular town, I can separate it from a similar mnemonic set in a city. For example, by setting one in Wimbledon and another similar mnemonic with images of Manhattan, we can separate them with no danger of confusion. You can build the flavors and atmosphere of these places into your mnemonics to strengthen the feeling of location.

Common types of mnemonic devices include:
1. **Visual images.**
2. **Sentences** in which the first letter of each word is part of or represents the initial of what you want to remember.
3. **Acronyms**, which are initials that creates pronounceable words.
4. **Rhymes and alliteration:**
5. **Jokes** or even off-color associations using facts, figures, and names you need to recall, because funny or peculiar things are easier to remember than mundane images.
6. **“Chunking” information;** arranging a long list in smaller units or categories that are easier to remember.
7. **“Method of loci”**: You associate each part of what you have to remember with a landmark in a route you know well, such as your commute to work.
Now that we have discussed ways to use our brains to improve our memory, let’s talk about what equipment may be helpful. This is not only for our own memory, but to document clearly a risky situation. As they say, a picture is worth a thousand words. Each county has access to different types of equipment, some may be very limited.

**ASK** if participants have had experience using equipment for documentation purposes? What types of equipment?

**Computer:**
This can vary from county to county. The advantage to the computer/tablet is that the documentation is clean and readable… and there is spell check, although that doesn’t catch everything.

**Camera:**
Many APS agencies use a camera; some agencies have workers use “Smart” devices such as phones or tablet to take photos or record video. This can be extremely helpful when you are documenting the condition of a client’s home or to indicate physical abuse.
It is important to ask permission from the client when you wish to photograph her/him or his environment. If you have a short written permission form that may be helpful as well.

Refer participants to Handout #11 - Photographing Evidence on page 43 of their manual. Review salient information.

**Video and Tape Recording:**
These are most often used by law enforcement and attorneys and should be used with the permission of the client/victim.

**Body Maps:**
Refer participants to Handout #12 – Body Maps on page 47 of their manual.

Ask how the body map may help in building a case. *The body map can be used to note any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, colour and so on.*

The body map is especially useful when you don’t have access to a camera or if the client refused to allow you to take photos.

Only complete these if the injuries are clearly visible or shown to you freely.
Handout 11

Photographing Evidence*

When to take photographs

APS workers are encouraged to take photographs of their clients’ injuries and adverse health conditions (e.g. severe weight loss due to malnourishment), or environmental conditions whenever:

Photographs will help document the client’s lack of ability to provide self-care for a probate conservatorship case.
A photograph can more accurately depict the client’s injury or situation than can be stated in a brief narrative.
Requested to do so by law enforcement.
There has been a penal code violation that can be documented photographically.

APS workers may also take baseline photographs, with the client’s permission.

Always take an identifying shot

Always take at least one photograph showing the whole person, the front of the home or an overview of the scene.
Rational: Without an identifying shot, it is often difficult to determine who was injured and exactly what part of the body was injured. It is also important to show that the interior shots are of the client’s home and not another residence.

Continued on next page
Photographing Evidence*, Continued

Use the rule of thirds

Using the identifying shot, move in by thirds to show the details of the injury or of an environmental condition (e.g. rat droppings, spoiled food, etc).

![Photographing Evidence ](image)

(1) (2) (3)

(Notice how difficult it is to determine what extremity is being shown in picture (3) without looking at the identifying shot).

Use a “scale” in photographs

It is helpful to position an ordinary object of known size (e.g. a ruler, a coin or a pen) next to the object or injury being photographed.

![Use a “scale” in photographs](image)

Photograph the injuring object

If the object that is believed to have caused the injury is identified, it is helpful to photograph the object next to the injury. For example, photographing a 1 inch wide leather belt next to a one inch wide bruise may help to demonstrate that the belt was the cause of the injury. (Please note that in some cases the size of the injuring object will not match due to swelling, movement of the victim when struck or other factors.)

Continued on next page

MODULE 15 – NAPSA Core Competencies

Version 3
Photographing Evidence*, Continued

<table>
<thead>
<tr>
<th>Take sharp pictures</th>
<th>The following guidelines will help you produce sharp, detailed pictures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Avoid backlighting the person or object as the resulting photograph will be a silhouette without any detail.</td>
</tr>
<tr>
<td>2.</td>
<td>Use side lighting only if you need to show the texture or depth of a wound.</td>
</tr>
<tr>
<td>3.</td>
<td>Almost all documentary photographs should be lit from the front if at all possible. However, it is advisable to take photographs in varying light levels.</td>
</tr>
<tr>
<td>4.</td>
<td>Steady your camera against a table, the roof of a non-running car, etc. and squeeze the shutter slowly so as not to jerk the camera.</td>
</tr>
<tr>
<td>5.</td>
<td>Make sure that your lens is clean, your batteries are charged and the camera has available memory.</td>
</tr>
<tr>
<td>6.</td>
<td>Shoot most of your photographs from eye level as this makes it easier to judge the perspective of objects in the picture.</td>
</tr>
</tbody>
</table>

| Downloading photographs | Photographs are to be (1) downloaded to the worker’s computer or a CD and (2) labeled as soon as is practical after being taken. |

| Label electronic media and printed photographs | All photographs, electronic files, CD’s or floppy discs must be labeled with, at a minimum, the client’s name and the date the photographs were taken. In addition, it is desirable to include the name of the person taking the photographs and a description of what was photographed (e.g. the bruise on Mrs. M’s left knee). Only one client’s photographs may be stored in any single electronic file. All photographs should be stored in at least 2 places (e.g. CD and on paper, CD and in an electronic file on the worker’s computer). |

*Continued on next page*
Photographing Evidence*, Continued

Maintain the “original” photograph

In some cases, photographs may need to be enhanced in order to clearly see some details. Enhancements include changes in lightness/darkness, sharpening the focus, cropping the photograph, etc.

**Do not enhance the “original” photograph.** Make a copy and then make any necessary enhancements. The changed photograph needs to be labeled as having been enhanced with notations of what changes were made. The notation should reference the original photograph and both photographs (the original and the enhanced version) should be kept in the same electronic file.

Releasing photographs to other agencies

Photographs are part of the APS case documentation and their release is regulated by the same policies as any other part of the case record.

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*This document was created by Lori Delagrammatikas for APS Riverside County, CA. Permission granted for use in the APS Case Documentation & Report Writing training developed by the APS Training Project - Bay Area Academy/SFSU.

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**MODULE 15 – NAPSA Core Competencies**

Version 3 -76-
These body maps may be photocopied as required.

Please note on the body map any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, colour and so on.

Only complete these if the injuries are clearly visible or shown to you freely.
4.1 Front and Back Views – Female

Details of service user:

Name:
Address:

DOB:

Completed by

Name:
Designation:
Date:
Time:
4.2 Front and Back Views - Male
Details of service user:

Name:
Address:
DOB:

Completed by

Name:
Designation:
Date:
Time:

MODULE 15 – NAPSA Core Competencies
4.3 Front and Side Views - Head

Details of service user:

Name: 
Address: 
DOB: 

Completed by

Name: 
Designation: 
Date: 
Time: 

MODULE 15 – NAPSA Core Competencies
Ethical Considerations and Confidentiality Related to Documentation

TIME ALLOTTED: 30 minutes

Slide #34: Ethical Issues

Ethical Issues – Handout #13
- Liability: myths and realities
- Inflation/Deflation/Omission
- Whose life is it anyway?

Trainer Note: An entire module is dedicated to ethics and values in APS work, APS Core Module 2: APS Values and Ethics. This brief section focuses on documentation.

As new workers, you may have many concerns about your ethical responsibilities, your liability regarding case practice and outcome, and your need to protect your client as well as yourself.

ASK if anyone has worked on an ethically challenging case. How did they handle it?

Refer participants to Handout #13 Ethics in Documentation on page 52 of the participant manual so they can follow along as you review.

MODULE 15 – NAPSA Core Competencies

Version 3
Liability
APS workers are often worried about their liability on the job. You need to know that you can only be held liable if you act outside of the scope of your duties or neglected your duties. This is why documentation of all your actions is so important. Your agency should protect you as long as you have followed the law and documented accurately and completely.

Inflation or Deflation or Omission:
There are times when we really want something to happen, when we want to push something to happen in a case situation. There may be various reasons for this - we could be very worried about a client or we could be tired of dealing with a situation and want to force an issue. Case progress may be slower than we want, and how that provokes feelings in us... sometime frustration, sometimes fear, sometimes anger. We can be tempted to embellish documentation to make a situation seem worse or better than it seems- maybe we think it will help protect the client better, or maybe we think it will protect us. We need to be careful, because such actions will come back to haunt you. If the case goes to court, discrepancies will be found by an attorney, the prosecutor, the judge. Your testimony may be thrown out, making the situation worse for the client. Your reputation and the reputation of APS is at stake, so make sure you report accurately what you observed, when you observed it, and under what circumstances.

Whose Life is it Anyway?
Since you are new to the job, it is extremely important to be aware of your own personal feelings when investigating a case. These feelings can cloud your vision and your assessment and seep into your documentation, causing problems for you at a later date. There are people and situations that push our buttons. A caregiver reminds of someone in your family who was very controlling of you. You find yourself enraged in some situations or you feel particularly protective of someone who reminds you of someone in your personal life. You’ll confront situations that are very frustrating, when clients are making choices that put them at risk, when you can’t sleep at night worrying. On these occasions, you really have to dig inside to make sure you are looking at the situation objectively, assessing each person for who they are, taking into account their own history and not yours. Also you have to analyze whose has the problem – is it the client or is it me? We saw the importance of this when we were discussing objective writing this morning- what seems filthy to us may be quite acceptable to others, and as long as the filth (or whatever other condition you see) is not putting the client at risk of serious harm and, as long as the client understands the consequences of the situation, you may have to back off – and even support the right of that client to remain in the situation in the face of community pressure.
Handout #13 - Ethics in Documentation

Have you ever:

**Inflated** (Exaggerated, Embellished, Amplified, Overstated, Overstressed, Embroidered),

**Deflated** (Minimized, Played down, Made light of, Underestimated, Underrated, Diminished) or

**Omitted** information in a narrative?

Possible reasons:

**Liability issues**

- Myth: “If I include this..... in the narrative, I could be sued.”

- Reality: You are very protected as long as you perform the duties and responsibilities of your position accordingly. You could be held liable if you act out of the scope or neglected your duties and responsibilities.

**Results**

- Myth: “If I make the situation look a little worse than it is, maybe I can get the conservatorship approved… or maybe I can get that no-good son out of the house.....”

**Reality:** These things can and will backfire on you, usually NOT getting the results you wanted and are not ethical practice. Analyze your intentions: make sure they are not for personal reasons (“I'll sleep better if she were in a nursing home”). Professionalism will yield the best results!
ASK what is your understanding of confidentiality in the context of APS?

APS has very strict rules about confidentiality. As an APS worker you can obtain information from many sources to complete your investigation, but you are very limited with whom you can share information. If your client signs a release of information, indicating what she/he wants shared, then you are safe in sharing that information. Make sure that you are releasing only what your client has authorized.

ASK: if they know with whom they may share written documentation with and under what circumstances. Make sure they cover the written reports to law enforcement. Discuss the issues that come up around reports to law enforcement.

Refer participants to Handout #14 - Client Confidentiality: Who What & Why – California on page 54 of their manual. You will see the statute and what the law says about sharing documentation. There are some occasions when you can share written documentation.

Trainer Note: You may want to read aloud some of the most relevant WIC code portions of Handout #14. Also, refer to working with Multi-Disciplinary Teams and the District Attorney.
In the Appendix, there is a document entitled “APS Guidelines to Supplement Regulations Section 2.9 – APS California Cross-Report and Referral Guide” developed by County Welfare Directors Association (CWDA) Protective Services Operations Committee (PSOC) Consistency Workgroup.

Refer participants to this guide which was developed to be used in an electronic file as it has hyperlinks. The guidelines can be downloaded from http://www.cwda.org/tools/adult.php

This guide offers a lot of information related to WIC and MPP citations as well as the many partners that APS may work with including important specifics such as – if APS is mandated to cross-report; if the client needs to be involved; agency and APS responsibility; and reporting vehicle.

Another great tool to review with regards to confidentiality is the “CA APS Standards for Consistency in Case Documentation – Response to Reports: Reporting Party” which is also located in the Appendix.
Handout 14 - Client Confidentiality: Who, What & Why - California

Cross reporting to law enforcement

- SOC 341 form sent immediately – *Report of Suspected Dependent Adult/Elder Abuse.*

- SOC 343 form sent later - *Investigation of Suspected Dependent Adult/Elder Abuse* or equivalent form.

- Cross Reporting, as per CA Welfare & Institutions (W&I) Code section 15640. (a) (1) – A county adult protective services agency shall also send a written report thereof within two working days of receiving the information concerning the incident to each agency to which it is required to make a telephone report under this subdivision.

Working with Multi-Disciplinary Teams (MDT’s)

- Mandates on confidentiality as per CA W & I Code 15633.2A & 15633.2B – (A) Persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons.

- (B) Except as provided in subparagraph (A), any personnel of the multidisciplinary team or agency that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing that information. The information obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

- Definition of MDT’s - As per APS P&P manual section 33-130.3 – “Multidisciplinary personnel team” means any team of two or more person who are trained in the prevention, identification, and treatment of abuse of elderly or dependent persons and who are qualified to provide a broad range of services related to abuse of elderly or dependent adults, as defined in Section 15753.5 of the CA Welfare & Institutions code.

- Types of MDT’s
  - Financial Abuse Specialist Teams (F.A.S.T.) – a multi-disciplinary group of public and private professionals who volunteer their time to advise APS, the Ombudsmen, law enforcement and private attorneys on matters of vulnerable adult financial abuse.
Forensic Centers – typically staffed by professionals from legal, medical, social services, and law enforcement agencies who conduct case reviews; in-home medical and mental status, and evidentiary investigation; taped victim interviews; education; consultation; and research. This collaboration allows better understanding, identification and treatment of elder abuse and assists in more efficient ways to successfully prosecute elder abuse cases.

Elder Death Review Teams (EDRT) – a team reviews closed cases of elder death that are suspicious or warrant further scrutiny.

Who sits on MDT’s – There are potential confidentiality issues if it includes community-based agencies, as community members may not be privy to confidential information.

Working with the District Attorney

- APS doesn’t produce records under subpoena, only under court order.
- Court orders – information shared as per CA W & I Code 15633.5
- Refer to your county’s policy for working with the DA as procedures may differ.

References:
California Welfare and Institutions Code Section 15640, Chapter 11, Article 5.
http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=15001-16000&file=15640

California Welfare and Institutions Code Section 15633-15637, Chapter 11, Article 4.
http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic&codebody=&hits=20


California Welfare and Institutions Code Section 15633-15637, Chapter 11, Article 4.
http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic&codebody=&hits=20

This document was created by the APS Training Project - Bay Area Academy/SFSU for the APS Case Documentation & Report Writing training – June 2008.

MODULE 15 – NAPSA Core Competencies

Version 3
Review slide.

These are places where your documentation might wind up. You can see how important documentation is and how essential it is to do it in the most professional manner possible.

**ASK:** can you think of any other place their documentation might be scrutinized.

Explain that there is not enough time to discuss every type of legal procedure where APS may be involved. The skills they learn today should translate to most narratives they complete.
Report Writing for Court

TIME ALLOTTED: 30 minutes

Slide #37: Writing for Court: Rules of Evidence

Now it’s time to discuss the actual issues you face when writing for court.

**ASK** how many of you have written a report that ended up in court?

We are going to go over some typical issues regarding court writing and testimony.

The first has to do with rules of evidence, what is admissible and what can be excluded. To be admissible in court, evidence must past the tests of relevancy and competency. That means that it has to prove or disprove a disputed fact and it must have been legally obtained.

Sometimes evidence will be excluded, usually for reasons of unconstitutionality, unreliability or to protect against prejudice and privileged relationships.

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**MODULE 15 – NAPSA Core Competencies**

Version 3
Slide #38: Victim/Witness Statements

In APS work, clients or perpetrators may tell us something very meaningful that will influence the case in court. We must document those statements carefully - including when and under what circumstances the statements were made. Statements have more weight if they are witnessed.

Most statements made to an APS worker are not admissible with one exception – Excited Utterances/Spontaneous Statements which need to be carefully documented.

A spontaneous statement is a statement made by a witness, including a victim, while under the stress of excitement caused by witnessing a startling event. It is considered truthful because little time has passed to allow the witness to “make-up” a story.

Special considerations when documenting spontaneous statements:

- A spontaneous statement can only come from a first-hand witness, such as the victim.
- Document the witness' physical and emotional demeanor, for example behaviors that show the stress level when making the statement.
- Document the victim’s physical and emotional demeanor, including sounds and gestures, especially when the victim is non-verbal.
• Save written interviews with non-verbal victims when done on paper.
• Document the name of the person who heard the spontaneous statement.
• Document what that person heard from the victim (in quotes), when they heard it, the circumstances in which they heard it.
• Document spontaneous statements even when made by a person who may be found to be legally incompetent to testify or lack decision making capacity.

And, as we have said ad nauseum today, make sure statements are documented in a timely fashion, are accurate, and dated.
We spoke about the use of language this morning, and this is especially important when documenting for court. Focus on facts, not opinions - what the individual states rather than your interpretation of what he/she means. Also sometimes it takes a year, maybe two for a case to go to court. Make sure you write in such a way that brings you back to the situation. Practice some of those memory tricks!

Our legal consultant advised us that the word “story” should not be used in a document going to court. Story implies fiction. Fiction is not what you are documenting... fiction is what happens when you fail to document. Also she emphasized that biased language should not be used...that means you want to report the facts and not your opinion about them. And, as we said this morning, avoid using slang, lingo, and inflammatory language.
Slide #40: Mrs. Gunther Activity

Mrs. Gunther Activity

Mrs. Gunther is a 78 year old woman whose son, Dave, hit her in the face with the telephone when she threatened to call the police on him. He had been threatening her with violence if she did not give him her car keys. Because Dave was drunk, Mrs. Gunther did not want him to drive.

You are the APS worker called to interview Mrs. Gunther and you were first on the scene with the police. The police have now arrested Dave Gunther and you know that you may have to testify in court.

Time Allotted: 10 minutes

Refer participants to page 59 in their manuals – Apply the Rules of Evidence and Witness Statements Activity.

Activity: Read the scenario to participants and have them answer the following questions as a large group. Answers are included below in italics

Scenario
Mrs. Gunther is a 78 year old woman whose son, Dave, hit her in the face with the telephone when she threatened to call the police on him. He had been threatening her with violence if she did not give him her car keys. Because Dave was drunk, Mrs. Gunther did not want him to drive. You are the APS worker called to interview Mrs. Gunther and you were first on the scene with the police. The police have now arrested Dave Gunther and you know that you may have to testify in court.

Let’s consider what you would need to document. Applying the rules of evidence and witness statements, choose which statements you would include in Mrs. Gunther’s case record and which you would trash. All statements were taken on December 12, 2012.

1. The police officer and I heard Dave shout at his mother, “I should have knocked you out cold.” File
2. Upon opening the door, Mrs. Gunther cried, “He tried to kill me. I am so happy you are here, can you help me?” Her hands were visibly shaking, her skin was ashen and there was a wound above her left eye that was bleeding. She stated she felt light-headed and I helped her to the nearest chair. Once seated, Mrs. Gunther began to cry and mutter to herself, “What did I do wrong? I raised him right.” *File – this is a spontaneous statement*

3. Dave was practically falling down drunk. *Trash*

4. Dave shouted at the police officer and me, “You have no business being here and you need to leave immediately.” He was red in the face and his hands were clenched into fists. In my opinion, I was in serious danger. *File*

5. Mrs. Gunther alleged that Dave had threatened to hit her if she didn’t give him the car keys. *Trash – hearsay. Avoid the using “alleged”*

6. Mrs. Gunther’s doctor stated she has arthritis and urinary incontinence. *File*

7. Dave was angry enough to seriously hurt his mother. *Trash*

8. Officer Brown stated that Dave’s blood alcohol level was 2.5 when Dave was arrested. *File*

9. Mrs. Perry, the next door neighbor said, “I overheard Mrs. Gunther and her son shouting at each other at 7:30pm this evening.” *File, but could be thrown out as hearsay.*

Tell participants that after the break we will speak specifically about conservatorship documentation, since this is probably the most common documentation they will be doing.
Conservatorship Documentation & Report Writing Activity

TIME ALLOCATED: 60 minutes

Slide #41: Conservatorship Standards That Relate to Documentation

Conservatorship Standards

- APS often first rung of investigation
- Clear and convincing evidence: standard of proof
- Legal terms: lack capacity to make and communicate informed decisions about health, safety and welfare
- Attributes of mental capacity
  - Receive, comprehend, and relate relevant information
  - Express choice consistently
  - Appreciate the nature of their condition
  - Balance risks, benefits, and burdens of choices
  - Communicate rational choices

Trainer Note: review the attributes of mental capacity that are on the slide. Explain that we are not going to discuss the capacity assessment process, which is training on its own, but we will look at the elements in an assessment that need to be documented.

There is an entire module on assessing capacity APS Core Module #17, Assessing APS Client Capacity.

Note: For trainings outside of California, you will need to modify the slide and conservatorship/guardianship mandates for your jurisdiction.

CONTINUE
Conservatorship is an important piece of the APS world. It requires a training session of its own. In order to discuss the documentation process for conservatorship, we are going to discuss some of the most pertinent aspects.

**ASK:** if any participants have ever been involved in a probate conservatorship referral. If anyone has, ask for their experience with it. If nobody has experience, ask if anyone knows what a conservatorship is and how it is obtained.

The standard of proof for appointment of a conservator in CA pursuant to Probate Code section 1801 shall be clear and convincing evidence that the individual lacks capacity to make informed decisions about his/her own health, safety and welfare.

APS is often the first rung of investigation into the need for conservatorship and APS workers are the ones that must provide part of that clear and convincing evidence - and that evidence is backed up by documentation.

Assessing capacity is a challenge and is done by APS along with medical and/or psychiatric professionals – with the final determination done by a judge in court.

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**MODULE 15 – NAPSA Core Competencies**

Version 3
Slides #42 Essential Elements to Document for Conservatorship

Conservatorship: Essential Elements to Document

- Inability to manage finances or health care due to medical condition (such as irreversible dementia)
- Assets/income can't be managed without legal arrangement
  - No legal arrangement in place
  - Unwilling, unavailable, or unsuitable legal arrangement in place
- Unsafe environment that poses a clear and present danger
  - Adult refuses or is unable to consent to be moved
  - No legal arrangement is in place

Resources:
- Handout #15 – GC 333 Capacity Declaration
- Sample: APS Probate Conservatorship Referral Packet
- CA APS Standards for Consistency in Case Documentation - Assessment Capacity Issues

Trainer Note: For trainings outside of California, you will need to modify the slide and conservatorship/guardianship mandates, forms for your jurisdiction.

Script - These are the essential elements that need to be documented – these may indicate the need for a probate conservatorship referral.

Inability to manage finances or health care:
This needs to be attributed to a medical condition that is not likely to be reversed, such as irreversible dementia. (This is NOT due to a client's conscious decision not to pay bills or an informed decision not to continue some form of medical treatment.)

Assets/income that can't be managed without a legal arrangement:
Legal arrangements consist of durable power of attorney for finances/health, or a trust. If neither is in place when the elder loses the ability to give informed consent (due to irreversible medical condition such as dementia), AND there are assets/income that cannot be managed without a DPOA or successor trustee AND/OR the elder is in an unsafe environment but refuses to move or can't give informed consent to move to higher level of care, a conservatorship is the only remedy.

No legal arrangement:
Such as a durable power of attorney for finances or a trust, is in place
Present legal arrangement is not working:
POA or trustee is unwilling to act, is not available to act, or is unsuitable (for instance, is the perpetrator)

Dangerous environment:
If the environment poses a clear and present danger to the elder or dependent adult and that adult is refusing to make a change or is unable to consent to being moved AND no legal arrangement has been made by which a third party can act on the client’s behalf.

Emphasize that in order to conserve a person in CA, a physician, psychologist, or religious healing practitioner must complete form GC-335 – the Capacity Declaration. The GC-335 can be downloaded at http://www.courts.ca.gov/documents/gc335.pdf

Also explain that every county procedure, form, and Public Guardian’s Office is different. Refer participants to page 61 Handout #15 APS Probate Conservatorship Referral Sample packet which is a sample. Briefly review.

Another great tool to review with regards to confidentiality is the “CA APS Standards for Consistency in Case Documentation – Assessment: Capacity Issues” which is also located in the Appendix.
### Adult Protective Services

**Probate Conservatorship Referral SAMPLE**

<table>
<thead>
<tr>
<th>Proposed Conservatee’s Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>DOB</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
<tr>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>California resident</td>
<td></td>
</tr>
<tr>
<td>Present Address</td>
<td></td>
</tr>
<tr>
<td>Type of Residence</td>
<td></td>
</tr>
<tr>
<td>Referring Social Worker</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

**Supervisor’s Approval (signature)**

- Need conservatorship of: [ ] Person [ ] Estate
- Need orders: [ ] Medical treatment [ ] Dementia [ ] Section 2900
  - [ ] Requesting temporary conservatorship
  - [ ] Requesting power to change residence
Character and **estimated value of property** of the estate:

(1) Personal property $  
(2) Annual gross income from:
   (a) real property $  
   (b) personal property $  
   (c) pensions $  
   (d) wages $  
   (e) public assistance benefits $  
   (f) other $  
   Total of (1) and (2) $  

Proposed conservatee [ ] is [ ] is not a patient in or on leave of absence from a **state institution** under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services. (**specify state institution**)  
Proposed conservatee [ ] is receiving or entitled to receive [ ] is neither receiving nor entitled to receive benefits from the **Department of Veterans Affairs** (**estimate amount of monthly benefit payable**): $  
Proposed conservatee [ ] is [ ] is not able to complete an affidavit of **voter registration**.  
Proposed conservatee requires a **conservatorship (of person)** and is unable to provide for his/her personal needs for physical health, food, clothing or shelter because: **(list reasons; give specific examples, include what is relevant from medical diagnosis, cognitive status (i.e., dementia, MMSE), mental health history and diagnosis, substance abuse issues and criminal history)**

Name(s) of suspected abuser(s):
Proposed conservatee requires a **conservatorship (of estate)** and is substantially unable to manage his/her financial resources or resist fraud or undue influence because: (list reasons, give specific examples, include what is relevant from medical diagnosis, cognitive status (i.e., dementia, MMSE), mental health history and diagnosis, substance abuse issues and criminal history)

| Name(s) of suspected abuser(s): |

Proposed conservatee  □ is  □ is not **developmentally disabled** as defined in Probate Code § 1420. (specify the nature and degree of the alleged disability):  

| Proposed conservatee □ will **attend the hearing** □ is able but unwilling to attend** the hearing AND □ does □ does not wish to contest □ is unable to attend** the hearing because of medical inability (Attach affidavit or certificate of a licensed medical practitioner.) |

□ Attached is a declaration executed by a licensed physician stating that the proposed conservatee lacks capacity to give informed consent for any form of **medical consent** and giving reasons and the factual basis for this conclusion. □ Proposed conservatee □ is □ is not an adherent of a religion that relies on prayer alone for healing, as defined in Probate Code § 2355(b).
Proposed conservatee is □ living in his/her **residence** and
□ will continue to live there unless circumstances change
□ will need to be moved after a conservator is appointed (specify supporting facts
in this section, or if a temporary conservatorship is requested, give reasons in the
section below):
□ other (specify and give supporting facts):

Proposed conservatee is □ not living in his/her residence and
□ will return by *(date)*:
□ will not return to live there (specify supporting facts):
□ other (specify and give supporting facts):

□ request authorization to place in secured perimeter residential care facility
□ request authorization to administer medication appropriate for care and
treatment of dementia
Need temporary conservatorship (state reason(s) why temporary conservatorship is necessary)

Request that residence be changed to: (type of facility needed and name, location, telephone number of the recommended placement options)

The proposed conservatee will suffer irreparable harm if his/her residence is not changed as requested and no means less restrictive will suffice to prevent harm because: (state precise reasons)

Probate Conservatorship Referral
4h-CD-29 (5/9/09)

Page 5 of 10
<table>
<thead>
<tr>
<th>Relationship and name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
</table>

The names, addresses, telephone numbers and relationship of the **spouse and all known relatives** within the second degree of the proposed conservatee. □ none

Special powers requested or unusual circumstances requiring immediate court authority.

Take temporary possession or control of property pursuant to **Section 2900**.
The following **alternatives to conservatorship** have been considered and have been found to be unsuitable or unavailable to the proposed conservatee (*explain that each of the following alternatives were considered and the reasons each is unsuitable or unavailable*):

(a) Voluntary acceptance of informal or formal assistance

(b) Special or limited power of attorney

(c) General power of attorney

(d) Durable power of attorney for □ health care □ estate management

(e) Trust

(f) Other alternatives considered (*specify and give reason each is unsuitable or unavailable*)

<table>
<thead>
<tr>
<th>During the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) <strong>health services</strong> □ were provided □ were not provided (<em>explain, give name of agency, contact person and telephone number</em>)</td>
</tr>
</tbody>
</table>

| (2) **social services** □ were provided □ were not provided (*explain, give name of agency, contact person and telephone number*) |

| (3) **estate management assistance** □ was provided □ was not provided (*explain, give name of agency/firm, contact person and telephone number*) |

Describe informal support system. (*explain support provided or which is no longer provided, give name, relationship and telephone, e.g., relative buys groceries once a week, minister provides transportation to medical appointments, neighbor checks in every day, friend sorts bills to be paid*)
<table>
<thead>
<tr>
<th>Medical/Mental Health Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Information</strong></td>
</tr>
<tr>
<td>Medi-Cal Number</td>
</tr>
<tr>
<td>Insurance Coverage</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Medical Insurance Number</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Primary Care Physician’s Name, Address, Telephone (FAX if known)</td>
</tr>
<tr>
<td>Specialist(s) Name, Specialty, Address, Telephone (FAX if known)</td>
</tr>
<tr>
<td>Mental Health and/or Other Case Managers: Name, Address, Telephone</td>
</tr>
<tr>
<td>Other Health Care Providers</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Medications/Dose/Purpose</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Page 8 of 10
# Assets

## Financial Information
- Monthly income/source/how received (include benefits such as VA, SSI, SSA)
- Rent/mortgage payment amount/owed to
- Monthly utilities
- Debts/type/amount/owed to name, address and telephone

## Financial Assets / Financial Institutions
- Type of asset/name of company/telephone/account number/value (e.g. checking accounts, savings accounts, stocks, bonds, CDs)

## Life Insurance
- Type/name of company/beneficiary/value

## Real Property
- Type/location/value

## Automobile(s)/Boat/Mobile Home
<table>
<thead>
<tr>
<th>Other Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burial arrangements/trust insurance</td>
</tr>
<tr>
<td>Other Important Information for Public Guardian’s Office</td>
</tr>
</tbody>
</table>
Direct participants to page 72 **Handout #16 – APS Documentation Activity**.

In this activity you will have the opportunity to edit, amend and rewrite two APS documentation samples that have major flaws. This documentation could be sent to the Public Guardian’s office to support a probate conservatorship referral, so it needs to be clear, factual, objective, and relevant. The documentation should explain why the client needs a conservator and who the recommended conservator should be and why.

**Activity:** Break participants into small groups of 3-4 people. Have them choose one person to be the recorder. Tell participants they are to:

1. Read background information and documentation sample.
2. Edit, amend, and rewrite the report which will be submitted to the Public Guardian’s Office to support a probate conservatorship referral.
3. The documentation needs to explain why the client needs a conservator and who the recommended conservator should be and why.
4. Make sure the report is clear, objective and concise.

Give participants 20-25 minutes to do the small group work then ask groups to read their reports.
Handout #16 - APS Documentation Activity

Activity Instructions:
1. Read background information and documentation sample.

2. Edit, amend, and rewrite the report which will be submitted to the Public Guardian’s Office to support a probate conservatorship referral.

3. The documentation needs to explain why the client needs a conservator and who the recommended conservator should be and why.

4. Make sure the report is clear, objective and concise.

Background information:
Mrs. J is a German-born 89 year old widow who has severe dementia and has been hospitalized for 6 months. She has not been discharged because she cannot provide for her own care and nobody is available to help. Now that the application for Medi-Cal has been approved, she needs to be placed in a nursing home. An application for conservatorship is being processed and the request is that the Public Guardian be appointed, since neither the son nor the daughter is willing or appropriate to serve as their mother’s conservator.

Family Situation
Mrs. J has 2 children. The son lives in Virginia and has POA for financial matters. The hospital social worker called him frequently asking for his help in completing the Medi-Cal, but he kept avoiding her. When he finally came to California, he refused to pay any of his mother’s bills and wouldn’t meet with the Public Guardian. He seems like a real loser and this worker suspects that he might have exploited his mother. It’s possible that he used her credit card for motel stays in California, but he denies it. He said he cut up the credit cards but could not prove it.
The daughter isn’t much better. She alleges that her brother is misusing her mother’s money but she herself had credit cards in her mother’s name, which she says she cut up. She says she really cares about her mother, but has not shown herself to be very responsible either. She is a long haul truck driver and is never home. She is also very jealous of her brother, since Mrs. J has always treated him very special and wanted him to handle everything. She is afraid of her brother and can’t stand up to him. Worker observed that when they were interviewed in the hospital, he is a bully and she acted really submissively.

Assessment of Social Functioning

Mrs. J. was interviewed during her stay in the hospital. The first time she seemed okay but said it was too early to answer questions (it was 2 p.m.). She was probably trying to hide the fact that she didn’t know the answers. She remembered some things about her childhood but said that she has 6 children. She has 2 children who are living and one who died a while ago. She talked about him as though he were still alive. Her short term memory is severely impaired. She seemed depressed and didn’t care about the conservatorship.

At the second interview Mrs. J seemed really out of it but she wasn’t depressed any more. She was inarticulate and needs help with all her ADLs.
Closing & Evaluations

TIME ALLOCATED: 15 minutes

Slide #44: Q & A, Evaluations

Questions & Evaluations

• Questions?
• Comments?
• Please complete your evaluations

Thank you for your hard work!

Trainer Note: Before ending the training and starting evaluations - refer participants to the Appendix and resource handout a list of California Penal Codes Commonly Used in APS [Outside CA - Insert your State here].

All evaluation documents can be found in the course evaluation guide

Out of class activity review - Instructions: Direct participants to “APS Case Documentation and Report Writing Transfer of Learning Activity Instructions”. Review briefly the out of class activity – see if participants understand how it will tie into the skills they learned in class today. All information they need to complete the activity is explained on a handout in their evaluation materials.

Please remind class that the out of class learning activity must be completed with your supervisor and submitted within 2 weeks of the training date.

CONTINUE

MODULE 15 – NAPSA Core Competencies

Version 3 -114-
In-class evaluation process – Instructions: Trainer or training assistant, pass out in-class evaluation documents

Remind participants to write their ID code in the space at the top right corner of ALL evaluation materials – they will find the code they created in the morning on the ID code assignment handout.

Describe the importance of their participation and feedback in the evaluations. Evaluation instructions are provided on the individual evaluation components – review each with class before beginning and ask if there are any questions.

Thank them for their participation and their hard work.
References


“Going Home” (A short film on Dementia). (2009). Retrieved from [https://www.youtube.com/watch?v=9iXPHhfk_7E](https://www.youtube.com/watch?v=9iXPHhfk_7E)

Appendix

Handout #1 - Guiding Principles for APS Case Documentation

Purpose of this Guide:

The Protective Services Operations Committee’s (PSOC) Consistency Sub-committee developed this Guide to provide assistance with documenting APS Casework in a consistent manner across the State.

This Guide focuses on the purposes and considerations of good report writing and properly maintaining a case record. In addition to this Guide, the accompanying Matrix focuses on the defining elements and standards that constitute appropriate documentation of an APS Case Record.

Elements of good report writing:

2. Accurate, factual, complete, and timely documentation.

3. Clear, concise, and objective language that will stand up in court, and provide a professional standard for APS casework.

What is a good APS Case Record?

The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.

APS Case Record Requirements:

CA Welfare and Institutions Code 15630-15632 – Requires any mandated reporter to document any incident that appears to be physical abuse (including sexual abuse), abandonment, isolation, abduction, financial abuse, or neglect (including self-neglect, which is defined under Neglect). See definitions under W&IC 15610 to 15610.70.
CDSS Manual of Policies and Procedures 33-805 – Case Record Requirements:

- SOC 341 Form – Report of Suspected Dependent Adult/Elder Abuse
- All written assessments and reassessments.
- The written service plan.
- Any written visitation plan.
- The chronological narrative of contacts made with, or on behalf of, the elder/dependent adult.
- Documentation of any refusal of services including, if known, the reasons for refusal.
- Copies of all documents, relating to the client, which have been received or sent by the adult protective services agency.
- Case closure summary. Documentation of all supervisory approvals
- Any other information or documents that APS believes necessary to maintain proper record of client’s case.

Purposes of documentation

- Documentation to establish baseline data.
- Documentation as evidence of involvement - both justification for being involved and the importance of documentation for court.
- Documentation used to show that the case was handled properly.
- Documentation for purposes of consistency - to demonstrate that the case was handled efficiently and that all relevant leads were followed up on.
- To justify the need for staffing and/or funding - through documentation of the work required as well as the complexity of the work done on the case.
Considerations about documentation

- Who will read your documentation? (possibilities, among others, include: agency director, attorneys, auditors, judges, law enforcement, other APS staff)
- Where will it end up? (possibilities include: local Board of Supervisors or state officials, law enforcement agencies, conservatorship hearings, civil court actions, criminal court actions)
- Who benefits from good documentation? (possibilities include: the worker, their agency, the legal system, and the client)

Factual documentation should include:

- Date, time, duration of contact, type of contact (include who initiated the contact), with whom, who was present, and location.
- Direct and systematic observations
  - What you saw, heard, smelled
- Information obtained by other professionals
  - Medical diagnosis and prognosis
  - Bank statements
  - Legal documents
- Direct quotes, like spontaneous Statements
  - Carefully document spontaneous statements. A spontaneous statement is a statement made by a witness, including a victim, while under the stress of excitement caused by witnessing a startling event. It is considered truthful because little time has passed to allow the witness to "make-up" a story.
  - A spontaneous statement can only come from a first-hand witness, such as the victim.
Document the witness' physical and emotional demeanor, for example behaviors that show the stress level when making the statement.

Document the victim’s physical and emotional demeanor, including sounds and gestures, especially when the victim is non-verbal.

Save written interviews with non-verbal victims when done on paper.

Document the name of the person who heard the spontaneous statement.

Document what that person heard from the victim (in quotes), when they heard it, the circumstances in which they heard it.

Document spontaneous statements even when made by a person who may be found to be legally incompetent to testify or lack decision making capacity.

- Clear language
  - Understood by any reader
  - Uses limited acronyms and lingo

Definitions of Subjective and Objective

Subjective description gives an interpretation of an observation. AVOID Subjective descriptions! Two people seeing the same event might be likely to give different subjective descriptions. Example of subjective documentation:

Client was filthy and disheveled

Judgmental? Inflammatory?

- Two types of statements are inappropriate for good, objective documentation. Judgmental statements, or statements that make value judgments about clients and their behavior; and Inflammatory statements, that utilize negative stereotypes or paint a subjectively negative image of a client, family member, or contact.

Judgmental Examples - The following statements, unless they are quotes from clients or other relevant parties are judgmental and should not be a part of a legal record:

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• The client is crazy
• The son is lazy
• The client is a redneck
• The daughter just wants to cause trouble

Inflammatory Examples - These statements, similar to the ones on the previous screen, are not objective and should not be a part of a legal record:

• The client’s nephew is a druggie
• The client only wants pain meds to get high
• The client dresses like a hooker
• The client is milking the system
• The mother’s relationship is toxic

Objective description tells what was observed. Two people observing the same thing would probably give very similar objective descriptions. This is APPROPRIATE documentation. Example of objective documentation:

Client’s arms, legs, and face were caked with dirt. His shirt was stained and unbuttoned. His trousers hung down to his knees. There were urine stains on his pant legs. He had no socks on and only one shoe.

Case Disposition

The APS Case Record must justify the disposition of the case:

1. **Findings** – Determine whether the matter is confirmed, inconclusive, or unfounded using the Consistency in Findings Matrix and Guide, i.e. including reasons for the finding.

2. **Actions taken on the case** – Provide details on the actions you took or attempted to take to remedy the abuse (e.g. unsafe situation, exploitation, etc.).

3. **Reasons for Closure** – For example, services are completed, other agency or resource assuming responsibility, etc.

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California APS Standards for Consistency in Case Documentation 2015

Key: **APS** = Adult Protective Services - **Vulnerable Adult** = elder and/or dependent adult; **Abuse** = all types of abuse and neglect/self-neglect.

**W&IC** (Welfare & Institutions Code), **MFP** (CDSS Manual of Policies & Procedures), **ACL** (CDSS All-County Letter)

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<tr>
<td><strong>Response to Reports</strong></td>
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<td><strong>Immediate</strong></td>
<td>1. Immediate life threat. Or</td>
<td>Within two hours but no longer than 24 hours from the time the agency received the call.</td>
<td>a. That there was a response within two hours.</td>
<td>a. Time of call and time of arrival.</td>
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<td>2. Imminent danger. Or</td>
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<td>3. Crisis on an existing case. Or</td>
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<td>4. Local law enforcement request.</td>
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Acronyms used in this document:

- **SDM** – Structured Decision Making
- **NTD** – No Ten Day
- **FTF** – Face-to-Face (or In-person) meeting with victim
- **NIR** – No In-Person Response
- **SOC** – Designated prefix for forms or templates created by the California Department of Social Services
- **MDT** – Multi Disciplinary Team
- **LE** – Law Enforcement
- **LTCO** – Long Term Care Ombudsman
- **PG** – Public Guardian’s Office
- **DA** – District Attorney’s Office
- **DCA** – California Department of Consumer Affairs

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<td>Response to Reports – Ten Day</td>
<td>Mandated response within 10 days.</td>
<td>Between 24 hours to ten calendar days from the time the agency received the call.</td>
<td>a. That there was a response within ten days. b. Reasons for a different response time, e.g. 2, 3, or 5 days.</td>
<td>a. Time of call and time of arrival. b. Assessment tool used (e.g. SDM) or explanation addressing the timeframe, e.g. reference to internal policies.</td>
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<tr>
<td><strong>Response to Reports – NTD</strong></td>
<td>No protection issue.</td>
<td>Assessed as NTD within 10 days.</td>
<td>a. Evaluation of risk determining that the vulnerable adult is not in imminent</td>
<td>a. Time of call and time of arrival.</td>
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<td></td>
<td>or</td>
<td>Resolved and closed within 30 days.</td>
<td>danger.</td>
<td>b. Justification Assessment tool used (e.g. SDM) or explanation addressing the threat to life, danger, crisis or agreement from law enforcement.</td>
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<td>Clients receiving intervention form other agencies/resources.</td>
<td>A FTF needed within 30 days if unable to resolve and close.</td>
<td>b. An immediate or ten day in-person response is not necessary to protect the</td>
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<td>or</td>
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<td>health and safety of the vulnerable adult.</td>
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<td>Clients where the protection issue was resolved.</td>
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<td>or</td>
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<td>Clients placed in permanent facilities.</td>
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<td>or</td>
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<td>Reports received from non-credible resources.</td>
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<td>or</td>
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<td>Reports received involving other circumstances.</td>
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*Originated June 2015*  
*Effective Date 6/1/2015*
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<tr>
<td>Response to Reports – NIR</td>
<td>1. Reports found to be outside APS jurisdiction or do not meet APS criteria. or 2. Inadequate information to contact or locate the vulnerable adult. or 3. Determination that the vulnerable adult has moved out of state or out of county. or 4. The vulnerable adult is deceased. or 5. A past occurrence that was investigated, and with no new allegations or present risks.</td>
<td>Assessed as NIR within 10 days. Resolved and closed within 30 days.</td>
<td>1. What jurisdiction they belong in, or what criteria they didn’t meet. 2. Inability to find adequate contact information without assigning the case. 3. What jurisdiction they belong in. 4. Source of information, and there is no indication that another vulnerable adult is at risk. 5. Confirm there are no present risks.</td>
<td>1. Date and time of report, whether a cross-report was made, and where the caller was referred to receive the proper assistance. 2. That information could not be obtained from family or another individual with knowledge of the vulnerable adult’s whereabouts. 3. To whom the cross-report was made, and/or where the caller was referred to. 4. Date of death, circumstances if known (e.g. suspicious), any collateral verification of the death. 5. Date of past occurrence, and information from other agencies that there are no present risks to the elder or dependent adult.</td>
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## Module 15 – NAPSA Core Competencies

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#### 2.8: The California APS Standards for Consistency in Case Documentation

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<tr>
<td>Response to Reports – Investigation</td>
<td>That activity undertaken to determine the validity of a report of elder or dependent adult abuse.</td>
<td>1. Interview of the alleged victim in private, unless he/she requests otherwise.</td>
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<td>2. Interview the suspected abuser if available and if appropriate.</td>
<td>1. Obtained consent to enter the residence if interviewing victim at home, and consent to speak privately.</td>
<td>1. Date, time, who was present, who left the room, victim’s statement and willingness/ability to cooperate with investigation, quote relevant statements, especially when made spontaneously and under strong emotion.</td>
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<td>3. Interview others with knowledge of the abuse, e.g., agencies, professionals.</td>
<td>2. Summarize suspected abuser’s statement.</td>
<td>2. Date, time, who was present, relationship to the client, full name, contact info, role/position, any consistency/ inconsistency, and explanation of the events from the suspected abuser’s point of view; quote relevant statements, especially when made spontaneously and under strong emotion.</td>
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<td>4. Other agencies/professionals involved in the investigation.</td>
<td>3. Summarize the individual statements made by others.</td>
<td>3. Date, time, the relationship to the client, full name, contact info, role/position, and quote relevant statements.</td>
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<td>5. APS Worker observations.</td>
<td>4. Agency name and telephone number of contact person.</td>
<td>4. Any findings, opinions, and quote statements made, e.g. the conclusion of a police report, fire department, or Public Health Nurse (PHN), etc.</td>
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<td>6. Document observations that place the worker at risk.</td>
<td>5. Describe the victim and the victim’s environment as seen by the APS Worker, i.e. living quarters, adequacy of care, financial arrangements, physical evidence of abuse (Clarify indicators e.g., Physical Indicators, Behavioral Indicators, Sexual Abuse Indicators, Financial Indicators or any other tools used by your county).</td>
<td>5. Details of photos taken or obtained during the investigation, and source of information (e.g., documents) gathered by the APS Worker.</td>
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<td>7. Document your findings per Consistency in Findings Guidelines.</td>
<td>6. Criminal activity, animal, filthy hazard, infectious disease, weapons, substance abuse, severe history of psychological problems, homicidal/suicidal ideation, violent behavior, sexual harassment.</td>
<td>6. Details on the risky situation, and why it poses a risk. Include recommendations to mitigate the risk, e.g., don’t go alone, go with law enforcement, etc.</td>
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<td>7. All types of relevant and available evidence or facts gathered (whenever possible from more than one source), and as instructed in the Consistency in Determining Findings Matrix and Guide.</td>
<td>7. Workers should document the specific reasons that led them to their findings for each allegation, not just state their conclusions.</td>
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| **Response to Reports – Reporting Party** | Types of Reporting Parties (RP):  
1. Non-mandated RP.  
2. Victim/Client as RP.  
3. Mandated RP.  
4. RP is an agency listed under WRIC 15633.5, i.e. APS, local LE, LTCCO, FS, DA, Bureau, Probate Court, and DCA Division of investigation.  
**Please Note:** All information retained on behalf of elders and dependent adults by county adult protective services agencies in the administration of the Adult Protective Services Program is confidential. All information contained in the case record as defined in the MPP Division 34, Chapter 8, Section 33-805, is also confidential. | 1. May not receive Confidential Information, unless he/she is an MDT member directly connected to the administration of the APS Program.  
2. May or may not receive confidential information based on County Policy.  
3. May not receive confidential information, unless he/she is an MDT member directly connected to the administration of the APS Program.  
4. May receive confidential information when investigating a case of elder or dependent adult abuse. | • Include any information regarding expression of confidentiality or limitations of sharing information due to the type of RP.  
• Include a summary of the conversation, outcome, and any actions agreed to by either party. | For every RP:  
• Date and time  
• Type of contact, e.g. call, email, etc.  
• Name, agency, title  
• Phone number/contact information  
• Purpose or reason of contact, call or email to APS |
### APS Guidelines to Supplement Regulations

2.8: The California APS Standards for Consistency in Case Documentation

**Assessment - Capacity Issues**

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<td>Initiating and reason for involuntary case planning detailing how to remediate the unsafe situation; and when appropriate, to establish the facts for good cause for appointment of the temporary guardian or temporary conservator.</td>
<td>b) Because of suspected mental impairment, or b) Because he/she is an endangered adult.</td>
<td>a) Suspected Incapacity: 1. Ability to understand relevant information, e.g. rights, responsibilities. 2. Ability to understand and appreciate a situation and its likely consequences. 3. Ability to manipulate information rationally, i.e. to reason and understand risks, benefits and alternatives. 4. Ability to evidence a choice by communicating verbally or through any other means.</td>
<td>a) Suspected Incapacity: 1. Information to be understood includes nature of client's condition and situation, nature and purpose of proposed remediation of the situation, possible benefits and risks of that remediation, and alternative approaches (including no intervention) and their benefits and risks. 2. Clients who do not acknowledge their abusive or precarious situation (often referred to as &quot;lack of insight&quot;) are likely to remain in unsafe situations. 3. Focuses on the process by which a decision is reached, not the outcome of the client's choice, since clients have the right to make &quot;unreasonable&quot; choices. 4. Frequent reversals of choice because of psychiatric or neurologic conditions may indicate lack of capacity.</td>
<td>b) To document endangerment: 1. Document the victim's refusal for protective services in light of whether the victim is an endangered adult or not. 2. Document the risk of serious injury or death, or the substantial inability to manage his or her financial resources or to resist undue influence, and 2. The victim demonstrates the inability to take protective action.</td>
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<td>The vulnerable adult is incapacitated to the extent that he/she cannot give nor deny consent to protective services.</td>
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<td>Probate Code 811, 812, 813, 1821, 1881 Civil Code Sec 39 Probate Code 2250(a)(b)</td>
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**Objectives:**

- A. The problem with his/her situation now.
- B. The recommended remediation, and its possible benefits and risks.
- C. Any alternative remedies and their risks and benefits.
- D. The risks and benefits of no intervention.

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**Effective Date 5/1/2013**

**Originated June 2013**
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**APS Guidelines to Supplement Regulations**

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<td>Service Plan Development and Monitoring</td>
<td>A service plan is a set of activities developed with client input and acceptance to alleviate identified problems utilizing counseling, monitoring, followup, and reassessment.</td>
<td>a) To identify the problems to be alleviated based on the assessment.</td>
<td>a) The client's perception of the problem and concerns and the APS Worker's perception of the problem and concerns. The adult protective services worker shall ensure the client's input in the development of the service plan and shall discuss with the client the voluntary nature of the adult protective services program.</td>
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<td>The purpose of a service plan is to give direction to efforts to alleviate or reduce identified problems or risks, by specifying actions to be taken and resources to be utilized, and bring about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future.</td>
<td>b) To develop the desired outcomes and strategies to be used in attaining those outcomes.</td>
<td>b) The specific goals and the steps to attain these goals, and how each step addresses the protective issue. Steps to attain these goals should include:</td>
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<td>c) To identify resources and supports to be used in order to attain the outcomes and stabilize the situation.</td>
<td>- Documenting any counseling on protective issues by APS Worker.</td>
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<td>d) The services identified in the service plan shall be delivered only with the consent of the elder or dependent adult.</td>
<td>- Documenting any expert counseling (e.g. finances, psychotherapy, healthcare, insurance) for clients and significant others to alleviate the identified problems and to implement the service plan.</td>
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<td>e) Monitoring and followup.</td>
<td>c) Name of each resource (e.g. agency, service) and support (e.g. relative, friend, neighbor), and their role in stabilizing the situation.</td>
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<td>d) The adult protective services worker shall document in the case record the client's agreement to the service plan or shall request the client to sign a document that indicates the client's willingness to receive the services in accordance with the service plan.</td>
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<td>e) Document actions taken to monitor and evaluate the effectiveness of the plan in addressing the protective issues.</td>
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*Please Note: If the client cannot consent to the Service Plan, please refer to your County's Policy on providing involuntary protective services.*
APS Guidelines to Supplement Regulations, Section 2.9: APS California Cross-Reporting and Referral Guide. Can be downloaded from:
http://www.cwda.org/tools/adult.php
California Penal Codes Commonly Used in APS Case Documentation

PC 368 (a) through (k) – Crimes Against Elders or Dependent Adults:

368. (a) The Legislature finds and declares that crimes against elders and dependent adults are deserving of special consideration and protection, not unlike the special protections provided for minor children, because elders and dependent adults may be confused, on various medications, mentally or physically impaired, or incompetent, and therefore less able to protect themselves, to understand or report criminal conduct, or to testify in court proceedings on their own behalf.

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) By a fine not exceeding one thousand dollars ($1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding nine hundred fifty dollars ($950).
(f) Any person who commits the false imprisonment of an elder or a dependent adult by the use of violence, menace, fraud, or deceit is punishable by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years.

**PC 368 Definitions**

**Elder:**

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

**Dependent Adult:**

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

**Caretaker:**

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

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

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

368.5. (a) Local law enforcement agencies and state law enforcement agencies with jurisdiction shall have concurrent jurisdiction to investigate elder and dependent adult abuse and all other crimes against elder victims and victims with disabilities.
(b) Adult protective services agencies and local long-term care ombudsman programs also have jurisdiction within their statutory authority to investigate elder and dependent adult abuse and criminal neglect, and may assist local law enforcement agencies in criminal investigations at the law enforcement agencies’ request, provided, however, that law enforcement agencies shall retain exclusive responsibility for criminal investigations, any provision of law to the contrary notwithstanding.

**Other Important Penal Codes:**

PC 187 – Murder

PC 211 – Robbery

PC 237 (b) – False imprisonment; elder or dependent adult (apply to isolation situations)

PC 240 – Assault

PC 242; 243 – Battery

PC 243.25 – Battery against person of elder or dependent abuse; punishment

PC 243.4 (b) – Sexual battery of serious disabled or medically incapacitated

PC 245 – Felony Assault

PC 261 (a)(1) – Rape

PC 273.5 - Inflict corporal injury on current or former spouse or cohabitant

PC 288(a) – Oral copulation; lack of capacity

PC 289 (b), (c) – Forcible acts of sexual penetration; lack of capacity

PC 368(b); 368(c) or 368(f) - Lewd or lascivious acts (include forcing the elder to watch pornography, pose for pornography)

PC 459 – Burglary (also applies to entering a person’s home to defraud them)

PC 470-476 – Forgery

PC 484, 487, 488 – Theft; grand theft; petty theft

PC 530.5 – Identity Theft

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**MODULE 15 – NAPSA Core Competencies**
PC 597 – Animal Abuse

PC 646.9 – Stalking (addresses a pattern of conduct, including following, badgering, calling, lurking - with a threat. It can vary from case to case, and typically requires some rather egregious conduct or pattern of conduct)

**Other Codes to be Familiar With:**

**Family Codes**

FC 4400 – Duty of adult children to support parents

FC 6250 (d); 6251 – Protective order for elder or dependent adult

**Probate Code**

PC 811 – Deficits in mental functions; incapacity to contract

**Welfare & Institutions Code**

W&I Code 5150- Involuntary psychiatric hold for an individual who is a danger to himself or others, or gravely disabled

W&I Code 15600, et. seq – Elder Abuse and Dependent Adult Civil Protection Act

W&I Code 15700, et. seq. – Protective Placements and Custody of Endangered Adults

This document was created by the APS Training Project - Bay Area Academy/SFSU with research assistance by Lori Delagrammatikas; APS, Riverside County; Candace Heisler, JD; and Tristan Svare, DDA, Elder & Dependent Adult Abuse Prosecution Family Violence Unit, San Bernadino County and the CA District Attorney's Association.